IWI AND MĀORI

PROVIDER SUCCESS

A RESEARCH REPORT OF INTERVIEWS WITH SUCCESSFUL IWI AND MĀORI PROVIDERS AND GOVERNMENT AGENCIES

INTERNATIONAL RESEARCH INSTITUTE FOR MĀORI AND INDIGENOUS EDUCATION

The University of Auckland

In collaboration with

TE RŌPŪ RANGAHAU HAUORA A ERU PŌMARE

Wellington School of Medicine, The University of Otago

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Te Puni Kōkiri
Ministry *of* Māori Development

MIHI

E ngā reo, e ngā mana

Tēnā koutou katoa.

He mihi whānui tēnei ki a koutou e awhi nei i tenei kaupapa.

He putanga tēnei mahi rangahau nā koutou.

No reira, e rau rangatira ma tēnā koutou, tēnā koutou, tēnā koutou katoa.

DISCLAIMER

The quotations included in this report are as close to verbatim as our data will allow. Some minor editing has taken place to facilitate readability. Our apologies for any misquotations.

RESEARCH TEAM

The team for this research comprised people from a number of organisations. The principal researchers were Dr Fiona Cram (Ngāti Kahungunu) and Kataraina Pipi (Ngāti Porou, Ngāti Hine. Vera Keefe-Ormsby (Rongomaiwahine, Ngāti Raukawa and Ngāti Kahungunu) and Keitha Small (Ngāti Maru) conducted and wrote up the interviews with the Wellington-based public servants.

The research was greatly assisted by the input of a team of regional coordinators who assisted with interviewing providers, and with analysis and report writing. We are indebted to Moe Milne and Te Miringa Huriwai (Taitokerau); Sharon Hawke and Rene Hawke (Tāmaki Makaurau); Colleen Tuuta (Taranaki); Huhana Tuhaka (Tairāwhiti); and Tania Mataki and Karen Morgan (Te Waipounamu) for their contributions.

The director of the International Research Centre for Māori and Indigenous Education (IRI), Associate Professor Linda Smith (Ngāti Porou, Ngāti Awa), was an advisor to the research. The research was conducted in conjunction with Te Rōpū Rangahau Hauora a Eru Pōmare, Wellington School of Medicine, The University of Otago, whose director is Dr Papaarangi Reid.

The research team brought together a range of iwi affiliations, disciplinary and mātauranga Māori backgrounds which further supported the overall research process. The research was conducted under the auspices of IRI and contracted through UniServices.

The policy implications included in the current report were developed and written by Kim Ngarimu.

INTERNATIONAL RESEARCH INSTITUTE FOR MĀORI AND INDIGENOUS EDUCATION
The University of Auckland

The International Research Institute for Māori and Indigenous Education (IRI) was established in 1997 and is situated in the Faculty of Arts of the University of Auckland. The institute consists of a multidisciplinary group of mainly Māori academics with a proven record in research. The kaupapa of IRI is to conduct and disseminate research, scholarship and debate which make a positive difference to the lives of Māori and other indigenous peoples by drawing together a group of highly skilled and respected scholars who are dedicated to quality outcomes for Māori and indigenous peoples.

TE RŌPŪ RANGAHAU HAUORA A ERU PŌMARE
Wellington School of Medicine, The University of Otago

Te Rōpū Rangahau Hauora a Eru Pōmare promotes and undertakes health research within the Māori community as an integral part of Māori and iwi development. It also provides a supportive environment for Māori training in a variety of research methods and techniques. The centre is located within the Department of Public Health at the Wellington School of Medicine. Established in 1992, Te Rōpū Rangahau Hauora a Eru Pōmare is one of four Māori health research centres that receive core funding from the Health Research Council of New Zealand (HRC). Formerly known as Te Pumanawa Hauora ki Te Whanganui-a-Tara, the centre was renamed in 1995 in memory of the founding director, the late Professor Eru Pōmare.

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UniServices was the contracting agency for the present project and Jenny Alford was the contract manager. Kia ora Jenny.

CONTENTS

1. EXECUTIVE SUMMARY

The successful delivery of services and programmes by Māori and iwi providers is key to building Māori community capacity and therefore in addressing Māori/non-Māori disparities (across, for example, health, education, employment, and the economy). It is also pivotal to Māori progress. This **research programme**, funded by the Ministry of Research, Science and Technology and contracted to IRI by Te Puni Kōkiri, sought the advice of Māori and iwi organisations about what has made them 'successful providers' of programmes and/or services over the past decade. The views of government agencies about Māori and iwi provider 'success' were also canvassed.

The research used qualitative methods within a Kaupapa Māori approach. Fifty-seven **iwi and Māori providers** from five regions throughout Aotearoa – Taitokerau, Tāmaki Makaurau, Taranaki, Tairāwhiti, Te Waipounamu – participated in the research. In each region 10 to 13 successful providers from across six sectors (housing, health, employment and training, social services, justice, education) were identified through a consultative process and interviewed by **regional research coordinators**. The **interview questions** covered:

- te tīmatatanga: providers' stories about the origins of their organisations, their dreams and goals, and their development journeys

- facilitators of success, the barriers to success and how providers measure their success

- the nature of the iwi and Māori provider environment

- evaluation and monitoring practices and experiences

- policy developments and shifts

Seventeen key informant interviews and one focus group interview were conducted within the national offices of several **government agencies.** The interview questions covered:

- the definition of a successful iwi and Māori provider

- significant events in their sector that have impacted on iwi and Māori

- provider service provision

- perceptions of facilitators and barriers to success

- policy developments that have impacted on iwi and Māori providers

- policy shifts that could impact positively in future

The interviews from providers and from government agencies were analysed separately. **Analysis** involved the search for common themes in participants' responses. This was done by reading and re-reading the transcripts, discussion of the transcripts among the research team, and feedback gathered from participants and, in the case of the providers, the regional coordinators.

1.1. FINDINGS

1.1.1. Findings from provider interviews

The overarching **facilitators of success** identified by providers were:

- being guided by the vision as handed down by ancestors

- being able to determine your own future

- the operationalisation of Māori values and practices

- relationships with others are based on mutual respect, equality, clear understandings and clear parameters

- collaborative relationships with other organisations and agencies to ensure that providers are not competing with one another within competitive funding and policy regimes

- regular self-evaluation using both formal and informal methods

- recognition by external evaluators of the providers' kaupapa and values

- recognition of providers as credible

- policy that provided providers with a stable yet flexible funding environment

- policy that included input from providers, whānau, hapū, iwi and Māori communities

The overarching **barriers to success** identified by providers were:

- limited capability and capacity

- inadequate funding (e.g. for staff salaries, training, service provision, etc.)

- stress or burn-out of staff

- unrealistic community expectations

- unbalanced partnerships with the Crown

1.1.2. Findings from government agency interviews

Provider success was associated with:

- providers fulfilling contractual obligations

- providers having the capacity and capability to deliver services and/or programmes

- relationship building and the development of partnerships between the provider, their community and the funding agencies

- providers' ability to communicate with government agencies

Significant events and policy developments included:

- moves during the past six years to involve the community, in particular whānau, hapū and iwi

- the leadership by Māori women

Facilitators of success included:

- agencies having a coordinated approach to Māori policies

- the nurturing of relationships between agencies and providers

Barriers to success included:

- the constraints imposed by the political cycle

- the funding quantums some providers were trying to operate under

Participants in the government agency interviews made the following suggestions about how government agencies could build their own **capacity and capability** to work with Māori and iwi providers:

- improving the collection of ethnicity data

- reducing staff turnover within agencies as this impacts on agency relationships with providers

- addressing relevant issues identified by Māori

- developing and supporting leadership within agencies and provider groups

- improved representation of Māori issues and views at a policy level

In summary the following features that **facilitate success** provide a challenge to both agency and provider groups:

- coordinated policies and power sharing

- capacity and capability within organisations and agencies

- appropriate resource allocation and contracting arrangements

- appropriate evaluation of agencies and providers and their relationships

- time to develop relationships and to achieve outputs/outcomes

1.2. POLICY IMPLICATIONS

In embarking on this research, one of the underpinning concerns of the research team was to ensure its utility to policy-makers, particularly within the context of informing the ongoing policy debate and policy developments that impact on iwi and Māori providers. To that end, the research team has presented its views of the high order policy implications arising from its research in Section 7.4 of this report. In our view, it is those areas where there is common ground between the views of Government and providers, that offer the greatest opportunity for progress across a number of cross-sectoral policy and procedural fronts.

These areas for progress are:

- **Collaboration in policy design**. The research supports initiatives that foster greater collaboration and coordination in the policy development processes, and supports opportunities that place primacy on Māori driven development priorities.

- **Resource allocation**. Consistent views were expressed that the competitive nature of the provider funding process, and the relative short term nature of funding compromises provider stability. There is a need for more certainty and flexibility in provider funding arrangements.

- **Capacity and capability building**. There is strong support for recent government capacity building initiatives among providers. There are, however, a number of particular challenges providers face that present themselves as opportunities for more targeted support. These relate to workforce capability, support for the development of culturally based services, and evaluation capability.

  In terms of the capability of government agencies, while effectiveness for Māori is a core business issue, it does not appear to be a core business driver. For example, for most social agencies, Māori are over-represented as clients (that is, they are in receipt of agency services at a higher rate than would be expected given their proportion of the population) yet Māori capability tends to be confined to agencies' Māori units rather than integrated across their business processes and systems.

- **Evaluation**. Both Government and providers have a strong evaluation ethic. However, there were a number of concerns expressed by providers about approaches to government commissioned evaluations of provider delivered services. It is apparent from the research that collaborative approaches to evaluation are critical to their overall success. The research findings also suggest that investment should be made in building providers' evaluation capability, both in order to encourage their meaningful involvement in external evaluations, and to foster the practice of internal evaluation.

- **Relationship building**. All parties that participated in this research expressed a common desire for long term sustainable relationships, predicated on transparency, trust and exemplar relationship conduct. This is consistent with the overall tenor of the views of the recent report of the Community and Voluntary Sector Working Party,[1] which this research also supports.

Policy-makers, both those in Government and those in the community and provider sector, are encouraged to consider the findings of the research within the ongoing policy dialogue that is evident in the provider sector.

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[1] In August 2000, Government established a Community and Voluntary Sector Working Party, which had a key purpose of developing a framework for an agreement between, and to strengthen the relationship with, Government and the community and voluntary sector. This development clearly reflected Government's broad interest in investing in and developing a partnering approach with community interests, including iwi and Māori.

2. INTRODUCTION

> The history of whānau, hapū and iwi and the Māori race generally is full of examples of our people's predisposition to development. One could go right back to our origins, when Tāne separated Rangi (the sky father) and Papa (the earth mother). He did so to allow light, enlightenment and energy into this dark world. So in the process of creating a 'gap' he was also closing others; however, it is worth remembering that this did not happen without a certain amount of conflict and dissent. Our ancestors' adoption of technology as a tool for future development is one example. Our people's pre-occupation with building upon our own structures, institutions and processes to keep pace with the pressures and consequences of development, is another.[2]

This introduction begins with a quotation from a speech by the Hon. Tariana Turia, whose associate ministerial responsibilities (at time of writing) cover many of the same sectors as those touched upon in this research: Māori affairs (social development), health, corrections, housing, social services, and employment. The quotation emphasises the importance of Māori and iwi initiatives within Māori and iwi cultural frameworks. Likewise, the present research has examined the provision of programmes and services by Māori and iwi providers working with and for Māori and iwi.

Within this introduction, the provision of services and programmes to Māori (and many non-Māori) by Māori and iwi providers is examined. The emergence of Māori and iwi providers is set against a background of opportunities arising out of policy changes as well as Māori and iwi commitment to whānau, hapū and iwi well-being and progress. Finally Kaupapa Māori theory and the role of voice within Kaupapa Māori research are explored.

2.1. BACKGROUND TO CURRENT POLICY ENVIRONMENT

This section provides a brief overview of the state sector reforms of the past two decades. These reforms, while impacting harshly on many

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[2]   Speech by the Hon Tariana Turia ('Closing The Gaps') 7/6/2000.

whānau, provided the context for the emergence of Māori and iwi providers.[3]

State sector reforms of the 1980s were based on the free market. The pace and the nature of the changes were dramatic and the cumulative effect upon Māori was, and remains, significant. The dislocation was not just economic; there were several social outcomes. The pace of reform was not matched by social development for those without skills or qualifications. Communities where whole industries shut down were particularly vulnerable.[4]   For example, some Māori communities experienced major redundancies by the closure of industries such as meatworks.

The state sector was massively reformed, first by corporatisation and then by privatisation. The State Owned Enterprise Act 1986 promoted the establishment of nine new government-owned corporations. The overriding statutory objective of each State Owned Enterprise (SOE) was to be as profitable and efficient as a comparable private sector business, be a good employer, and exhibit a sense of responsibility to the community in which it operated 'when able to do so'.[5] The SOEs would become limited liability companies, with shares usually held by the Minister of Finance and Minister for SOEs.

By the beginning of the 1990s, the pace of reform increased by extending the reforms to health, education and welfare. The removal of postal and transport services isolated Māori communities, encouraging rural depopulation and increasing the costs for those remaining.[6]

The effects of the reforms also redefined the role of government and particularly its delivery and policy operations by the public service. A series of reviews and restructurings occurred. Deregulation and dismantling led to devolution; for example, local reform and the devolution of the Department of Māori Affairs. Durie has noted that devolution became confused with partnership:

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[3]   See Appendix A for a discussion of the statutory and contractual requirements of government agencies.
[4]   Kelsey (1990:2).
[5]   Kelsey (1990:118).
[6]   Kelsey (1990: 2); Sharp: (1994:2).

'Māori economic independence was caught rather uncomfortably in the wider political agenda of user pays, reduced government spending, lowered inflation rates, and a reduction in overseas borrowing. Devolution had become confused with partnership; iwi authorities were all too often indistinguishable from agencies of state, and sceptics argued that the whole exercise was a carefully orchestrated maneuver to rid the state of its on-going financial obligations to Māori. Before long Māori development was seen by many Māori as little more than a restatement of the mainstream preoccupation with economic engineering at the expense of collective state responsibility.'[7]

In 1991, Te Puni Kōkiri (Ministry of Māori Development) was established as the Government's principal advisor on:

- the Crown's relationship with iwi, hapū and Māori

- key government policies as they affect Māori

Under the Ministry of Māori Development Act, the Ministry has responsibility for:

> monitoring and liaising with each department and agency that provides, or has a responsibility to provide, services to or for Māori for the purposes of ensuring the adequacy of those services.

In implementing this role, Cabinet has directed that the Ministry is required to:

> Monitor the performance of mainstream government departments in developing and administering policies in terms of their impact on Māori, and to advise departments on the design and development of monitoring systems for this purpose.[8]

Te Puni Kōkiri, with its monitoring and policy roles, remains a key stakeholder for Māori affairs within the government circle.

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[7] Durie (1998:11).
[8] CAB (95) M 12/22.

2.1.1. Treaty of Waitangi and Public Service

The Treaty of Waitangi is recognised as the founding document of New Zealand. The State Services Commission urges that:

> All public service departments and ministries, as instruments of the Crown, have a special interest in the Treaty of Waitangi issues and in contributing to the proper discharge of the Crown's obligations and undertakings. It is therefore incumbent on public servants to be well informed on and responsive to Treaty matters.[9]

Māori have always aspired to have control over their destiny and resources. The Treaty of Waitangi and notions of tino rangatiratanga and mana motuhake drive this aspiration. According to Māori academic and commentator Mason Durie[10] there is no single definition of tino rangatiratanga or mana motuhake; however, it is possible to identify two contemporary dimensions to the themes: the way in which control and authority is distributed within Māori society and the demarcation of power between Māori and the Crown. There are several factors that inspired the proliferation of Māori providers during the last decade. One is the drive towards tino rangatiratanga using Kaupapa Māori as the springboard for service provision to Māori with Māori. Another was the perceived failure of Crown agencies to perform in respect of Māori.

A number of Māori and iwi providers have emerged from within this political, economic and social environment. These providers have contracts with various agencies to deliver a range of services to their communities, particularly Māori. The next section gives some background to service provision by iwi and Māori, for iwi and Māori.

2.2. Background to the Provision of 'By Māori and Iwi, For Māori and Iwi' Services

Over the past two decades Māori and iwi struggles to regain control over their own lives have led to several Māori and iwi initiatives that have come from the 'flax roots'. Often these initiatives have experienced major political and financial hurdles, yet they have negotiated pathways to

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[9]   State Services Commission, 'The Public Service and the Treaty', concluding comment, http://www.ssc.govt.nz.

success in terms of their ability to contribute to Māori and iwi development and the reduction of Māori /non-Māori disparities.[11,12]

Māori and iwi demands that programmes for Māori are developed and controlled by Māori exist across a range of Māori initiatives, including justice, education, health and social services. Māori control, in turn, is located on a number of levels, including the cultural, spiritual, political and philosophical. In terms of the principle of partnership implicit in the Treaty of Waitangi, it could be argued that there is some obligation on the part of the Crown to facilitate Māori and iwi participation in delivering services for Māori and iwi.[13] The principle of self-determination embodied in the Treaty was also a central purpose of the United Nations in its Charter in 1945: "The purposes of the United Nations are … to develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, and to take other appropriate measures to strengthen universal peace..."[14,15]

The Government 's overarching goal in relation to Māori development for the period 1999–2002 dealt with the provision of Māori and iwi services. The goal: 'Reduce Inequalities in Health, Education, Employment and Housing' (as at October 2002) states that the Government's intention is to: 'Reduce the inequalities that currently divide our society and offer a good future for all by … supporting and strengthening the capacity of Māori and Pacific Island communities'..[16] Māori and iwi providers of services and programmes have a pivotal role to play in helping to achieve this goal. One role that government agencies can undertake is to listen to Māori and iwi providers to find out how best to support them and help their development and service delivery to Māori and iwi. This role has

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[10] Durie (1998:220).

[11] Smith (1995).

[12] Te Puni Kōkiri (2000a).

[13] See for example *He Tirohanga ō Kawa Ki te Tiriti o Waitangi*, Te Puni Kōkiri (2002:77) and Durie (2002:15).

[14] Charter of the United Nations (1945).

[15] In addition, the UN General Assembly resolution 1514 (XV) of 14 December 1960, containing the Declaration on the Granting of Independence to Colonial Countries and Peoples, stated: "All peoples have the right to self-determination; by virtue of that right they freely determine their political status and freely pursue their economic, social, and cultural development."

[16] Department of the Prime Minister and Cabinet, 'Key Government Goals to Guide the Public Sector in Achieving Sustainable Development' (at October 2002), http://www.dpmc.govt.nz/publications/key goal, accessed June 2003.

been adopted by Te Puni Kōkiri in some of their in-house research on the provision of services by and/or for Māori.[17]

Listening to Māori and iwi providers could challenge the current policy process which operates under a predominantly Western paradigm. This paradigm has not served Māori and iwi well as policy has often been formulated for individuals in isolation from their families, communities and social context.[18] The result has been intervention policies and models based on individual deficit. For example, Māori service providers working in the area of family violence identified that the application of a mainstream framework to Māori family violence policy and services:[19]

- failed to recognise the negative impact of colonisation on whānau, hapū and iwi

- endorsed interventions focused on concepts of individual harm, as opposed to whānau, hapū and iwi development and well-being

- created barriers to flexibility within programme provision

- failed to recognise the importance of addressing issues such as systemic violence and the endemic nature and acceptance of family violence within communities

- failed to value prior learning among Māori providers

- did not recognise the value of Māori methods and models

The 'Reducing Inequalities' programme addresses Māori/non-Māori disparities and disparities that impact on other sections of the New Zealand population. An inherent danger in talking about Māori/non-Māori disparities is that the negative Māori statistics will also be seen within a deficit framework that blames individuals for their 'problems' and, in turn, promotes individual solutions and policies.[20]

Since 1999 various policies have been developed - 'capacity building', 'equity for all', 'local level solutions', and so on - to recognise the importance of families and communities: whānau, hapū and iwi. For

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[17]   See, for example, Te Puni Kōkiri (2000a).
[18]   Te Puni Kōkiri (2000b).
[19]   ibid.
[20]   However, see Pōmare et al. (1995) for a demonstration of how a Kaupapa Māori analysis of disparity data guards against interpretations within a deficit framework.

example, in a recent publication from the Department for Child Youth, and Family Services (CYFS), the best practice guideline given to social workers for rapport-building with young people directs the social worker to 'identify and understand the cultural identity, context and needs of the young person and their family/whānau'.[21]

The recognition of the importance of family/whānau is an important step to recognising the structures that support individuals. The work of Māori and iwi providers within and alongside whānau, hapū, iwi and community structures likewise supports individuals. 'Building community capacity', and the work that has been done defining this term and facilitating capacity within communities, offers a model of community development that reflects the work and views of Māori and iwi providers:

> Māori providers have an important role to play in Māori development. They contribute in two ways. Firstly, they are well placed to deliver appropriate and effective services to iwi, hapū, whānau and Māori communities… Secondly, the development of Māori provider organisations contributes to building the capacity of iwi, hapū and whānau and Māori communities.[22]

The notion of investing in Māori communities and working alongside community-based organisations (CBOs) is compatible with the international literature on building community capacity. Much of the theorising and research about building capability and capacity within communities addresses the pivotal role played by community providers. Building community capacity has been variously described as:

- building the capacity of a community to help itself[23]

- building on capacity

- being responsive to the economic, social and human stresses faced by children, youth and families[24]

- encompassing social intervention and social investment[25]

- enabling true inclusion and opportunities for self-determination[26]

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[21] Department of Child, Youth and Family Services (2000:19).
[22] Te Puni Kōkiri (2000a:9).
[23] Robinson (199?). (The date is uncertain; see full citation in the Bibliography.)
[24] Bergstrom et al. (1995).
[25] Torjman (1998).
[26] DeLisle (2000).

- building the capacity of non-profit, community-based organisations to address racism and poverty in their respective communities[27]

- providing training and assistance in the areas of management, organisational infrastructure, grass roots organising, fundraising, public relations and broad development[28]

- answering the key questions necessary for restructuring the safety net[29]

- intervening to improve a community's potential to achieve its objectives in relation to its environment[30]

Many sectors now recognise the roles played by the community and the collective in Māori well-being and development. For example, in health:

> Optimal health outcomes for Māori will be achieved through the combined efforts of Māori as individuals and as collectives positively contributing to their own health outcomes. Māori development will also facilitate the development, resourcing and provision of programmes and services to Māori through the Māori health sector as well as the mainstream health sector. For the purposes of this paper, the Māori health sector includes Māori who are providers, policy-makers, Māori health researchers, funders and consumers, iwi and Māori authorities and whānau and hapū. Research is needed to inform the various activities, roles and responsibilities of each of these key stakeholders who will contribute to advancing Māori health outcomes.[31]

In the opening address at the Hui Taumata Mātauranga (Māori Education Summit) in February 2001 in Tūrangi/Taupō, Mason Durie cited threads of development for Māori in the previous two millennia. He noted also that 'during the twenty-five years 1975–2000, the focus for Māori shifted from assimilation and state dependency towards greater self sufficiency, a celebration of being Māori, and higher levels of autonomy. The message was tino rangatiratanga and positive development, the agenda moved

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[27]   Morris, Bueschel & Denton (1998).
[28]   ibid.
[29]   Bergstrom et al. (1995).
[30]   ibid.
[31]   Lomax (1999).

away from domination by others and to Māori control of Māori resources.'[32]

While the Hui Taumata Mātauranga set out to further develop a clear and comprehensive picture of the directions for Māori education, the framework proposed by Durie holds elements which have strong cross-sectoral applications. Three goals were proposed:

- to live as Māori

- to participate actively as citizens of the world

- to enjoy good health and a high standard of living

These are firmly based on three principles:

- best outcomes and zero tolerance of failure

- integrated action recognising multiple players and the benefits of greater coordination and cooperation across sectors

- indigeneity – the promise of a mutually beneficial partnership

Three pathways encapsulate the diverse ways in which goals and principles are pursued:

- a Māori-centred pathway, which is one that is largely under Māori direction and has an obvious focus on increasing access to te ao Māori

- Māori-added pathways where a Māori dimension is added on to an existing framework

- a collaborative pathway where excellent outcomes are benchmarked against the best in the world

Māori and iwi providers in health, education, employment and training, social services, justice, and housing are engaged in the provision of 'by Māori and iwi, for Māori and iwi' services and programmes along all three of these pathways.[33] In the next section the question of 'What is a Māori and iwi provider?' is examined in more detail.

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[32] Durie (2001).

[33] See, for example, Cram & Lenihan (2000) for a report on the delivery of 'by Māori, for Māori' services within mainstream organisations.

2.2.1. What is a Māori and iwi provider?

The emergence of Māori and iwi providers has prompted discussion about defining and identifying distinguishing characteristics among iwi providers, Māori providers and also Māori groups within mainstream provider organisations. This issue is touched upon below and then revisited when providers themselves and public servants are asked about the similarities and distinctions among provider groups.

In the context of the Government's Māori provider and workforce development strategy, Māori providers have been defined as whānau, hapū, iwi and Māori organisations who:

- provide or intend to provide services to one or more of the following: Māori individuals, whānau, hapū, iwi or Māori communities

- are owned or governed by whānau, hapū, iwi or Māori organisations

- have identifiable and clear accountabilities to whānau or hapū or Māori communities

- are dedicated to meeting the needs of Māori clients[34,35]

This definition was adopted in the present research. This leaves open the question of whether a provider is a Māori provider when it is delivering a 'mainstream' programme: for example, Family Start. It also leaves open whether an iwi social service (ISS) is a Māori provider when it delivers services that are regulated by an Act of the Crown. Having a service or programme delivered by Māori may make it more appropriate and culturally responsive but is there enough Māori control to consider the provider to be a 'Māori Provider'? For the purposes of this research these providers have been considered to be Māori providers. At the same time, the question of 'Who is a Māori provider?' was raised with those providers involved in the research.

There are non-Māori providers of services and programmes for Māori. For example, research by Te Puni Kōkiri on Child Youth and Family service delivery to Māori[36] included interviews with 11 non-Māori

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[34] 'Māori provider views of Government funding; key issues from the literature and interviews', Te Puni Kōkiri, October 2000.

[35] There are different views of this definition currently in use within different government departments (see Appendix B for a selection of these).

[36] Te Puni Kōkiri (2000b).

providers of social services to Māori. This is a pathway to Māori well-being that may well fulfil three of the four components of the above definition. These providers are, however, not owned or governed by whānau, hapū, iwi or Māori organisations and so cannot be considered to be Māori and iwi providers in the above definition.[37]

Some services, such as kura kaupapa Māori, are easily identifiable as examples of Māori and iwi service provision whereas others, such as the Māori component of the cervical screening initiative, fit more within the description of mainstream service provision. Rather than creating a dichotomy between mainstream and Māori service provision, the differences can be seen as existing along a continuum of Māori and iwi service provision. At one end of this continuum are 'mainstream' providers who have a responsibility to deliver to Māori and iwi but who do not have an explicit approach that addresses this obligation. In the middle of the continuum may be service providers who have internal Māori staff whom they charge with the responsibility of service provision to Māori (that is, taha Māori: indicating that Māori issues are treated to one side of mainstream service provision). At the other end of the continuum are Māori and iwi providers who are funded to provide a 'for Māori and iwi/by Māori and iwi' service. Many of these providers, along with their mainstream colleagues, also deliver services to non-Māori clients (see Figure 1 below).

This continuum acknowledges the history of services as well as the aims services have for the future; for example, the movement of services from, say, a strictly mainstream perspective to the provision of taha Māori services. Within this it will also be possible to study the shifts that take place when a mainstream service attempts to incorporate Kaupapa Māori principles and philosophies.

Figure 1. A continuum of service delivery to Māori

Mainstream	Taha Māori	Kaupapa Māori

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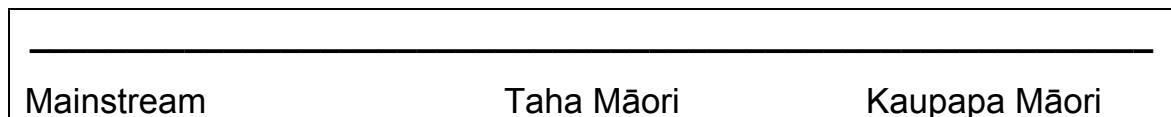
[37] Cunningham & Durie (1999:248-9) consider ownership to be an 'imperfect measure since many well-regarded Māori health servies are controlled by a CHE. Nor does Māori control guarantee a greater likelihood of better health'. However, this argument is more evaluative than definitional.

| *Involving Māori* | *Focus on Māori* | *Kaupapa Māori* [38] |

2.2.2. Summary

Over many years Māori have developed ideas about what does not work for Māori. Often the initiatives, programmes and services that do not work have been driven by values that are individualistic and deficit-based. Recently, in her address to the 2002 Health Promotion Conference, Dr Papaarangi Reid discussed the meaning of disparity statistics. Her example was the gap between Māori and non-Māori educational performance. The gap by itself does not provide an explanation for Māori under-performance; rather, it is the interpretations that feed a discourse of 'Māori educational failure'. Dr Reid provided two other explanations: that education fails Māori, and that the New Zealand education system, because it is to some extent individualistic and deficit-based is inadequate for and unresponsive to Māori children's needs.

The provision of 'by Māori and iwi, for Māori and iwi services and programmes has often been a response to needs that are not being met adequately by mainstream systems. A system analysis is not necessary for the initiative of an alternative service but, at the same time, the experience of 'success' through the provision of an alternative service can lead to a system analysis.[39] Graham Smith gives the example of kohanga reo – parents may take their children to kohanga because they have experienced 'failure' themselves within mainstream education. The 'success' of their children within an alternative education system may then lead them to reassess their own 'failure' and move from a deficit model to a critique of the system.

The present research on Māori and iwi provider success sought the origins and the story of the provision of 'by Māori and iwi, for Māori and iwi' services and programmes from providers identified as successful. There is much to learn from these providers, and the challenge for the researchers was to create a research environment and ethic that facilitated the sharing of their knowledge. The research was therefore about 'hearing it like it is'.[40] The source of this research approach is

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[38] This bottom line is taken from Te Puni Kōkiri (1999a:9).
[39] cf. Smith (1997).
[40] Smith, Smith, Boler, Kempton, Ormond, Chueh & Waetford (2002), pp 169-178.

Kaupapa Māori theory. The next section provides a brief overview of the principles of Kaupapa Māori theory followed, in the methodology section, by an outline of Kaupapa Māori research.

2.3. KAUPAPA MĀORI [41]

In this section the theoretical underpinnings of the present project are considered; namely, Kaupapa Māori theory.

2.3.1. Principles and practice

In order to locate the context for the research findings outlined in this report, a key notion that must first be engaged is that of Kaupapa Māori. Many Māori and iwi providers described the framework within which they operate as Kaupapa Māori (or used other, very similar, terms). In addition, the research itself sits firmly within Kaupapa Māori. In brief, this is about acknowledging the validity of Māori worldviews as well as the importance of a Māori critique of societal structures.

Kaupapa Māori is a term that has its origins in a history that reaches back thousands of years. This research investigates the ways in which Kaupapa Māori is defined by Māori and how that is positioned in regard to Māori service delivery in a mainstream setting. The ancient definition of what constitutes Kaupapa Māori is critical to that service provision and therefore requires discussion. The term 'kaupapa' is outlined in some depth by Taki, who writes:

> Kaupapa is derived from key words and their conceptual bases. Kau is often used to describe the process of 'coming into view or appearing for the first time, to disclose'. Taken further kau may be translated as 'representing an inarticulate sound, breast of a female, bite, gnaw, reach, arrive, reach its limit, be firm, be fixed, strike home, place of arrival' (H.W. Williams c 1844-1985:464). Papa is used to mean 'ground, foundation base'. Together kaupapa encapsulates these concepts, and a basic foundation of it is 'ground rules, customs, the right way of doing things'.[42]

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[41] Pihama, Cram & Walker (2000), in a companion report to the present research report, address the literature and the wealth of information on Kaupapa Māori principles and practices.

[42] Taki (1996:17).

Walker[43] has also discussed Kaupapa Māori. For Walker, 'kaupapa' is the explanation that gives meaning to the 'life of Māori'. It is the base on which the superstructures of Te Ao may be viewed. Māori are tangata, born into a geophysical cultural milieu. Kaupapa Māori becomes Kaupapa Tangata. What evolves is this – He aha te mea nui o te Ao? He tangata, he tangata, he tangata. In essence, this whakatauaki explains Kaupapa Māori.

Tuakana Nepe[44] discusses Kaupapa Māori in relation to the development of kura kaupapa Māori. She states that kaupapa Māori is the 'conceptualisation of Māori knowledge' that has been developed through oral tradition. This is the process by which the Māori mind 'receives, internalises, differentiates, and formulates ideas and knowledge exclusively through Te Reo Māori'. Nepe situates Māori knowledge specifically within te reo Māori. Kaupapa Māori knowledge is not to be confused with Pākehā knowledge or general knowledge that has been translated into Māori. Kaupapa Māori knowledge has its origins in a metaphysical base that is distinctly Māori. As Nepe states, this influences the way Māori people think, understand, interact and interpret the world.

For Nepe, Māori knowledge is esoteric and tūturu Māori. It validates the Māori worldview and is owned and controlled by Māori through te reo Māori. Te reo Māori is the only language that can access, conceptualise and internalise in spiritual terms this body of knowledge. From this, we take it that Māori language and Kaupapa Māori knowledge are inextricably bound. One is the means to the other. Ka pēnei te kōrero a Nepe:

> Kei te tino marama tātou katoa ma te reo Māori anake ka taea te whawha atu i te hohonutanga me tūturutanga o ngā mātauranga o ngā matua tipuna. Kotahi anake te huarahi. Kōrerotia, kōrerotia, kōrerotia te reo ki a tātou tamariki i ngā wa katoa. Whāngaitia, whāngaitia, whāngaitia o rātou wairua Māori. Kāhore e taea e ngā ture Pākehā. Kāhore e taea e te reo Pākehā. Ma te reo Māori anake ka tutuki ngā moemoea katoa mo a tātou tamariki.[45]

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[43] Walker (1996).
[44] Nepe (1991).
[45] Nepe (1991:15).

Nepe's writing argued for the significance of Kaupapa Māori as an educational intervention system to address the Māori educational crisis and to ensure the survival of Kaupapa Māori knowledge and te reo Māori.

It must be noted at this point that Kaupapa Māori is not the only term that relates to Māori aspirations. Over the years there have been key movements and shifts that have brought the phrase 'Kaupapa Māori' into more regular use in Māori communities. This has not always been the case. In the 1960s and 1970s the discourse of 'Māoritanga' prevailed. In the 1980s and 1990s the discourse revolved around biculturalism and 'taha Māori'. Walker[46] writes that the term 'Māoritanga' originated with Sir James Carroll in 1920. Later in 1940 Apirana Ngata[47] described it as the:

> …inculcation of pride in Māori history and traditions, the retention as far as possible of old time ceremonial, the continuous attempt to interpret the Māori point of view to the Pākehā in power.

Crucial to Ngata's point is the implication of social relationships between minority and majority groups and power. Māori Marsden saw 'Māoritanga' as the 'corporate view that Māoris hold about ultimate reality and meaning'. John Rangihau (1975) added relish to the debate. For him the term 'Māoritanga' was invented by Pākehā as a means of positioning Māori as a homogeneous grouping rather than affirming the diversity of whānau, hapū and iwi identification. The critique provided by Rangihau shows the need to view Kaupapa Māori as multiple rather than as a singular, universal way of being. However, this is not to say that there are not key tenets that can be located within Kaupapa Māori principles and practices. A number of authors have identified critical notions and concepts that are inherent in Kaupapa Māori.[48]

A key element in the discussion of Kaupapa Māori is the centrality of te reo Māori me ōnā tikanga. Māori educationalist and commentator Graham Hingangaroa Smith[49] writes that the Kaupapa Māori paradigm in education is founded on three key themes:

- The validity and legitimacy of Māori are taken for granted

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[46] Walker (1974).
[47] Cited in Walker (1974).
[48] See, for example, Smith (1997), Smith (1996), Pihama (1993), Taki (1996), Bishop (1994).
[49] Smith (1997).

- The survival and revival of Māori language and culture are imperative

- The struggle for automony over our own cultural well-being and over our own lives is vital to Māori struggle

This locates te reo Māori me ōnā tikanga as critical elements in any discussion of Kaupapa Māori principles and practices and is in line with the assertions made by Nepe that Māori language must be viewed as essential in the reproduction of Kaupapa Māori. Expanding the discussion of what constitutes Kaupapa Māori principles and practices in a changing world has been the focus of many Māori people involved in research and development of Māori programmes in the various sectors. It is noted, however, that in regard to national developments the area of Māori education has been crucial. The development of te kohanga reo and kura kaupapa Māori have placed Māori in a position where not only the definitions of Kaupapa Māori have been important but where significant moves in the identification of Māori pedagogical practices have been made.

The term Kaupapa Māori is now applied across a wide of range of sites outside education. Through the writings of the Auckland Māori academics, the intellectual validity of Kaupapa Māori has been established as a bona fide theory of transformation.[50] Kaupapa Māori has become an entrenched part of the official discourse appearing in a range of ministerial documents in health, social welfare, employment and education. However, the parameters, the theoretical guidelines of Kaupapa Māori, have not always been defined.

As Smith[51] has articulated, Kaupapa Māori initiatives develop intervention and transformation at the level of both 'institution' and 'mode'. The mode can be understood in terms of the pedagogy, the curriculum and evaluation. The institutional level is the physical component; economics; power; ideology and constructed notions of democracy. Kaupapa Māori challenges the political context of unequal power relations and associated structural impediments. Smith makes the point, however, that transforming the mode and the institution is not sufficient. It is the political

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[50] See for example Auckland academics in Leonie Pihama, Fiona Cram, Sheila Walker, 'Kaupapa Māori Principles and Practices: A Literature Review', prepared for Te Puni Kōkiri by IRI, June 2002.

[51] Smith (1997).

context of unequal power relations that must be challenged and changed. In short:

> Kaupapa Māori strategies question the right of Pākehā to dominate and exclude Māori preferred interests in education, and asserts the validity of Māori knowledge, language, custom and practice, and its right to continue to flourish in the land of its origin, as the tangata whenua (indigenous) culture.[52]

Kaupapa Māori thus challenges, questions and critiques Pākehā hegemony. It does not reject or exclude Pākehā culture. It is not a 'one or the other' choice. As Smith states, the theoretical boundaries of Kaupapa Māori have been tested, interrogated and reflected upon by the Māori community and the Auckland academic group, and disseminated locally and internally. To put it succinctly, at the core of Kaupapa Māori is the catch-cry: 'to be Māori is the norm'.

2.3.2. Key Intervention Elements in Kaupapa Māori

Six intervention elements highlighted by Smith[53] are an integral part of Kaupapa Māori and are evident in Kaupapa Māori sites. These are:

- tino rangatiratanga (the 'self-determination' principle)

- taonga tuku iho (the 'cultural aspirations' principle)

- ako Māori (the 'culturally preferred pedagogy' principle)

- kia piki ake i ngā raruraru o te kāinga (the 'socio-economic' mediation principle)

- whānau (the extended family structure principle)

- kaupapa (the 'collective philosophy' principle)

TINO RANGATIRATANGA

the 'self-determination' principle

The principle of tino rangatiratanga goes straight to the heart of Kaupapa Māori. It has been discussed in terms of sovereignty, autonomy and mana motuhake, self-determination and independence. Situated directly from the Treaty of Waitangi, the principle of tino rangatiratanga has

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[52] ibid: 273.
[53] ibid.

guided Kaupapa Māori initiatives, reinforcing the goal of seeking more meaningful control over one's own life and cultural well-being. A crucial question remains – can real tino rangatiratanga be achieved within existing Pākehā-dominated institutional structures? Te kohanga reo and kura kaupapa Māori, for example, were started outside of conventional schooling explicitly in order for Māori to take control of their destiny.

In the area of health, Mason Durie[54] relates that in the 1980s tino rangatiratanga became part of the new Māori health movement where health initiatives were claimed by Māori as their own. This is also affirmed by a recent Te Puni Kōkiri report[55] discussing guidelines for government agencies which referred to rangatiratanga as the 'right of Māori to live and develop in a Māori way, whatever that may mean over time and in changing circumstances'.

TAONGA TUKU IHO

the 'cultural aspirations' principle

A Kaupapa Māori framework asserts a position that to be Māori is both valid and legitimate and in such a framework to be Māori is taken for granted. Te reo Māori, mātauranga Māori, tikanga Māori and āhuatanga Māori are actively legitimated and validated.[56] This principle acknowledges the strong emotional and spiritual factor in Kaupapa Māori.

AKO MĀORI

the 'culturally preferred pedagogy' principle

This principle promotes teaching and learning practices that are unique to tikanga Māori. There is an acknowledgment of 'borrowed' pedagogies. Māori are able to choose their own preferred pedagogies. Rangimārie Rose Pere[57] writes in some depth on key elements in Māori pedagogy. In her publication *Ako* she provides expansive discussion regarding tikanga Māori concepts and their application to Māori pedagogies.

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[54] Durie (1998).
[55] Te Puni Kōkiri (1999a:11).
[56] See the 1999 Wānanga Capital Establishment Report.
[57] Pere (1983).

KIA PIKI AKE I NGĀ RARURARU O TE KĀINGA

the 'socio-economic' mediation principle

This principle addresses the issue of Māori socio-economic disadvantage and the negative pressures this brings to bear on whānau and their children in the education environment. This principle acknowledges that despite these difficulties, Kaupapa Māori mediation practices and values are able to intervene successfully for the well-being of the whānau. The collective responsibility of the Māori community and whānau comes to the foreground.

WHĀNAU

the extended family structure principle

The principle of whānau, like tino rangatiratanga, sits at the heart of Kaupapa Māori. The whānau and the practice of whanaungatanga is an integral part of Māori identity and culture. The cultural values, customs and practices which organise around the whānau and 'collective responsibility' are a necessary part of Māori survival and educational achievement. There are many examples where the principle of whānau and whanaungatanga come to the foreground as a necessary ingredient for Māori health, Māori justice and Māori prosperity.

KAUPAPA

the 'collective philosophy' principle

Kaupapa Māori initiatitives in Māori education are held together by a collective commitment and a vision. 'Te Aho Matua' is a formal charter which has collectively been articulated by Māori working in Kaupapa Māori initiatives. This vision connects Māori aspirations to political, social, economic and cultural well-being.

Leonie Pihama[58] has also written extensively on Kaupapa Māori theory. For Pihama, intrinsic to Kaupapa Māori theory is the critique of power structures in Aotearoa that historically have constructed Māori people in binary opposition to Pākehā, reinforcing the discourse of Māori as the 'other'. Kaupapa Māori theory aligns itself with Critical Theory in that it seeks to expose power relations that perpetuate the continued oppression of Māori people.

2.3.3. Summary

Māori across the sectors are engaging with Kaupapa Māori and seeking to define what may be fundamental values and concepts inherent in such a notion (and these may differ across whānau, hapū and iwi and Māori communities). At the 1984 Hui Taumata, self-determination, or tino rangatiratanga, was revitalised as underpinning Māori health and well-being. The catch-cry of 'Māori just wanting to be Māori' is the essential core of Kaupapa Māori. As such, the expression of Māori values is pivotal to the provision of services by Māori and iwi.

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[58] Pihama (1993).

3. THE PRESENT RESEARCH

3.1. BACKGROUND

The research programme on Māori and iwi provider success began in 2000 and has been conducted in two stages. In the Stage 1 research 27 participants were interviewed from 19 provider organisations throughout Aotearoa. These organisations were, in turn, drawn from a pool of iwi and Māori organisations/service providers identified, through a consultative process, as 'successful'. Stage 1 enabled the research proposal to be refined and for relationships to be built with providers.

The research questions for Stage 1 were developed by the James Henare Māori Research Centre. These questions were:

> What are the determinants of Māori provider success across education, health, justice, social services, employment and training?

> How relevant are leadership development, provider/management training and mentoring, marketing expertise, models of development, models of joint ventures/provider collaboration, new technologies, information, funding and capital?

> How can priority areas be identified for further development assistance to Māori providers?

The approaches for the research included provider interviews and document review. The research adopted a Kaupapa Māori approach and has been reported on separately.[59]

One important component of Stage 1 was the opportunity for the providers to comment on the draft report, the research process and the findings. Providers were very clear in the hui discussion that:

- successful approaches used in the initial consultations for the Stage 1 research (that is, identifying key people and seeking advice) should be used again

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[59] Cram & Pipi (2001).

- they appreciated 'kanohi ki te kanohi' (meeting face-to-face) and the opportunity to build/strengthen working relationships with the project manager in the first instance, and, in turn, the research team

- self-determination and the project's encouragement for them to be active participants were reasons for continuing to be involved

Providers were also appreciative that the research team was actively and visibly practising the principles of reciprocity. This was obvious to participants in the way in which the research team had 'given out' (shared information and introduced people to other people conducting research) just as they have been 'given to' (being privy to information given by providers).

At the start of Stage 1 many providers had expressed concerns about the usefulness of engaging in 'yet another research project' when previous projects that they had given time to had failed to bear fruit for them. Comments at the hui acknowledged that it was important that the researchers 'walked the talk' in terms of kaupapa Māori.

Stage 2 of the research involved 57 providers from five regions (Te Taitokerau, Tāmaki Makaurau, Taranaki, Te Tairāwhiti, Te Waipounamu), including providers who participated in Stage 1.

In this stage, the research questions were modified and added to as a result of discussions with Te Puni Kōkiri about information gaps. Specifically with regard to defining success and its measures, it was felt necessary to tease out more specifics about how providers were gauging their success. In addition, provider experiences of evaluation and monitoring and more information around the Māori provider environment were desired.

Therefore, in Stage 2, provider stories, reflections and perceptions were gathered around the following themes:

- organisational establishment stories

- facilitators and measures of success, and barriers to success

- perceptions of the Māori provider environment and impacts on services

- internal and external evaluation and monitoring practices

- the impact of key policies

In addition, it was decided to interview public servants from government agencies who worked on Māori and iwi provider policy and funding issues. In effect, these agencies are the representatives of Māoridom's Treaty partner and their responsiveness is pivotal to ensuring the longevity of Māori and iwi service provision by Māori and iwi. These findings are reported on in Section 6.

Regional coordinators were recruited in each of the five regions and the coordinators, in turn, recruited, liaised with and interviewed the providers involved in the research. In addition, the research adopted the concept of 'critical friend' when working with providers (see Appendix F). A 'critical friend' in this context is someone who walks alongside service providers and offers them objective feedback, based on the research findings. It has been the researchers' experience that this is an important, and often unacknowledged, role of Māori researchers. Taina and Hariata Pohatu have described the nature of the insights that can be afforded by the use of such 'insiders' who understand the intimacies of the cultural context:

> Taking more responsibility for research affords Māori the space to locate and move from within a Māori research paradigm. It is appropriate therefore, to share experiences which may offer insights into research from within the Māori 'cultural realm', using culturally appropriate and preferred techniques of investigation.[60]

The regional coordinators received training in the **PATH Strategic Planning Tool** and were able to offer this as a **koha** to the providers involved in the research (see Appendix E). The PATH, in turn, also facilitated the regional coordinators' understanding of the providers. Providers were also invited to **regional hui** to learn about the project, receive feedback, learn about the PATH, and engage in strategic planning (see Appendix H). A **website** for the research was also developed as a way to disseminate information about the project to the providers (see Appendix G).

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[60] Taina and Hariata Pohatu (forthcoming).

The concepts of **best practice** and **benchmarking** were also adopted in Stage 2 of the research and examined for their usefulness for Māori and iwi providers and/or for describing their work (see Appendix J).

> Best practice '…is about identifying the best ways of managing the firm and producing and delivering its services, while continually improving what the firm does. Underlying all this is the idea that the firm must become close to and properly understand its clients, develop the systems and procedures to give its clients exactly what they want, and work with all the people in the firm to achieve these things, particularly the firm's programs of continuous improvement.'[61]

Benchmarking is also part of best practice:

> Benchmarking is a method of improving performance in a systematic and logical way by measuring and comparing your performance against others, and then using lessons learned from the best to make targeted improvements. It involves answering the questions:
>
> -   'Who performs better?'
> -   'Why are they better?'
> -   'What actions do we need to take in order to improve our performance?'[62]

Successful Māori and iwi providers are applying the principles of best practice and developing guidelines that are relevant and applicable to their practice. Operating in a competitive environment has forced some providers to do a compare and contrast exercise whereby they consider how they rank as a provider of services alongside others. It is important to note that there are a number of levels of comparison, such as governance, service delivery, operational management and cultural competencies. There are also a number of other factors that impact on providers such as size, location, skillbase, resource base and the diversity of programmes and services. Any benchmarking activity therefore needs to compare like with like.

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[61]   Centre for Best Practice.
[62]   Construction Best Practice Programme.

Stage 2 of the research has built on Stage 1 by expanding the number of providers, the regions involved, and by adding the policy interviews. The collaborative model for the identification of successful Māori providers was retained, as was the commitment to engaging with providers kanohi ki te kanohi (face-to-face). In addition, several new concepts were explored during the research process. These included:

- exploring Māori research ethics

- regional coordinators

- critical friend

- koha

- PATH Strategic Planning Tool

- regional hui

- website

- benchmarking

The background to each of these concepts and how they were informed by a Māori research ethic is described in Appendix C to this report. The next sections outline the reasons a distinctly Māori approach (Kaupapa Māori) was necessary for this research.

3.2. MĀORI AND RESEARCH

In 1968, Koro Dewes challenged research approaches in which Māori were seen as the 'other'. Such research invariably led to Māori being compared to non-Māori norms and, as a consequence, being constructed as deficit or abnormal. Dewes said:

> I am sick and tired of hearing my people blamed for their educational and social shortcomings, their limitations highlighted and their obvious strengths of being privileged New Zealanders in being bilingual and bicultural ignored.[63]

Māori researchers have critiqued the approaches of non-Māori researchers conducting research <u>on</u> Māori.[64] The research reports and

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[63] Dewes, K. (1968). Māori education. In 'Report of the Young Māori Leaders Conference. Department of University Extension, The University of Auckland.

[64] See, for example, Cram (1997), Smith (1999), Te Awekōtuku (1991).

the policies that have followed on the heels of such research have left Māori weary and wary of research generally. Cram argues that in such research:

> It is Māori who are informed that they do not quite come up to scratch on what are described as universal, objective norms. This is partly a product of scientific objectivity whereby social problems are studied in isolation from their historical, social and cultural context. The explanations for these problems and the solutions that are proposed are then invariably individualistic with change being seen as needing to occur within the individual rather than within society.[65]

In Stage 1 research participants from eight of the provider organisations were sceptical about the research. They expressed concern and doubts about the effectiveness of the research and whether or not there would be a positive result for Māori. They sought reassurance from the project manager that their information would be safeguarded and not be used for any other purposes. In one situation the interviewee insisted on informing the project manager of the concerns of the board prior to consenting to the interview. In another case the interview did not proceed until the objectives of the research and the process to be used were fully explained. This took about 45 minutes.[66]

However, the participation of Māori in the entire research process, as with other indigenous peoples throughout the world, is essential if the confidence of whānau, hapū and iwi in research is to be recovered:

> …research has a preponderant role as the challenge is to … find the proper methodology, to call for the equal participation of all actors, and to work on firm bases provided by in-depth knowledge of the real conditions of indigenous peoples and their communities.[67]

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[65] Cram (1997:48).

[66] This is not a unique experience. For example, Fuli (1999:14) states that 'the Māori providers involved in the research project have not provided information as freely as envisaged'.

[67] Working Group on Research (1997:8).

The Treaty of Waitangi affirms the right to conduct research that is 'by Māori, for Māori' using the tools that Māori see as valid. Moana Jackson[68] states that:

> ...we have to accept that the Treaty did not submit us to the research methodologies and ethics of somebody else. The Treaty reaffirmed our right to develop the processes of research which are appropriate for our people, and to do that, the only people we have to seek permission from are our own.

The methodology used in the present research project adhered to the precepts of Kaupapa Māori research. Kaupapa Māori in research is concerned with methodology rather than method. This distinction is very important and is summarised thus:

Methodology: a process of enquiry that determines the method(s) used

Method: tools that can be used to produce and analyse data

In this sense Kaupapa Māori is 'a theory and an analysis of the context of research which involves Māori and of the approaches to research with, by and/or for Māori'.[69] A Kaupapa Māori approach does not exclude the use of a wide range of methods but rather signals the interrogation of methods in relation to cultural sensitivity, cross-cultural reliability, useful outcomes for Māori, and other such measures. As an analytical approach Kaupapa Māori is about thinking critically, including developing a critique of Pākehā constructions and definitions of Māori and affirming the importance of Māori self-definitions and self-valuations.[70]

In Kaupapa Māori research, the researcher is expected to have some kind of collaborative and 'personal relationship/connection' with the participants. Māori understand this process as whanaungatanga and it is seen as crucial for successful Kaupapa Māori research. Bishop[71] states that this focus on relationships and connectedness is diametrically opposed to traditional Western theories where the position of the researcher is hidden 'under a veil of neutrality or of objectivity'.

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[68] Jackson (1996).
[69] Smith (1996).
[70] Smith & Cram (1997).
[71] Bishop (1996:152).

This building of research relationships around whanaungatanga has been noted elsewhere in Māori research. In studying the health impacts of unemployment, for example, researchers at Te Rōpū Rangahau Hauora a Eru Pōmare noted the importance of whanaungatanga in gaining the agreement of Māori men to participate in a focus group interview.

> The agreement was based on their 'trust' in the researchers as members of the whānau, hapū and iwi (i.e., 'insiders') and not so much upon our capabilities as researchers, even though they noted that this was important.[72]

Linda Mead (aka Smith)[73] lists seven guidelines related to Māori research ethics; in particular, what Māori researchers need to be aware of when working with Māori communities. These guidelines have been explored and expanded by Fiona Cram.[74] They are listed and examined in Appendix C in order to discuss how the processes adopted within the present research reflect a Māori research ethic.

3.3. SUMMARY

The seven guidelines are a reminder that just because the researcher is Māori there is no guarantee of expertise in Māori language, culture or tikanga. This does not mean that a researcher must have all these qualities, but Te Awekotuku[75] reports that these qualities must be evident in the research team as a whole. Māori researchers also carry the responsibility of ensuring they do not simply perpetuate the cycle of what Cram[76] cites as the 'victim-blaming approaches of many non-Māori researchers'. Māori, as one of the most researched indigenous peoples in the world, continue to be wary of research.[77,78] This is not surprising as research has historically been conducted by non-indigenous people, researching 'down' where the judgements being made were based on the cultural standpoint of the researcher rather than the lived reality of the indigenous population.

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[72] Cram, Keefe, Ormsby & Ormsby (1997).
[73] Mead (1997).
[74] Cram (2001).
[75] Te Awekōtuku (1991).
[76] Cram (2001:38).
[77] Bishop (1997).
[78] Cram (2001).

It is important also to remember that in Māori society 'knowledge' and 'learning' is associated with tapu. In discussing 'learning and tapu' in his contribution to the book *Te Ao Hurihuri*,[79] Te Uira Manihera of Tainui describes the sacredness of learning and the struggle elders have in the 'handing down of knowledge'. The fear is that 'by giving things out they could be commercialised. If this happens they lose their sacredness, their fertility. They just become common. And knowledge that is profane has lost its life, lost its tapu.' Ngoi Pewhairangi of Ngāti Porou also reflects that 'only certain people, certain families, inherit these different aspects of our Māoritanga and are entitled to pass them on.' Thus gathering information as a Māori researcher involves mutual respect and trust and often occurs 'a te wa', when the time is right.

Thus, as a Māori researcher, one walks alongside the community that is being researched, and has the responsibility of ensuring that Māori research by, with and for Māori is about regaining control of Māori knowledge and resources. Thus, research is about Māori enacting their tino rangatiratanga over research that investigates Māori issues.[80]

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[79] King (Ed.) (1992).
[80] Cram (2001); Cram et al. (2002).

4. METHOD

Within this section the methods used in the present research to interview Māori and iwi providers and government agency representatives are outlined separately.

4.1. PROVIDER INTERVIEWS

This section outlines the processes of identifying, recruiting, and interviewing Māori providers for the research. The collection of provider information at a regional level involved focus groups, regional hui, provider interviews and PATH (Planning Alternative Tomorrows with Hope) facilitation. This was an exciting time as the project offered a vehicle to fully test whether the commitment to kaupapa iwi and Māori could create a research environment that was supportive and informative for iwi and Māori providers.

Māori and iwi providers from five regions – Te Tai Tokerau, Te Tairāwhiti, Taranaki, Te Waipounamu, Tāmaki Makaurau – were involved in the project. These particular regions were decided upon for a combination of reasons including to give a cross section of service provision which would include iwi based and focused, urban, provincial, rural and pan-Māori.

4.1.1. Selection of Providers

The identification of successful Māori and iwi providers began with the method developed during Stage 1; namely, through consultation with key contacts within the region who gave their:

- direction and recommendations of providers

- in-depth knowledge of the field in which they work

- feedback on the chracteristics of a successful iwi and Māori provider (see Table 1)

This consultation was specifically carried out between the project manager and a selection of respected, local contacts in each region, some of whom became the regional coordinators. These contacts were made through the project manager's networks and were people who had integrity, were politically astute, had indepth knowledge of the field of

Māori service provision and would give clear feedback on how the research should proceed within their region.

This consultation process led to a range of iwi and Māori service providers, iwi and community organisations, and iwi and Māori management training providers being identified.

Table 1. Identifiers of a Successful iwi and Māori Provider

According to people spoken to in the consultation process, a successful iwi and Māori provider is one who is recognised and nominated by others. The provider may have some or all of the following characteristics:

- a historical and/or national overview of their sector

- they are known to and by others and spoken of positively

- they have a profile <u>and</u> credibility within their sector. This may also be the case outside of their discipline

- they know their rohe well

- they are aware of the unique and special needs of their clients

- they have been requested by the community to provide the service

From those providers identified, two providers were selected from within each sector for each region (although in some cases there were zero to four providers). With the incorporation of advice from regional coordinators, the mix of providers within each region was refined. Regional coordinators have intimate knowledge of their regions and were able to ensure that the identification of and approach to providers reflected the local context. The selected providers were then contacted about the research and meetings were arranged. Ten to 13 Māori and iwi providers from each region participated in the research.

Provider groups made the decisions internally about which person(s) would be interviewed. Some providers then invited others within their organisation to join them in the interview. The individuals who participated in the present research ranged in age from 35 to 65 years of age. The majority of interviewees were employed fulltime with the organisations; other participants in interviews included volunteers and trustees.

Table 2 illustrates the composition of providers in each region. Following is a brief description of the providers who participated in the research in each region. [81]

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[81] See Appendix L for further information on each region and its providers.

Table 2. Numbers of Providers in Each Region

Region	Sectors	Confirmed	Total
Te Tai Tokerau	Education	2	
	Health	2	
	Employment and Training	2	
	Social Services	2	
	Justice	2	
	Housing	2	12
Tāmaki Makaurau	Education	3	
	Health	2	
	Employment and Training	2	
	Social Services	2	
	Justice	2	
	Housing	1	12
Taranaki	Education	2	
	Health	3	
	Employment and Training	2	
	Social Services	1	
	Justice	2	
	Housing	0	10
Te Tairāwhiti	Education	0[82]	
	Health	3	
	Employment and Training	2	
	Social Services	1	
	Justice	2	
	Housing	2	10
Te Waipounamu	Education	1	
	Health	2	
	Employment and Training	3	
	Social Services	4	
	Justice	2	
	Housing	1	13
TOTAL		57	57

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[82] Due to workload and other commitments, there were no education providers able to participate in Tairāwhiti.

Tāmaki Makaurau

There were 12 provider organisations who took part in the research in Tāmaki Makaurau. They varied in size and came from predominantly the central and south Auckland areas. There was a diverse range of providers from whānau/hapū/iwi-based, to marae-based, church-based, and community-based, to businesses. All had a common base of servicing the Auckland urban area, although two also have a national focus. The length of time the providers had been operating ranged from two to 25 years. All the provider organisations involved received government funding and the business ones were also 'going concerns'.

Taitokerau

In Taitokerau (Northland) the research was carried out with 12 provider organisations, who were distributed across iwi, Māori and kaupapa Māori services. The length of time the providers had been operational ranged from four to 12 years. All the provider organisations, except one, received government funding. There were three distinctive groupings of providers: iwi providers, Māori providers and kaupapa Māori service providers. The distinctions between the three groupings are identified in the Taitokerau regional report. All categories of provider strongly advocated for the 'for Māori, by Māori, to Māori and with Māori' philosophy and saw this philosophy as a basic step towards tino rangatiratanga. The main difference between the groups of providers was one of ownership and governance. Iwi providers added their philosophy of being driven by the iwi for the iwi.

Tairāwhiti

Thirteen organisations were approached to participate on the basis of their local, tribal and/or regional profile as providers of health, education, justice, housing, employment/training and social services. The project manager consulted with key iwi kaenga and key community resource people to identify a pool of successful providers. Nine organisations representing 10 services participated in the research; three other providers were not available within the time frame for the interviews; and one further provider did not respond to follow-up contact, after confirming their initial interest. In total, 20 people were interviewed from the governance, management and/or practitioner areas of the organisations.

Te Waipounamu

Thirteen providers were involved in the research. The majority were Christchurch based, along with participation from Kaikoura and Bluff. The length of time the providers had been operational ranged from three to 25 years. All the provider organisations received government funding.

Taranaki

The 10 provider organisations involved in this research varied in size and came from different locations across Taranaki. Seven of the 10 were based in New Plymouth, however each of them services the wider Taranaki region. Three were based in Waitara. There were a diverse range of providers from marae based, to church based, to community based. The unique base they all come from is that they are servicing Māori within Taranaki as opposed to just Māori of Taranaki, e.g. Taranaki tūturu.

4.1.2. Provider interviews

Interviews took place in either the participant's place of work or in private homes. Many of the appointments were made during work time or evenings. The regional coordinators initiated contact, set up appointments and conducted the interviews. In most cases, the interviews were with an individual from the provider organisation who was either the CEO or manager. The remaining interviews were with groups from within the organisation as staff and/or trustees were invited by the interviewee to participate. All participants were given an information sheet about the project. They then signed a consent form.

Participants from each provider organisation were asked about their organisation. The questions covered the following topics (see Appendix K for list of questions):

Provider stories. Providers shared their stories about the origins of their organisations, their dreams and goals, and their development journeys.

Determinants of success. This section examined facilitators of success, the barriers to success and how providers measured their success.

Iwi and Māori provider environment. This section examined the providers' perceptions of the context in which they operated, and identified their rationale for ongoing government support.

Evaluation and monitoring. Providers discussed their internal evaluation and monitoring practices and their experience of the external evaluation and monitoring of their services.

Policy developments and shifts. In this section, providers reflected on the key policy developments, including examples of policy shifts that have impacted on their services.

The interviews lasted from one to two hours and were audio-taped. In some instances discussion notes were also made during the interviews. The discussion notes and transcripts of the audio-tapes have formed the database for the project. In every case key informants were open, sincere and passionate about their organisation's kaupapa. Following the interview the participants were given a koha to thank them for their contribution towards the research.

4.1.3. Analysis

Regional coordinators were involved in analysing the findings, which enabled the researchers to talk about some of the key findings to date, and to reflect on the methods used in gathering information from providers.

The process of analysis involved the following:

- The interviews were transcribed

- The transcripts were returned to participants so that they could add, amend and/or delete information prior to analysis

- The regional coordinators and the research team collectively summarised and discussed the responses to each question

- An overall summary of responses from all providers to each question was collated

- The common themes or key points for each question were identified

- The regional context and relevant background information with regard to the environment in which providers operated were also discussed

- A draft regional report was put together by the regional coordinators in collaboration with the IRI research team

4.1.4. Document Review

Key informants were asked to supply any documentation they had about their service. This information supplemented the researchers' understanding of the services provided. These documents were considered in the analysis process and incorporated into the findings.

4.2. GOVERNMENT AGENCY INTERVIEWS

The approach for the government agency interviews was qualitative and included both key informant and focus group interviews.

4.2.1. Participants

Participants were recruited through networks or with the assistance of Te Puni Kōkiri. A number of the key informants gave names of other key people within their agency whom they felt should be contacted by the researcher to be interviewed. This led to a snowball effect.

Interviews were conducted with employees in a range of government agencies involved in the management of contracts with iwi and Māori providers.[83]

There were 17 key informant interviews and a focus group. A high number of the participants were Māori managers and advisors; others were policy analysts who had the responsibility of looking after contractual arrangements with Māori and iwi providers, one participant was a lawyer with the legal section of the agency.

4.2.2. Procedure

Participants were contacted and interviews arranged. Prior to their interview, each participant was e-mailed the executive summary of the Stage 1 research report along with the research questions for the present research. The research questions for the present research project were:

- the definition of a successful iwi and Māori provider

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[83] To ensure confidentiality of participants, the identity of agencies is not given.

- significant events in their sector that have impacted on iwi and Māori provider service provision

- their perceptions of facilitators and barriers to success

- policy developments that have impacted on iwi and Māori providers

- policy shifts that could impact positively in future

Consent was sought from individual participants to have their interviews taped. In terms of research ethics it was explained by the researcher that:

- confidentiality would be maintained

- consent was sought to be audio-taped

- tapes would be transcribed and transcripts returned to participants for comments

At the beginning of each interview, information was provided about the project and the participant was asked to provide some background of their position and the role of their agency. On average the interviews took approximately one hour.

In two interviews, there were two participants. A focus group was held with a section from within a government agency. One of these interviews followed a tikanga process of mihimihi and karakia at the beginning of the session and on completion of the interview.

4.2.3. Analysis

The researchers coded quotations for the purpose of tracking the origin of each quotation and to advise interviewees that a particular quotation was used from their transcript. However, to maintain the confidentiality of interviewees, the identity of agencies is not given in this report. Not all interviews were fully transcribed; rather the researchers listened to the tapes and transcribed those sections that focused on the research questions (omitting whanaungatanga and conversation unrelated to the research). The transcripts have been returned to the interviewees with the quotations used in the report highlighted. The interviews were then analysed for commonalities and differences under the key research questions. This was done by reading and re-reading the transcripts, discussion of the transcripts among the research team, and feedback gathered from informants.

5. FINDINGS FROM PROVIDER INTERVIEWS

In their interviews providers shared their stories about the origins of their organisations, their dreams and goals and their development journeys. The providers have been providing services to whānau, hapū and iwi for almost thirty years, as far back as 1975. The majority have been in service provision for more than five years. All providers were driven by a passion to serve Māori well and to make a difference.

One key consideration in the analysis of the providers' interviews was that all of the providers had been identified as successful as a result of feedback from their communities. The analysis of the elements of this success was therefore not confined to those places within their interviews where they had been explicitly invited to talk about what success is and what they felt made them successful. In fact many of the providers, when asked such questions, provided examples related to the outcomes that they had achieved. More depth was added to the understanding of success by the additional analysis of providers' stories about their services as well as their talk about the environments they are operating within.

At the time of the interviews, some contracting agencies were asking for more evidence that a 'for iwi and Māori, by iwi and Māori' approach worked. Although many providers found these questions challenging, some were also bothered by the necessity to 'prove their worth'. Their responses, however, also added to the developing understanding of the characteristics of a successful Māori provider. Many felt that in some respects the work being carried out by Māori and iwi providers is undervalued and not regarded as valid.

Five themes emerged from the analysis of the providers' interviews. The first two themes arose from providers' stories as well as from their talk about success and about the Māori provider environment. The following themes reflect the last three sections of the interview schedule.

- Tīmatatanga – tino rangatiratanga/mana motuhake
- Services based on Māori values and practices
- Familiarity with policy and funding environment
- Monitoring and evaluation

- Policy development and shifts

The themes are not mutually exclusive and are separated here partly for reasons of readability. Where appropriate, the themes are cross-referenced. Each theme is explored in the following sections and illustrative quotes are included from providers. Challenges, or potential barriers, are also identified under the first three themes.

5.1. TĪMATATANGA – TINO RANGATIRATANGA/MANA MOTUHAKE

Providers' dreams and goals revolved around tino rangatiratanga and mana motuhake (self-determination).

> *…today we are in a position to reclaim our own mana motuhake, it is about tino rangatiratanga, having a say, having control over our own affairs. (TWss01)*

> *For once in our lives this has happened; something for Māori, that now we can determine our own future as Māori for Māori. And it was good to have Māori faces in front of Māori and I think those are all the successes that really need to be celebrated. (TWe01)*

These dreams were often fed by and connected to the visions of key leaders.

> *The origins of our name were based on something that Te Whiti o Rongomai said: E tu Wahine hikuwai e kore e tangata! While there weren't any men about, it was given to the women to stand, to protect the integrity of the whānau until the men returned. (TNj01)*

This, intertwined with providers' belief in and passion for their kaupapa, was an important motivating factor in the establishment of the provider. For providers the realisation of their dreams and goals was a long-term, and possibly even life-long, project.

> *We had that dream of establishing and where we went to from there was the process that we've gone through from that time to this. And it's been a huge, huge learning process for us. Started purely with a vision. No funding, equipment, location, resources. Nothing! (Te01)*

The political climate for Māori issues was also important as land issues, poor health and low socio-economic status prompted calls for self-determination.

> *…this organisation got started in 1984, when they had a Hui Taumata in Rotorua, and Māoridom was wanting some independence in terms of the services and dealing with things for ourselves. (TMet3)*

The overarching elements of success identified under this theme were:

- being guided by the vision as handed down by ancestors

- being able to determine your own future

Within this theme the following sub-themes are explored:

- whānau, hapū, iwi and community well-being

- recognition of gaps in mainstream services

- leadership and the people

- gaining a mandate

- retention of te reo Māori me ōna tikanga

- governance and management

In addition, the challenges that providers have faced are also discussed.

5.1.1. Whānau, hapū, iwi and community well-being

Providers were largely motivated by their desire to improve conditions for Māori which, in turn, was closely linked to their recognition of Māori needs and their perceptions that these needs were not being adequately met by mainstream services. Through their work, they sought to strengthen whanaungatanga ties, to provide excellent services and to ensure that the journey to development was one of positive change and well-being for Māori.

There was therefore consistency across providers in terms of their desire to facilitate positive social, economic, cultural and political changes for individuals and whānau that, in turn, would flow on to hapū, iwi and community.

> *Whānau wellness for all people with a focus on Māori in the Ngāti Hine region extending out to other areas by contract and agreement. Good health incorporated housing, education, employment, conservation and increasing local resources and skills. (TTh01)*

I suppose the real cornerstone for me is that confidence of mana motuhake. (Th02)

To facilitate the skills, knowledge and qualifications to enable any Māori or iwi to manage, control and advance their culture and economic resources. (TTet04)

Primarily, the providers have focused on an overall goal of survival and adaptation. Individuals and whānau have constant pressures and demands placed on them. Providers have been instrumental in assisting whānau to overcome these in various ways. For example, according to several providers there are many Māori who have 'lost their identity', as a person, as a member of a whānau, hapū and iwi. Much of the work that was being done by some providers enabled individuals and collectives to re-establish who they are and to develop pride in themselves and in turn contributing to the well-being and strength of the community.

Providers expressed well-being and strength as:

- having improved health, education and employment

- feeling safe, secure and loved

- obtaining information, advice and education

- having a violence-free community

- practising whanaungatanga

- protecting the mana, mauri, tapu of iwi

- having manaaki tangata

- having tino rangatiratanga, mana motuhake

These are some of the indicators of success that providers measure themselves against.

5.1.2. Recognition of gaps in mainstream services

The recognition of gaps in mainstream service delivery to Māori whānau prompted the establishment of many of the providers. A large number began as a result of providers' own personal experiences or the experience of others within their community. These experiences invariably resulted in frustration and dissatisfaction with mainstream services.

…Seeing nothing out here for our people. There were a lot of agencies out here but there were no Māori agencies. (TMj2)

Early 1980s Ngāti Hine people recognised a health issue which mainstream did not acknowledge. Did the research and justified the need. (TTh01)

We're cleaning up after all those years of muck ups. In fact we would have been in a very different position today if they had left us to care for our own from the early beginnings. (TWss01)

Success in this area was described by providers as:

- Recognising and filling a gap in service and/or programme provision for Māori

5.1.3. Leadership and the people

At the heart of the providers' stories were people who were committed to and passionate about the kaupapa. Accompanying this passion were knowledge and skills that providers were able to put to use. Invariably kaumātua counted among those who were specialists in their field and were able to guide and support the providers.

Our kaumātua are like our consultants and we know that they know things before we do, and they'll tell us when things are not right. I mean, our kaumātua/kuia are very wise. They know the whānau, hapū. They were around before us and have journeyed pathways we have yet to travel. They have been involved with the different government agencies. (TWss01)

The passion and commitment of staff and leadership enabled some providers to offer services and/or programmes that exceeded contracted outcomes and their own expectations.

You have to be committed, you have to know your product, you have to be able to have a good relationship with your staff, you have to lead by example and you have to have good people skills. (TMss01)

Over and above what is set down for the normal education guidelines, we're offering in excess of that and there's nothing to touch it, really, honestly, nothing can. (TWe01)

The involvement of these committed people was also pivotal to the providers being able to operationalise Māori values and practices.

Attracting and retaining high calibre staff who are committed to the kaupapa was critical to provider success.

> *It's not just about the numbers of people – but the calibre and quality of the people that you have around that you're attracting now to the organisation! (TNss02)*

> *…that we have highly trained and professional people who have the same agenda, they want success for their clients and they are willing and able to go the extra mile. (TWj01)*

Success in this area was described as:

- having key people with leadership skills

- having staff who are committed to the kaupapa

- investing in the cultural and work skills development of staff

- attracting high calibre people to work for the organisation

5.1.4. Mandate

The providers invariably sought a mandate for their service from their communities and key stakeholders. This process also signalled to the communities and key stakeholders the accountability structures that the providers wanted to follow; namely, that they would be responsible in return to their community.

This mandate was often forthcoming because of the recognition of the gaps in the services being provided for Māori by mainsteam services. In addition, by sharing knowledge and skills and basically keeping in touch, Māori networks played an important part in keeping providers up with what was happening outside of the organisation. This, in turn, facilitated success.

Gaining a mandate often also involved consultation with those who would potentially use the service or programme being established. This consultation, in turn, also informed providers' understanding of their local environment as they refined the role and place of their service and/or programme within their community.

> *I think the significant things have been about community development. And things like the Mission Statement, developed in*

the community. Strategic Plan developed in the community. A grass-roots organisation from the beginning. A consultation process with community was a part of establishing the organisation. (Th01)

Our membership is derived from the 35 marae although we don't have 100% attendance and participation from those marae we would have at least 75% representation at any one meeting that we have and that is due to the structure we have. (Tss04)

When we established, a group went through and held numerous hui and secured the mandate of each of the 8 iwi within the region. (TTh03)

Providers also felt that engaging with stakeholders was about having good ongoing relationships. This involved being open, honest, having clear lines of communication, and maintaining key relationships with whānau, hapū and iwi. This could be done in a number of ways – reports or meetings, either kanohi ki te kanohi or hui with staff, managers, whānau and/or funders.

Success in this area was described by providers as:

- being visible to members of the community and having them participate and fully support the provider's activities and efforts

- having credibility in terms of whakapapa, the kaupapa and the ability to deliver on it

- having a high commitment to serve the people

5.1.5. Retention of te reo Māori me ōna tikanga

Providers were strongly committed to the retention of te reo Māori me ōna tikanga.

Even our business model is a Māori model. The kaupapa that's most important to us is Te Reo me ōnā Tikanga and we operate within those boundaries as well. (TNh01)

We provide a service that is culturally, intellectually and spiritually accessible for Māori clients. We acknowledge and apply tikanga Māori. We respect our people and do not belittle them with institutional racism. (TMe02)

Within each region, this was invariably operationalised in terms of what was appropriate for the mana whenua. Taitokerau providers, for example, were striving to ensure the survival of te reo o te Taitokerau:

> *Ngāpuhitanga – it's te reo me ngā tikanga, whanaungatanga – essential things incorporating unique characteristics as an iwi into strategies. (TTss01)*

Success in this area was described by providers as:

- Actioning a commitment to te reo me ōnā tikanga at all levels of the organisation

5.1.6. Management and governance

Providers recognised that robust management and governance structures were integral to the running of their organisations. These systems also facilitated communications and relationships within the organisation. In addition providers recognised the importance of traditional obligations and tikanga within how their organisations were managed and governed.

> *…practices, policies and procedures need to be relevant and understandable to Māori if Māori are to be successfully engaged and their needs addressed. (TWss02)*

Success in this area was described by providers as:

- having management processes which are based on trust, integrity with strong leadership and are not free of traditional obligations

- having quality management and governance policies and practices

- having the ability to implement whanaungatanga within staff, management, governance and in the services

- having a say; controlling their own affairs

- standing the test of time

5.1.7. Challenges for providers

Providers also identified internal politics and poor management as additional internal barriers to success. These could throw a provider off track and disrupt internal communications.

Some of the negatives that I've experienced is lack of communication, lack of authority in groups to act autonomously on their own. There's been lack of skills, in areas, internal politics is a big one, and I guess we're not alone in that. (TMh01)

Providers talked about the attempts they have made to put internal politics into perspective and to find strategies for managing the potential for politics to cripple the organisation.

Debriefing after group planning, not working in isolation, doing the kōrero daily and not letting things build up when you have differences, by taking the time to reflect and revisit our vision kaupapa and staying within the tikanga Māori and not compromising. (TWss01)

We've attempted at all times not to engage ourselves in the politics. At the start of the organisation's life, we engaged ourselves in some of that political fighting crap which is a direct consequence of the competitive marketplace where contracts were put down in the middle and all providers were invited to fight for them, we ended up fighting each other. We had a meeting and we committed at that point in time not to engage negatively in the politics. In other words our attempt was not to contribute to any dysfunction, basically to get into the work and get on with it. (TTh01)

Providers also identified two clear signals that indicated that they were not succeeding. The first of these is that **their capacity limits them**. Māori provider development has seen an extremely accelerated process of growth in a short amount of time. For many providers this has meant that they have had to expand and diversify their core services in line with the funding marketplace as government agencies have 'rolled out' a new initiative or programme that 'fits alongside' what they do. Some providers have made the transition well and others have not because they do not have the capacity: whether that be in terms of people, skills, information and knowledge or resources. This is so of smaller providers in particular, who may be reliant on a staff of three and do not have the luxury of a larger workforce upon which to draw from. In isolated rural areas, capacity is limited by the need to work within the skillbase of the community.

We've got a lot of kaimahi people who can do the mahi on the ground. There aren't enough people who've got that financial management side. Who can do funding applications, contract

tenders, who can negotiate with funders, that key part is missing.
(TTss03)

The second signal is that **they are limited by their own mindsets**
(model of the world). There are different models of the world that exist
within communities. For some providers, particularly the rural based
ones, they have had to change their mindset with regard to the work they
do as they have grown in size.

> *Our sort of mindsets had to be developed over the years too, so that*
> *we could change so that we could rise to become leaders to take on*
> *the social problems that were evident, because they're here, they're*
> *real. We've got 70 of them that turn up here in the morning. We*
> *usually have sessions for two hours, processing each fulla with his*
> *problems especially on Mondays. (Te02)*

Providers therefore described barriers to success as including:

- internal politics and poor management

- limited capacity

- a limiting mindset

5.1.8. Summary

People with skills and knowledge assisted providers to establish
themselves. These were also the people, along with community leaders
and prospective service-users, who provided the mandate for the
provider.

Providers have felt many of the same pressures as they observed that
whānau were experiencing as providers were also operating in a
constantly changing environment. Providers are of their community and
as such their survival and the survival of their community are invariably
intertwined.

Many providers have established themselves as a result of gaps in
services and in response to needs expressed by their communities.
Mainstream services have clearly not met these needs, and for some
providers, it is like being on the edge as they strive to meet these needs
in the best way they know how. These ways are sourced from within
Māori worldviews, values and practices.

The main difference in the regions was based around the whānau/hapū/iwi approach. In regions where the iwi authorities were well-established, relationships within the region were clear and understood, leadership was strong, strategies for managing conflict were in place, the unique characteristics of the iwi were evident, and the region was strong.

5.2. SERVICES BASED ON MĀORI VALUES AND PRACTICES

Providers were committed, driven and motivated to do something to improve services and to bring about change in attitudes and practices for whānau and communities, including the retention of their reo, their customs and traditions. A common thread was the desire for the delivery of services to whānau, hapū and iwi to be based on Māori values and practices. In this way, providers were excited about opportunities to work in culturally appropriate ways with their people.

As outlined in the first theme these opportunities were characterised by the high levels of belief, passion and commitment to the kaupapa by their skilled staff. Hand in hand with this went the ability of providers to incorporate kaupapa Māori, tikanga, Māori models, methods, practices and process to enhance delivery.

The overarching element of success identified under this theme was:

- the operationalisation of Māori values and practices

Within this theme the following sub-themes are explored:

- defining iwi and Māori providers

- whakatauki and mission statements

- Māori and iwi ways of working

- skilled staff

- voluntary component

- evidence of success

- growth and development

In addition, the challenges that providers have faced are also discussed.

5.2.1. Defining iwi and Māori providers

The general consensus on the definition of an iwi or Māori provider was a provider of services or goods for iwi and Māori by iwi and Māori.

> *100% owned by Māori; 100% delivered by Māori; using Māori concepts of learning and delivery. (TTet01)*

Moreover, it was about having control over what one did.

> *[Being a] Māori provider is being able to stay within your kaupapa even though you're surrounded by agencies who have their own determinants about contracting funding – if you can stay true to your own kaupapa then you're actually doing a good service to your clients. (TNh02)*

Providers involved in this research were contracting with between three and 15 Crown agencies for the delivery of services and programmes and as such were bound to deliver these programmes according to government philosophies, guidelines and frameworks. However, providers also emphasised the importance of the incorporation of te reo and tikanga into their services and programmes.

> *So when I talk about Māori models of working, that's a Māori provider. When we look at te reo me tikanga as a priority, that's a Māori provider. (TNht01)*

> *A service parallel to mainstream service providers that is conducive to the practices of tikanga Māori, where Māori do not feel intimidated. (TWss02)*

Within Taitokerau there were three distinctive groupings of providers identified: these being iwi providers, Māori providers and kaupapa Māori service providers.

Iwi providers deliver services under the mantle of their rūnanga, trust board, hapū or collaborative iwi arrangements.

> *We are iwi committed, iwi based and iwi driven. (TTss02)*

Māori providers deliver services independent of iwi structures, but maintain the kinship ties of whanaungatanga.

> *We provide a service that is culturally, intellectually and spiritually accessible for Māori clients. We acknowledge and apply tikanga Māori. We respect our people. (TTe01)*

Kaupapa Māori service providers within mainstream, who have a dual or at times triple accountability: to the iwi organisations, to Māori within the community and to the institutions.

> *We run parallel development here, our objective here is to provide a service for male violent offenders in stopping violence. It's an educational programme for men. All Māori go into the Māori programme or there's some that have the option, but the majority work in the Māori programme, and then we have the tauiwi group which is Men Beyond Violence. (TTj02)*

All categories of providers saw this philosophy as a basic step towards tino rangatiratanga and strongly advocate the "for Māori, by Māori, to Māori and with Māori" philosophy. The main difference between the categories was one of ownership and governance. Iwi Providers added their philosophy of being driven by the iwi for the iwi.

Success in this area was described as:

- being in control

- incorporating Māori frameworks, te reo and tikanga into services and programmes

5.2.2. Whakatauki and mission statements

Many providers used Māori concepts, or whakatauki, to describe their missions and kaupapa. Included in this were concepts such as aroha, whanaungatanga, and whānau. Providers who described themselves in English often used comparable words and phrases and concepts which described guiding principles based on a Māori framework.

> *We kind of 'frame worked' our guiding principles I suppose based on: Ko te amorangi ki mua ko te hāpai ō ki muri … to nurture spiritual growth. Nāu te raurau, nāku te raurau, ka ora te iwi … to develop a base that's economic, a base that's self-determining. Kaua e ngaro he kākano e ruia mai i Rangiatea … to build a political base that acknowledges tangata whenua is self determining… (TMj2)*

So our mission statement is to be a safe and effective provider of quality kaupapa Māori health and social services thereby assisting the wellness of iwi Māori via tino rangatiratanga. (Tss01)

Our key whakatauki is: Ehara taku toa i te toa takitahi engari he toa takitini ... we are using that because it speaks of us working together with families to find solutions and pathways for them and their kids, and using that as opposed to us being the experts that come in and find solutions for families, so it is just about working together really. (TMe01)

We try to (emulate) and walk the talk of that whakatauki that was left to us by Te Whiti and Tohu that is always referred to, the feathers and the tohu behind the feathers – being the underlying principles. (TNj01)

These whakatauki and mission statements guide the providers on a day-to-day basis and it is essential that everyone inside the organisation knows how they apply to their role.

Success in this area was described as:

- having a distinctly Māori or iwi mission

- having clarity around organisational values and mission

- organisational activities being closely linked to the mission

5.2.3. Māori and iwi ways of working

The overarching influence on the ways that providers worked were tikanga and kawa; that is, traditional practices and customs.

Tikanga Māori is reflected at every stage of our service delivery: the clients are Māori, their whānau are Māori, their worldview is Māori, their driving beliefs and values are Māori and their solutions include significant tikanga Māori components. The conceptual framework for us is around tikanga, kawa of marae and Treaty which has helped us to evolve into a working model to enable us to work with the people of today. (TMss02)

Included in this, to varying degrees, were practices such as whanaungatanga, manaakitanga, te reo Māori, whakapapa and karakia.

Implementing principles such as manaakitanga, reciprocity, tika, whakamana, whaimana. (TTh02)

> *We accept anybody and everybody that turns up at our gate and wanting to come and take part in what we do. Our philosophies of sharing and caring take in all that. (Tet01)*

These were often incorporated within a holistic service delivery model.

> *They work holistically from a Māori worldview. The work began with those who have gone before us, our tīpuna. And that's based around common values, mana, awhi, tautoko, the underpinning values within our culture. (TWss03)*

Providers also described their ways of working as being particular to their iwi; for example, Ngāpuhitanga or the Ngāpuhi way.

> *Mātou i a Ngāpuhi e whakakāinga i a mātou anō. (TTh01)*

The most frequently mentioned element was whanaungatanga or whānau, hapū, iwi relationships. This infiltrated the whole of the organisation; often including the business model used, management and staff relations, and service delivery to clients.

> *Successes for us is about whakapapa. As co-workers and peers, we're all whānau. The majority of the people we provide our services to and with – we are all whānau. We have a desire to want the same things, whether that's been the continuity of your hapū, of your whānau, and your iwi. We want better things for our unborn grandchildren. (Tss01)*

> *I think the most important things I've found in any Māori provision is whakawhanaungatanga and we could not have moved the way we have now without that. (Tht01)*

> *With all the contracts it's the workers, the planning, that have made it successful and maintaining that drive and the whanaungatanga amongst the staff. Yesterday they launched the Hepatitis B Awareness programme, every staff member went, even though it's not their own kaupapa all the staff went to support that one person who is the Hepatitis B promoter. (TTss03)*

The range of practices underpinning whanaungatanga included:

- fully informing whānau with accurate, clear and constantly updated information, in order for them to make their decisions

- valuing the mokopuna of the iwi

- balancing whānau outcomes with government outcomes

- using te reo Māori me ōno tikanga appropriately

- having marae and hapū representation on organisations' governance bodies

- being responsive to whānau needs

- renaming workplaces with Māori or tipuna names

- using aroha and awhi to help people make positive changes in their lives

- ensuring that workers understand the political, social, economic and cultural influences on a particular issue

Success in this area was described as:

- having credibility in terms of whakapapa, the kaupapa and the ability to deliver on it

- having tikanga as the platform for good practice

- having Māori models of working

- working holistically

- instigating whanaungatanga practices throughout the organisation

5.2.4. Skilled staff

On a day-to-day basis, particularly in interactions with clients and whānau, the onus of implementing the provider's mission and desired ways of working falls to the staff of an organisation. Māori expertise among staff is therefore an essential element of Māori provider success.

> *One of my most effective workers has got no qualifications, but the fact that she knows just about every family in the area, she can get something done faster than any social workers in town. And she can get in the home and find out what's going on because she's got those links. That's a value to know and be accepted by the family. No tohu could give you that skill. (TTss03)*

Providers also invested in staff development and training to ensure that staff had the capabilities required. A number of providers, particularly iwi-based providers, prioritised whānau and community networks in their staff selection criteria. These providers tended to therefore be most interested

in staff development and training that would add the necessary practice-base skills.

There were so many people with good intentions but they didn't have the skills for reporting and management. They had the vision, they had people dedicated to the mahi, but they just didn't have the people that could put it down on paper. (TTss02)

On the other hand, if staff had practice-based skills and experience but not necessarily the whanaungatanga practices then providers were interested in investing in staff training and development in Māori models.

We've been pro-active in wanting to upskill our staff at the very early stages of development. Two things. One is skills training and the other is esoteric training; that is, hard skills and soft skills. The esoteric training covers the things you can't learn in a textbook. You've got to learn on the job. Dealing with people. Dealing with changing situations. (Th01)

The other skill that was most often required of staff was the ability to do a range of tasks, especially in isolated areas. Staff in these situations would often be looking to develop the skills that were lacking and for which there was a community need.

People have diversified their skills. In the community that we're working in, people are multi-tasking, they have to because it's just us. (Th02)

I've done the tutoring, the social services, the gym, looked after the office. All the other staff are multi-skilled and can jump into the other positions quite easily. Qualifications wise, we're not as qualified as a lot of other organisations, but what makes us strong is a very loyal staff that will do anything that is asked as long as they can see that everyone will pitch in. We do everything ourselves. (TTj01)

Success in this area was described as:

- having culturally skilled staff

- developing the cultural and work skills of staff

- creating a nurturing and safe environment for staff

- having the ability to multitask and being multiskilled

5.2.5. Voluntary component

The early stages for many providers were characterised by voluntary work by key people and whānau members. Although this reliance on voluntary work had decreased as providers had received funding and their capacity had grown, many providers were still finding that voluntary work remained an essential component of their ability to offer services and programmes.

> *When I first started I was so conscious that I had so many whānau around working with me. I was so hard on my own whānau, when I think back to what I would expect of them versus what I would let go with the other staff. After a while I realised that the organisation had grown in strength because of the commitment my whānau made to it. (TTss03)*

Many providers had people working with them on a voluntary basis, particularly whānau, friends and or elders who were committed to seeing the provider succeed. These people contributed time, knowledge and/or skills when and where they could.

> *Whānau participate in the care of their own in the ward, like bathing and feeding. However, we have to cut back on feeding the (visiting) whānau because it costs a fortune, but it's tikanga. One of our kuia (patients) in the continuing care unit gives te reo lessons to a couple of staff. When we practise kapa haka we try to do it outside the continuing care unit so the kaumātua can hear it. (Th01)*

For some providers this voluntary work existed because of their commitment to being available to whānau beyond a nine-to-five working day. This went well beyond the terms of their contracts and funding.

> *A lot of our workers come in at night and on weekends, running around getting whānau out of jail, helping in domestics. (Tet04)*

> *…for an organisation like this in a rural community, I would say that the voluntary component of the work is just as high (as fulltime workers) because they work on marae, in the school, in sports fields, at the tangi and hui. It just goes on and on. (Tss01)*

Providers, however, believed that their clients would suffer if they were not available. A number of providers also spoke of their voluntary contributions to their communities.

There are volunteers that work in the prisons and they're part of our programme. We give out around about a hundred scholarships a year, in terms of free training for students that couldn't afford fee paying, so we are voluntarily giving that. My husband does a lot of mentoring for other businesses that we don't get paid for. (TMet01)

All our voluntary work goes to providing work for the school fundraising day, doing the hangi, all the other little services that the school needs. If they need any work done that requires manpower. This is one example, one of many, putting the cyber-waka cable down because of the lack of volunteers to go and do it, we get the workers back to do that. But we don't mind; we see it as necessary, that one of the focal points of our community is the school, our maraes. All our guys are active on our maraes. (Tet01)

Success in this area was described as:

- having voluntary work recognised within contracts and funding.

5.2.6. Evidence of success

Many of the providers were challenged and excited by the discussion around success. Their definitions were similar and included facilitating change in the behaviour and attitudes of people, making a difference to people's lives and contributing to the betterment of individuals and people.

The bottom line of success for providers was their ability to engage with their client base. The participation and support of whānau was therefore critical to the ongoing viability and success of the providers. Having a good client base demonstrated that people had confidence in a provider and were using their service. For some providers, a straightforward count of client numbers provided a measure of their success in both attracting clients and in meeting contractual obligations.

We have evidence now that we are having success. Our client numbers in the last two years have doubled. (TWj01)

People feeling good about themselves and being positive about what they are doing. (TTj01)

It's that nepotism and collective approach that has been successful for us. That collective nature that is so powerful economically and having that common desire, we all want to make a difference. (Th03)

Other aspects of success were not necessarily measured by the data required by contract funders and in many cases the type of data required by funding agencies was not seen by providers as giving them any insight into the efficacy or otherwise of their service. Rather, the efffectiveness of services and/or programmes was reflected in the positive changes that providers were able to see in the attitudes and behaviour of individuals and whānau.

> *Seeing Māori proud of who they are, where they are from and have a sense of purpose in their lives. (TNe01)*

> *Now that we've grown in profile – you can see success, when we have wānanga and you see all the people are wanting to come and be a part of whanaungatanga, seeing their participation. (TTh01)*

> *Self-esteem was a lot of success too – just seeing the change in people over the period we had them here, from shy, insecure, to being able to sit around and talk to people. As time went on, to become part of conversations or what we were doing, that was a big success. (TWet01)*

> *The amount of students that come through our doors with no self-esteem and confidence and are actually still here 18 months later wanting to go a little bit further. This a measure of success for us. (TMet2)*

Another indicator was the increasing number of referrals providers were getting from mainstream organisations.

> *We've established a name in what we do in healing so I'm getting referrals from doctors as well. (TNh01)*

Providers saw this as an acknowledgement that the Māori and iwi approach was effective:

> *Our outputs and our reputation of our clients being in the community and not accessing acute services often. Prior to that our clients had a high re-admission rate. That has reduced. (Tss01)*

> *A number of clients have gone on to further education and are able to make positive contributions to themselves as an individual, their whānau and the wider community. (TWss02)*

The proof in the pudding is, tell me any other government agency in six years that could have got 125 whānau principally, who were low income families into a) being in a position to make an informed decision and b) have put together a home ownership loan application successfully… (Th02)

Success in this area was therefore described by providers as:

- people want to participate in what they have to offer

- getting referrals from mainstream services

- happy and satisfied clients

- achieving targets

- making a difference as shown by an increase in individuals' self-esteem, self-awareness, pride in self and in culture, identity, sense of purpose, changes in attitude and behaviour, and positive changes in whānau, child and people development

5.2.7. Growth and development

Providers saw growth and development as underpinned by:

- funding and resources

  What we need to grow is to be resourced to develop and grow according to our design, to meet our needs, to be in control of where we want to go and how we want to get there. Our workers have to look at developing an independent revenue source so that we will not be solely at the mercy of contestable funding. (TWss03)

- collaboration and coordination of services and programmes

  We need to sit down with other providers and look at some kind of real collaboration amongst ourselves, instead of being so competitive. (TTh01)

5.2.8. Challenges for providers

Underlying the importance of people for an organisation, providers also recognised the challenges that funding restrictions placed upon their ability to attract and retain skilled staff as they were unable to pay staff well. Funding restrictions could also make it difficult to train and upskill existing staff. It was unsurprising that a lack of skill and expertise was, in turn, described by providers as a barrier to success.

There was the risk, however, of providers being so busy that they did not do other things that were important to them; for example, not looking after one of their main assets, themselves as workers. The resulting risk was pressure on other staff to cover for loss of staff and/or possibly a decline in service. Providers were, however, loath to see their staff become too stressed or burned out.

> *We do not want to keep losing our people because in reality we can't afford to keep training them. We lose them to Pākehā because we do not have enough resources for people to give up their mahi … we can't compete with them on the dollar, we can't buy them in. (TWss02)*

> *We keep a really good eye on our kaimahi so that they do not burn out. One of our biggest risks is losing our people because they are either not well or they die or they've just had enough. (TWss02)*

Providing a service with often limited resources was a challenge for providers when whānau expectations of them were high. Tairāwhiti providers spoke of having to manage whānau expectations and forestall blaming within their communities. Within Taitokerau, providers spoke about managing relationships and the detrimental impacts of 'in-fighting'.

> *There is institutional racism whether people want to admit it or not. In subtle ways we're being undermined by our own. Some Māori don't want to see other Māori achieve. (TTe01)*

> *It's so draining – a faction of our iwi attacking ourselves and our services. (TTh01)*

Providers described barriers to success as including:

- unskilled staff
- lack of adequate funding for staff salaries and/or training
- stressed or burn-out of staff
- unrealistic community expectations
- 'in-fighting' among whānau, hapū, iwi

5.2.9. Summary

Iwi and Māori providers are making immense contributions to their communities. They have and are creating an environment whereby 'by

Māori or iwi, for Māori or iwi' services are the norm. This is ground-breaking in some areas, fraught with challenge and exciting in others.

Providers' commitment and motivation to deliver services and programmes is intimately intertwined with their place within their communities. The providers are 'insiders' to the extent that the majority of them have whakapapa links to the region in which they live and work. This creates strong ties between their own well-being and the well-being of their community as the providers are of their community.

Providers being 'of the community', knowing their immediate environment, managing relationships and being able to contribute to whānau in their context and in ways that are natural to them is having an impact on communities. It would be useful to measure this impact in meaningful ways in order to validate and support communities in their long term planning.

Providers' success was facilitated by the way in which they incorporated kaupapa Māori, tikanga, Māori models, methods, practice and process.

The people who run a service or programme are also integral to its success. Providers were eager to have staff who were committed to the kaupapa of the organisation and one sign of the provider's success was that such people wanted to work for the provider. It was recognised, however, that inadequate funding made it hard to attract and retain such people as well as it being a barrier to upskilling existing staff.

5.3. FAMILIARITY WITH POLICY AND FUNDING ENVIRONMENT

Providers worked with iwi, Māori, government agencies and non-government agencies such as community groups and business organisations. Contracts for services were, however, mostly held with government agencies. Providers were asked what the current Māori provider environment looked like and what it should look like.

Many providers were established in response to the release of funding through various government departments to provide services offered by Māori to Māori. The majority of the providers were familiar with the Government's funding regimes and all of them held a common belief that it was the duty of the Crown to support Māori development. The providers

in the research also shared the belief that the Crown continued to fall short of meeting this obligation.

Providers also viewed their environment as fragmented and competitive. In spite of this many providers had been able to forge collaborative relationships with other Māori and iwi providers. Some of the more established providers also spoke of progress with regard to developing understandings with key government agencies so that they are working more in collaboration with them.

The overarching elements of success identified under this theme were:

- relationships with others are based on mutual respect, equality, clear understandings and clear parameters

- collaborative relationships with other organisations and agencies to ensure that providers are not 'set up' against one another by the competitive funding and policy regimes

Within this theme the following sub-themes are explored:

- support by the Crown

- managing stakeholders

- perceived risks

In addition, the challenges that providers have faced are also discussed

5.3.1. Support by the Crown

The competitive funding environment (as they perceived it), controlled by government agencies, was a concern for providers. Several providers were dissatisfied with policy that they saw as reflecting a non-Māori way of thinking. However, providers remained certain that support for Māori is a Crown obligation. The main arguments for Crown responsibility to Māori were:

- the success achieved by iwi

  Because we have the answers. If they really want the answers for what the problem is in this country, you support the people who have the answers. (TMj01)

I did this report for the iwi Housing Forum back in 1998 and it was the history of Māori housing in this country and I went through a whole lot of reports that TPK provided for me and since day one, like 1912, it said the state of Māori housing was this … And basically ninety years later, nothing has changed. (Th02)

If you look at the success rate, for what little money has been put into Māori providers over the last however many years and the success rates that we would have had, in comparison to how long the New Zealand Government has been providing services, says to me, that's why Māori providers should be supported. (Tss09)

- the agreement by the Crown in the Treaty of Waitangi to protect Māori political, economic and cultural autonomy and to ensure citizenship rights equal with Pākehā people

Under Article Two and Article Three. Article Three for me is about the fact that Māori were guaranteed the right to be on par with non-Māori and that's government responsibility in terms of governorship, that the Crown undertook to promise to Māori, that we would all be even-Stevens, but we're not. (TNj06)

…Under Article Two there needs to be a lot more discussion by iwi about this, individual iwi too, about what for them are the things that they retain ownership and control over … Government have a responsibility to allow that to happen. (TNj06)

- the need to remedy the negative consequences for Māori of the loss of political, economic and cultural autonomy during the colonisation process

They have a responsibility – as a consequence of the injustices of the past. (Te02)

Success in this area was described by providers as:

- exercising influence in contract negotiations

- equity with mainstream services

- having positive, collaborative relationships with government agencies

- having the ability to secure and service large contracts

5.3.2. Managing stakeholders

Relationship-building was the key strategy for all providers in managing their key stakeholders. The importance of maintaining relationships with

whānau and the community in order that their value is recognised was highlighted.

> *We have a shareholder hui, an AGM and everyone comes along. They all know what it is we are doing. (Th03)*

> *We're fortunate too, the kaumātua have their monthly meeting here and we provide catering. They get looked after, they get a good lunch put on. We do that because it's a strong value. They are a stakeholder. (TTh4)*

Relationships with government agencies needed to be nurtured on various management levels. Providers spoke of the constant need to assert themselves, to provide the evidence and to ensure protocols guide the relationships.

> *….everyone really got the pip with our assertion of our ability to do for ourselves what we believe nobody else could do for us … as we haven't gone away, we've stayed and built our capacity and we've produced some hard-core evidence that we are in the game for the long haul. And so those players are now coming back and want to sit down… (Th02)*

The interface with funding agencies created the greatest challenges for providers because of conflicting philosophies and expectations. Several providers commented that there had been some improvement in relationships with agencies over the past five years. The general feeling was that the resistance by providers to government requirements had forced those changes to happen.

Success in this area was described by providers as:

- maintenance of relationships with whānau, community and government agencies

- funding agency growing understanding and commitment of the Māori and iwi provider kaupapa

5.3.3. Perceived risks

Common risk factors for providers included loss of funding, not looking after themselves and working beyond their capacity. All too often these risks arose because providers had little or no control over their external environment.

> *[Local company] and the overseas companies that run the forests, because they're our major source of employment, so we're always at the whims of the overseas companies. (Tet01)*

Providers also talked about the risks posed by relationships with funding agencies when attempts by the providers to advance the well-being of their communities were threatened by a lack of understanding and/or philosophical differences on the part of the funder. In some instances, providers felt that their 'non-conformist' stance threatened their funding.

> *All the groups we deal with have the resources to keep us at bay or pull the plug if they want. We try and work it through with a lot of departments. If we have to go around someone then we will. (TTss01)*

At the same time, some providers perceived conformity to also be a risk as it led to them being bogged down in paperwork and compliance activities.

> *The biggest risk is what the Government's created; becoming one of their mokai. Losing the essence of your vision through becoming too big. Getting bogged down in your paperwork, which is demanded from the stakeholders. (Th02)*

Relationships with mainstream services were also placed at risk when the provider (whether large or small) was perceived to be in direct competition with these services for funding and/or there were perceived inequities in the funding being allocated, with mainstream receiving more funding.

> *Our counterpart accesses resources more readily than we do. I think that they do not have to go the distance that we have to, to justify what we're asking. In order to survive people want more and more money and they often forget their poor mates down the road and I think that is a risk. (TWj01)*

> *….the competition that funding organisations set up between small organisations and large organisations in any community is a risk. It's a really hard one to deal with because there's a need to maintain good providers whether they be big or small, but there's also a need to make sure that they are not in competition. So I think that the powers that be have to look at strategies that allow for collaboration and cooperation rather than competition. I think that's devastating for a small community with a small resource base and a small skill base. (Th08)*

Success in this area was described by providers as:

- Looking after themselves, their staff and their well being

- Knowing your limits and working within your capacity

- Good relationships with others based on mutual respect, equality, clear understandings and parameters

- Collaboration and cooperation rather than competition

5.3.4. Challenges for providers

Common barriers to success were issues around funding such as funding levels, funding criteria, being under-resourced, compliance issues and time-consuming paperwork. Policies deemed to be inappropriate by providers were also seen as a major barrier to their success. These policies were of concern because providers felt that:

- they were being forced to operate within a 'foreign' framework

  Unfortunately the reality is, 9 times out of 10, as providers of government services, we're obligated to provide within the framework of government policy. So, our success is already limited and it will never be a real success, in our people's eyes because we are forced to deliver on the framework of another, rather than actually have control over the design of what it is we want to do, and how we want to do it. So, our success will always be very minimal compared to what we really want that level of success to be. (Tss02)

- whānau outcomes were not being fully acknowledged

  Because they don't always understand the concepts and the processes, everything becomes a battle … it's the struggling part that makes it really frustrating. Like for instance, justifying why we're involved in Tino Rangatiratanga Day; why have we got the men carrying flags around town protesting? We're not protesting, we're celebrating being Māori. Well, why do they have to carry a big flag? Because the flag represents them being Māori. Ohhhh. Those kinds of things hinder progress. (Tj02)

  Government say we are going to support whānau, hapū, iwi/Māori address their own housing needs and we're going to increase the opportunities and options in housing. They say that and then on the other hand, they have a whole lot of other policies, which are Treasury and fiscally driven, which actually totally undermine that.

So, the Crown needs us, as a provider, to actually keep them honest about the fact that their two agencies contradict one another. (Th02)

- services were inadequately resourced

The funding we receive does not cover the rent/overheads and training so we are always trying to bring extra funding in. A lot of time and energy is focused on funding, meeting deadlines and keeping up with all the paperwork. (TWss01)

This agency was to be funded parallel to mainstream (CADS) but this is not the case, hence underfunding is a biggy. (TWj02)

- Unequal partnerships with government agencies whereby joint venture relationships are one-sided

Autonomy and money is only one thing, but autonomy and power, that's another so maybe that's the next big issue, maybe they don't want us to be too powerful. (Tj02)

- contract negotiation was not a fair process

- compliances are time-consuming and inappropriate for the level of funding

The contrived accountability. I don't mind being accountable one little bit, but when you've got to do a three page report for $20,000 every quarter with something like 300 variables on those three pages, it's just ridiculous. (Th08)

- they felt they were not trusted by funding agencies

We still get asked to go the additional mile in terms of what we want the money for and how we then account for it. We tend to get drip-fed; they get it in bulk. We get criticised for our productions of panui, they can produce what they like basically and not even get checked. We get constantly evaluated by the funders, they do not. (TWj01)

A lack of coordination among government agencies also resulted in inconsistent approaches and inappropriate servicing of iwi and Māori providers.

There appears to be no coordination between the agencies and no real understanding of what Māori providers actually need. (TTh01)

It's also about inconsistency in funding. Family Court will give us $--.00, CFA will give us $--.00, Justice will give us $--.00 per hour for our counselling services. It's so different. (Tj07)

Providers know they are not succeeding when:

- their partnerships with the Crown are not balanced

- they are being undermined by the Government (i.e. kaupapa vs the funds)

- they are operating within a framework that is not theirs

- they do not have adequate funding to undertake their work

5.3.5. Summary

The Māori provider environment, as viewed by providers, was fairly negative. There may be misconceptions about the nature of the work providers do and providers may feel restricted by limited resources. These are challenges for providers. In the ideal world, providers would be well-resourced, understood, politically astute and working in collaboration rather than competition with others.

Providers are looking for support and a stable, secure environment in which to operate their services and programmes. For some, this came from a marae setting; for others, issues around funding adequacy and security recreated stress that was not related to their physical environment.

In the discussions about what the environment should look like, direct resourcing by the Crown in consultation with organisations and whānau outcomes were the priorities for providers.

5.4.   EVALUATION AND MONITORING

Providers discussed their internal evaluation and monitoring practices and their experience of external evaluation and monitoring of their services. In general this is an area that requires further support as the primary focus for the majority of providers has been on service provision and the time, resources and expertise required for the desired extent of evaluation and monitoring was yet to be realised.

Evaluation and monitoring of providers occurred in three distinct ways: by themselves, by their communities and by the Crown and/or funding agencies.

5.4.1. Internal

The evaluation and monitoring processes of provider services by themselves was considered to be important to ensuring that whānau were able to access the best quality services. Providers captured service delivery data for evaluation and monitoring purposes, using tools primarily designed by the funding agencies. For example:

- 'client' statistic report forms identifying service delivery hours, number of people, programme and service types

  The agency is able to track trends; that is, any increase or decrease of referrals, ethnic group fluctuations, gender fluctuations, etc. (TWss02)

- 'client' plans

- funding agencies' monitoring visits to organisations

These processes provided evidence of the organisations' compliance with the agreed terms of their contracts. They also provided the organisations with quantitative data (e.g. number of people using services per month) about the services they delivered. This then enabled providers to take a proactive role in negotiating contract outputs with funding agencies.

Providers also acknowledged the value of evaluation and identified a range of learnings that were important for organisational growth and development. Also of high value was the revisiting of the vision and kaupapa regularly to check the organisation was on track and practising within tikanga Māori.

> *Maybe we need to put a little bit more emphasis in actually evaluating our success and patting ourselves on the back for those successes and capturing that process that made it successful and acknowledging that it is our model of operation … and only by actually evaluating and capturing what was practised, will that bring ourselves more recognition of the success. (TNss09)*

Providers identified a need for evaluation training. Such training would allow them to plan, have input into and/or undertake their own evaluations.

5.4.2. Whānau, hapū and iwi

Within the iwi and Māori provider environment there was constant monitoring by whānau, hapū and iwi. This could be either formal or informal, verbal or written, as providers sought feedback from clients and their whānau.

> *Being very close to the kitchens on the marae I hear good things and get lots of feedback and there's critical analysis with that too. And just the way the elders accept us, that for me is success. They are the monitors. (Tht01)*

> *Our clients evaluate us, they tell us all the time what they think of us and they tell you straight up. (Tj07)*

> *We have feedback from our marae and we also report to our hui a iwi once every six weeks, then we've got our quarterly Trustee hui which involves the five marae. (Tss01)*

> *All our kaiāwhina come from our communities that they are working in. So there's a lot of accountability there. (Th03)*

Feedback came from a number of sources, including:

- discussions with clients and whānau

- evaluation forms completed by staff, clients and their whānau

- staff supervision sessions

- cultural audits conducted by respected elders

- users and non-users of services during the daily interactions of whānau, hapū, iwi and communities

- workers' observations of the short and long-term progress achieved by individuals and whānau within their community

- members of the provider's governing bodies (e.g. boards, committees)

Providers were responsive to feedback and used it to tailor their services and/or programmes in ways that worked best for clients and their whānau.

5.4.3. Government agency approaches

Some providers described government agency approaches to evaluation overall as intrusive, frustrating, demeaning, not user-friendly, top-heavy with compliances, using inappropriate evaluation criteria, one-sided, time consuming and of little value. Providers had therefore found that the information gained from funding agencies' data collection and reporting tools was not sufficient to fully inform funding agencies of the full impact services and/or programmes were making in communities.

> *I do not think it's accountable at all, it's just paper for a basic quarterly report … you just go tick, tick, tick without even having to think about it really. There's nothing creative about that, it does not change anything. It's like going through the motions. (TWhtss01)*

> *Their questionnaires weren't user friendly, not able to be understood. We've had to keep ringing them back to get clarification. (TNss01)*

Providers saw part of the problem as the lack of understanding by departmental officials of the nature of iwi and Māori provider work. They believed that many government agencies did not have appropriate tools for measuring the level of performance of providers.

Providers also felt that government evaluations could be more meaningful to both parties if there was more thought put into how each party could gain from the process. In this scenario, engagement in evaluation was ideally based upon mutually agreed objectives and processes.

> *When they put their questionnaire together, they should have some Māori involvement so it becomes user-friendly for Māori providers as well as general. (Tet02)*

All organisations, and especially those that contract with more than one government sector, were keen to develop, or were developing more appropriate evaluation and monitoring systems. Providers saw a great need for more monitoring of government agency evaluation processes and outcomes. Without this, the ability of providers to achieve their goals will constantly be affected.

The positive comments that were made were from providers who have had good experiences when the person sent in by the funding agency

had been Māori or when they acknowledged some good learning gained from the process.

> *Because we had a Māori liaison auditor, it was very different from – what you say – a Tauiwi audit which we had. I think she was very effective and I'd prefer to go through an audit process like that. (TMss01)*

> *Some evaluations have been good for us, they've been thorough. Purely on systems and when you get a good report, you feel good. (TTh04)*

5.4.4. Summary

Providers have worked on what it is about their services that works best for clients. They are meeting contracted outcomes and realistically measuring results. Both formal and informal methods were employed to internally assess their performance. There was a realisation, however, that formal, contract-related evaluations would be more effective if they were conducted collaboratively with providers. This would allow for the recognition of the providers' kaupapa and values as well as measurements of effectiveness that capture providers' commitment to whānau, hapū, iwi and community development and well-being.

The ways in which providers delivered services and programmes was often based within cultural frameworks which are not understood by mainstream or the Crown and therefore considered unconventional. Many of the providers are breaking new ground and successfully navigating uncharted territory that has no comparison. They are mapping new courses and making a difference.

In the main, providers measured their success by the positive changes that they observed in individuals and whānau. Providers are able to gather this information because they are well-connected to their communities and they can track the changes that are happening in people's lives.

5.5. POLICY DEVELOPMENT AND SHIFTS

Providers reflected on the key policy developments, including examples of policy shifts that have impacted on their services. While government policies were acknowledged as tools for assisting and/or obstructing the

development of Māori communities, provider knowledge and understanding of policy ranged from a high level of awareness to very little awareness.

5.5.1. Policy development

Policy developments to date have had both positive and negative impacts. Changes in policy that affected funding were identified as the main area of policy development that has impacted on iwi and Māori Providers.

> *DHBs without a doubt, the most divisive tool since AHB … the government is holding onto imposed structures that were the policy of the previous government without a clear notion of how these will interface with the current environment. (TMh01)*

Providers recommended that any policy that was likely to impact on iwi and Māori be developed in partnership with them and their communities. At present their feeling was that the government policy writing process was 'out of touch' with whānau, hapū, iwi and Māori community development.

> *Their policy people are too far removed from the environment that we're talking about … they sit down there and conjure up and they read some of the reports and they think, that's really important, that little bit will fit this policy over here. (Tss01)*

> *I don't think TPK should be advocating for those improvements and changes to policy or contracting arrangements, I think their role is merely to create the environment whereby iwi providers are able or enabled to come and talk directly with the respective Crown agencies to do our own advocating on the policy and changes and improving contractual arrangements. They should be facilitating the opportunity for iwi, not doing it. (Th02)*

In addition, government control of policy writing to improve the well-being of Māori was a contradiction for providers who had identified that inappropriate policies had been major barriers to success.

5.5.2. Policy shifts

Policy shifts that providers felt would impact positively on their service varied according to the service provided. However, there was a common desire for policy to be compatible with community needs and to reflect the

dual accountabilities of providers – both to the funder and to their community. In order for this to occur there were calls from providers for a more collaborative funding regime.

> *The community should determine what the policy developments are so that policy reflects the client group's needs. These policies will then have the ability to be modified as the client group's needs change. (TTet01)*

Policy shifts that were seen as positive included continued support for:

- iwi and Māori provider development

- kaupapa Māori-based services

- effective policies and programmes

Iwi and Māori provider development has been acknowledged as a positive development worthy of further support. The policy environment needs to recognise that iwi and Māori providers require enough stability to maintain a credible service for all their stakeholders and enough flexibility to survive an environment of constant change.

> *Each time the Government changes, there's a change in the structure and accountability around funding. It's confusing and unsettling. Why can't there be a generic agreement at a funding level about structure that's going to last for 10 years and that money can go into service delivery? It just makes us feel disempowered. The cost of changes could go to our structures. (Tss01)*

A essential component of providers' ability to do this is their funding. Providers were adamant that more funding was required and expressed again their desire for funding equity with non-Māori providers. Funding for training and infrastructure development was also suggested by providers.

Kaupapa Māori-based providers require further development and support to enable the development of culturally-based services and programmes.

> *The other shift we need is for Kohanga Reo and Kura to start developing their capacity, confidence and staff for working with children with special needs. (TMet2)*

There was also the strong suggestion that policy needs to recognise the uniqueness of each region.

What Te Waipounamu does, they'll want to say Ngāti Porou has to adhere to the same things. We do not get any uniqueness from one rohe to another, we're just clustered as a whole bunch of Māori and we're not. We're people in our own right, doing our own unique services from our own areas that are different. (TWss02)

Policies that will best support continued Māori provider success are those that are **designed by iwi and Māori for iwi and Māori**. Government agencies need more meaningful and practical Treaty-focused policies to effect positive change.

We're really concerned because we got a submission going in next week in respect to this children's agenda. Now there is no mention of the Treaty in that discussion document and Māori are just clumped in with others as groups, minority groups. It's really bad! (Tss02)

Providers felt that this would lead to contracting and funding that was more appropriate for the needs of whānau, hapū, iwi and Māori communities.

The Crown finally accepting that things can't be done to people, it has to be done with and in coalition with Māori. (TTe01)

If the government department would view our service in partnership rather than as a threat which they try and control, it would make this process a lot smoother and easier. (TTh01)

Effective policy in this area was also seen by providers as overcoming the competitive funding models that many had experienced. Providers recognised that steps had been taken in this direction by some policies.

In recent years, if you have a look at programmes like 'Family Start', you have major government agencies coming together and actually putting their money together, and making a commitment to working together … so I think they're making changes now in the way they do their business, and how they think. And it's those sorts of things that can actually enhance our development. (Tss09)

Policy that supports **positive programmes** aimed at strengthening the community and particular sectors of the community should be

encouraged, including autonomous entities; for example, Māori education authorities. Such policy might be different for different services but the underlying theme should be effectively and realistically addressing client need.

5.5.3. Summary

Iwi and Māori providers wanted policy that recognises them as credible service providers and provides them with a stable yet flexible funding environment from which to deliver their services. Such a policy environment would also recognise the key accountabilities that providers have to their whānau, hapū iwi and community stakeholders.

Māori and iwi providers are in touch with their communities' needs, strengths and dreams. A collaborative policy making environment that included input from providers, whānau, hapū, iwi and Māori communities would therefore stand a good chance of making a difference and positively impacting on Māori well-being. Providers, however, felt that the policy process was 'out of touch' with these flax roots. This is closely linked with a governmental evaluation and monitoring process that providers felt failed to recognise the impact providers are having. Evaluators, funders and policy writers might know the right words to include in their documents (for example, local level solutions, community capacity), but when faced with what providers argue is the evidence of these things happening within Māori communities, the danger is that these government agents fail to recognise it.

6. FINDINGS FROM GOVERNMENT AGENCY INTERVIEWS

The results from the interviews with government agency participants are presented in four main sections:

- defining successful Māori and iwi providers

- significant events and policy developments

- facilitators of and barriers to success

- capacity and capability

The sections are not mutually exclusive. There are intersections and overlaps. However, they are presented separately so that specific research questions can be addressed. In addition, the themes contain brief introductory comments from the researchers to give some context for the theme. The analysis of participants' comments is then presented and includes illustrative quotes from the participant interview transcripts.

6.1. DEFINING SUCCESSFUL MĀORI AND IWI PROVIDERS

Success can be defined in various ways. When asked whether the various agencies had a definition of a 'successful provider', most participants identified common characteristics; for example, leadership, relationship building such as knowing your community. The response to this question generally overlapped with the question of 'facilitators of success and barriers for iwi/ Māori providers'.

Participants from two agencies stressed the need for diversity and flexibility in approaches measuring Māori and iwi provider success.

It doesn't have an all embracing definition of what success is because it's so variable. We would like to articulate a definition of what success is but that has all sorts of implications of how you measure that. What kind of instruments you use.

How do you measure success? By whose standards? Do you measure it according to outputs that they have complied with, the number of contracts that they were going to do for budgeting or parenting or sexual abuse counselling? Does that mean we are successful or are you measuring outcomes? And how do you know and how long will it take to be able to measure what the outcome is of that intervention or that service? Will you know within six months or within a year or 10 years or a generation? It's a really hard one.

And I think we are still moving through that and we are shifting, we've become what our business it doing is new directions which is about moving towards being a very strength based outcome focused organisation and changing the way we work. One of the key moves is move from outputs to outcomes.

The characteristics of a 'successful provider' have been grouped into the four main themes that emerged from the interviews:

- contractual requirements

- capacity, capabilities and credibility of providers

- relationships and partnerships

- communication

6.1.1. Contractual requirements

Participants from the agencies agreed that a successful provider was one that met its contractual outputs.

How do we define success? Well, from a contractual point of view they would meet the requirements of the contract. From a departmental philosophical point of view they would meet their own achievements in terms of developing themselves and getting the governance right, management process right. Partnership relationships and joint ventures and those sorts of things.

Various legislation and regulations guide all the agencies. A participant mentioned that their agency was guided by statutory requirements when seeking service provision.

6.1.2. Capacity, capabilities and credibility of providers

When the interviewees spoke of successful providers they included the capacity of the provider, referring to the systems, structures, skills and strategies necessary to deliver services and/or programmes (also see below). The systems included information technology but also a mechanism to identify community needs and how they would be transparent and accountable to their particular community. The structure focused on how the provider was organised with governance and operational levels in place. The skills pertained to the workforce of the organisation such as clinical staff, medical staff, and management and administration staff. Strategies involved strategic and business plans with

contingency and career development strategies for workforce development.

> *I think that some providers were more established than others. Some of the contracts were all about setting up a system where they could exist before they could start a project. They needed to get a management structure, business plan. For some who were already running they could just get on with the work.*

While participants in agencies understood the aim of capacity building, some participants also had a broad view that to achieve this for Māori there was the need to have the support of other organisations within the community.

> *They don't have access to Māori development fund money because they don't meet the definition of what is a iwi or Māori provider but that's a bit of a quandary for us because a lot of them are providing services to iwi and Māori as well and you might find that some have Māori clients who don't want to deal with the iwi or Māori providers, they want to deal with … because they're more professional and I get a better deal and a better service so that's what happens. We like to say at the end of the day all we're interested in is people who can deliver effective services to iwi and Māori.*

Some participants thought a successful provider was one that had a kaupapa Māori philosophy and was able to put that into practice.

> *Our view of what is a successful iwi or Māori provider is that they would have to have a governance which is controlled by Māori and it would need to be an organisation who are able to develop programmes based on best practice principles of Māori values and beliefs, tikanga and I think you need to note that these practices are not mutually exclusive of Māori principles.*

6.1.3. Relationship and partnerships

A number of the participants agreed that relationship building and the development of partnerships were fundamental to a successful provider. For effective relationship building, one needed to understand the environment. This might include knowing where 'one stood', and understanding the previous relationships that existed between Māori providers and the agency. Partnerships were about sharing or taking part with other stakeholders; for example, in a business firm where partners would share the profits and the risks. There were common building blocks

for both relationships and partnerships to occur. Some of these were trust, having values, honesty, transparency, accountability, and clear, concise communication. During all the interviews these 'building blocks' were referred to on several occasions. However, the most important factor identified by participants for relationships and partnerships between agencies and Māori and iwi providers was having a symbiotic process in place that was mutually advantageous to all involved including the Māori community.

Trust is fundamental to any partnership and relationship and it certainly is evident in the following quotation.

And trust will only come if built out of competence and confidence is only built on competence. So that everything we do that you think that relationships that you have with people in your everyday life like your supermarket or garage or whatever. You only take your car to that garage to be fixed because you're confident in them because they're competent in what they do and you trust them and you leave your car there.

Some participants said that their agencies have developed various mechanisms to address partnerships. Some have developed a formal agreement such as a Memorandum of Understanding with iwi and then deal with providers in terms of operational and service provision.

I work with Rata [pseudonym] on the Māori and iwi partnerships and that all has a multiplicity of tasks so it's a busy area and I have staff that work in those three areas: the monitoring of iwi Māori partnerships and relationships and fiscal improvements. We've got some of those teams out in the regional offices as well. We have four regional offices. Currently we've got iwi Māori partnerships and about 35 of these have a fiscal improvement component to them.

Some participants thought that having a mandate from the community was essential if a provider was to be successful. There was no discussion of how agencies defined 'mandate', nor how they decided that a provider had the mandate.

We do try and strengthen those providers who we know are good providers who do have mandates in their communities that have made some in-roads in getting community buy in. There is strength in looking to those providers first. They might not always be interested in the service you're offering. They might not always be in

a position to do so but it is about looking at their existing infrastructure and saying does this infrastructure support the new service we are looking to purchase or does it not.

Furthermore, one participant noted that it was important for them to be able to manage their relationships with providers properly and to ensure that both parties understood what was required.

If we as an agency don't manage the relationship properly it could just fail. Not just because the providers are not capable but because we haven't said what we've wanted or perhaps we haven't ensured that they have understood and that they were actually able to provide. I think it's really complicated and I think the best providers are providers who have an understanding of the Pākehā world and the way Government operates or at least have the ability to understand once we've explained. So they can challenge us.

However, some participants noted that their agencies did business with some Māori providers who did not necessarily have buy-in by the rūnanga. These providers were considered to have the leadership and the skills to fulfil the contractual arrangement.

She's a very strong woman who understands her community and is out there, she's done all the assessment work through the area, she's worked with our team and really taken a lead role. We haven't had to do a lot in there, just provide her with the information that we need and she's done it all really. … And it's for us to bring in some of the other government agencies to support….

6.1.4. Communication

Communication is another important aspect for any relationship and partnership. In today's policy environment the watchwords of excellent policy advice are 'outputs', 'outcomes', 'capacity', and 'capabilities'. These watchwords can be a barrier for Māori and iwi providers in terms of communicating, delivering services and developing policies for Māori. How the Crown defines these words may not be the same as how Māori define them. This can lead to Māori being excluded from participating in policy work, in service provision and from gaining vital resources

From the interviews, there was an expectation by some participants that if Māori wish to participate within the political, economic and social environment then they must learn the watchwords to enable this to occur.

What they are doing is very strategic and whenever I go there they talk our language so they use our jargon back to us and that has a sense of, it comforts people in this organisation, they use the same words we use.

6.1.5. Summary

Key points

Provider success was associated with:

- fulfilling of contractual obligations

- having the capacity and capability to deliver services and/or programmes

- relationship building and the development of partnerships with both their community and the funding agencies

- an ability to communicate with government agencies

Provider success was seen as being dependent on a number of factors. Statutory requirements shape the state sector and therefore underpin service provision contracts. Contractual outputs are the goods and services purchased by the agencies from the provider. Currently provider success is measured, in general, on the achievement of the contractual outputs usually through regular reporting by the provider to the agency. The agencies recognised that effective relationships – between themselves, the provider and the community – based on mutual trust, accountability and clear communication facilitate provider success.

6.2. SIGNIFICANT EVENTS AND POLICY DEVELOPMENTS

Over the last two decades there have been many events and policy developments that have directly or indirectly impacted on iwi and Māori provider service provision.[84] Iwi and Māori service providers have sometimes had to deal with people suffering the adverse consequences of policy changes. For example, in 1991 the budget described as the 'mother of all budgets' saw the Housing Corporation split into two: an SOE to run its housing stock as a commercial business at market rents,

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[84]   These events were identified by the participants.

and a residual Housing Corporation which would retain the subsidised mortgages.[85]

During the 1990s, public hospitals became corporatised and were formed into 23 Crown Health Enterprises (CHEs) along SOE lines. Their principal objective was to operate as a successful business while at the same time meeting the Crown's social objectives. Four regional health authorities were established and received bulk funding, calculated on a population basis, to buy health services from public and private providers. A National Health Advisory Committee had the task of identifying core services and a Public Health Commission had responsibility for public health. By the late 1990s the Public Health Commission and the four regional health authorities were no longer in existence. The Health Funding Authority had replaced the regional health authorities. The CHEs had become Hospital and Health Services. The purpose of these various entities was to secure for the people of New Zealand the best health that is reasonably achievable within the amount of funding provided. The current Government has carried on with structural reforms in the health sector and in 2001 the Health and Disability Act saw the emergence of district health boards.

The 'Tomorrow's Schools' policy was introduced in the Education Act 1989. From the funder/regulator/provider split emerged new agencies such as the Ministry of Education to oversee policy and the Education Review Office to audit schools, including curriculum implementation. Within this context the proliferation of iwi and Māori providers emerged within various agencies such as education, health, justice and housing.

The significant events described were:

- Policy changes
- Māori advocacy, including Māori leadership and Māori representation/voice

6.2.1. Policy changes

The Crown has historically determined or developed government policies for Māori. The development of such policies has at times been ad hoc, with no overall vision for Māori development. The emphasis has

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[85] Kelsey (1990).

sometimes been on developing sectoral policies and then adding the Māori perspective, with iwi having little direct input. From time to time, iwi have been asked to react to policy proposals that others have formulated on their behalf.[86]

> During the past six years, there has been a move to involve the community, in particular whānau, hapū and iwi. This has emerged to some extent as a response to strong advocacy from Māori. Significant programmes include: capacity building, local level solutions and whānau development initiatives.

The 1993 health reforms of funder/provider split played a significant part in Māori health development. Section 8(e) of the Health and Disability Services Act 1993 refers to the 'special needs of Māori'. *Whaia te ora mo te iwi,* a government health statement[87], emphasised that the Government acknowledges the Treaty of Waitangi as the founding document of New Zealand and that the Government must meet the health needs of Māori and help to improve their health status. While the contractual environment established a competitive rather than a collaborative approach, the participants were optimistic that providers would adapt to the current modus operandi.

> *But on the purchaser provider split we saw a proliferation of Māori organisations, particularly in mental health where we have over 80 now. And that was in a period of over 12–15 years. We've got about 15 specialist mental health services that would provide clinical specialists. Prior to 1990 you could count the number on one hand.*

6.2.2. Māori advocacy

Māori advocacy can be described as actively seeking positive change for Māori within a Kaupapa Māori framework. Fundamental to this framework is the approach of 'by Māori, for Māori, with Māori'. This approach advocates for an integrated Māori policy development that reflects the Māori voice and vision of tino rangatiratanga: for Māori to govern and enjoy their own resources and to actively participate fully within the

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[86] Examples of this occurring may be found in Te Puni Kōkiri's series of annotated bibliographies on New Zealand Government consultations with Māori on health, education, employment and training, and broadcasting.
[87] Department of Health (1992).

society of Aotearoa. Key features of Māori advocacy were leadership and representation.

Leadership. Participants commented that community leadership was usually by Māori women and this was acknowledged by the participants. Māori women were regarded as having the skill to mobilise their communities and in particular to be advocates for Māori at various levels, whether with service provision or just providing support and accessing information.

> *You want successful iwi, you should go and talk to them. And it's a very very small iwi, I think there's only 300 people, and a group of women who just … are amazing.*

Representation. Participants observed that having a voice or representation for Māori is important. It is fundamental for Māori as mana whenua to have representation at various levels. Participants also noted that having representation is about advocating for power sharing with decision making and resource allocation. If providers do not have this representation, their issues can remain invisible and maginalised.

6.2.3. Summary

Key points

- during the past six years, there has been a move to involve the community, in particular whānau, hapū and iwi

- **leadership** was usually by Māori women

Policy changes over the past two decades have created opportunities for Māori and iwi providers to become established and to offer by Māori, for Māori services and programmes. Although the funding environment is competitive, participants were confident that providers were able to overcome any potential barriers that this created. The past six years have seen policy and funding moves away from profit-driven environments to more social agendas. This environment opens up partnership opportunities between Māori and iwi providers, government agencies, and Māori communities. The leadership of Māori women is integral to this process.

6.3. FACILITATORS OF AND BARRIERS TO SUCCESS

All participants mentioned both barriers to and facilitators of success for both their agencies and providers. Barriers to success were those features that prevented or limited providers from achieving their contractual outputs and from maximising optimal outcomes for Māori. While a number of both barriers to and facilitators of success have already been alluded to, this section summarises five key themes: policy development, policy coordination, compliance, resource allocation and evaluation.

6.3.1. Policy development

Policy development is important in the context of Māori provider success. On the one hand it can be regarded as a barrier to success and on the other as a key facilitator of success. While the focus of this project is on service provision, this cannot be undertaken in isolation from policy development. Policy sets the rules for agencies in terms of what is purchased, the volume, resource allocation and so forth. Iwi and Māori would expect to have input in this process from being involved in the various agencies' strategic planning through to evaluation of effectiveness and efficiency of policy guidelines. While some Māori and iwi were consulted and invited to participate in policy proposals, some participants thought that consultation processes could be more proactive

From the interviews, examples were given of the way the Government did business with providers:

> *… The things that we can do to make ourselves responsive to Māori providers are the same things we can do to make ourselves responsive to Māori communities and to Māori offenders and their whānau. Which is basically recognising their validity.*

6.3.2. Policy coordination

Some of the interviewees considered that electoral cycles could impact on time frames for contracts with Māori providers. Government agencies in their role as funders of Māori providers could encourage support by relevant agencies at the community and regional levels. It also needs to set realistic goals and time frames for funding and to achieve outcomes. Participants noted that some policies could be better coordinated and

acknowledged efforts made to do this by improving integration and inter-sectoral collaboration:

Integration. It seems that coordination and integration of policies across agencies continues to be a challenge. However, there were those agencies who have met this challenge and are developing relationships with each other to achieve good outcomes for their Māori clients.

> *What we are trying to do is get the department to integrate itself and rather wait for the cultures in these old organisations to change. Why shouldn't the organisation recognise the potential it has to get an integrated approach for Māori across the organisation?*

Inter-sectoral collaboration. Some agencies were seen to have made headway on this and were engaging with both the public and private sectors.

> *We have to work more inter-sectorally to get the best results for community to achieve those outcomes. … It's about together developing a plan and putting that kid in the best possible situation whether it's a wrap around service or a Māori youth contestable fund provider that can provide all those services and it's funded by education, health and CYF.*

Issues around integration and intersectoral collaboration were identified by the Review of the Centre Advisory Committee set up by the Government in 2001 to review the state sector. The Committee identified four priority areas for change: better integrated service delivery; addressing fragmentation and improving alignment in the State sector; enhancing people and culture; and improving central agency leadership. A work programme to address these issues is in progress.[88]

6.3.3. Policy compliance

Compliance can be described as taking action in accordance with what has been set out within the contractual arrangement between the provider and the agency. Key features of this theme were time and negotiation of contracts and reporting.

Time. All participants made some reference to time. Three key factors regarding time were identified: time to achieve contractual outputs; time

to develop relationships and partnerships; and the three year electoral cycle.

Policy changes from measuring outputs to measuring outcomes mean a longer term may be required to determine whether the policy has had an impact on the respective communities.

Some of the participants thought that the need for longer time than the three year electoral cycle allowed was an issue not just with policy development but with developing relationships with Māori and iwi. Time is important during the consultation and negotiation process because providers need to feedback and be accountable to their respective communities.

> *… working with communities is a slow process if they're going to be successful.*

Participants mentioned that time flexibility was important because providers and the community may need more time to understand and condense what is required within contracts and because they may have a process that they need to adhere to.

Negotiation of contracts and reporting. At various hui, Māori providers have often thought agencies were too rigid with their compliance and reporting requirements. Providers were expected to submit reports at regular intervals, which was time consuming, and often they did not receive any form of feedback from the agency.[89] Some participants thought that there was a halfway point in terms of their relationship where they could negotiate with providers to develop reporting requirements that were satisfactory to both parties.

> *…we currently measure compliance because we are required to… and we're trying to change some of that, move away from that so that people aren't focusing on one goal: ' you've got to comply.' It's about how do you grow services, how do we improve and strengthen our ability to deliver good services …*

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[88] http://www.ssc.govt.nz downloaded 16/5/03.
[89]   Bevin (2002).

6.3.4. Resource allocation

Resource allocation, or inputs, is a key factor to achieve outputs or outcomes. For a number of providers the frustration was the negotiating of contractual outputs for the limited inputs. In general there was acknowledgement of this frustration among participants

6.3.5. Evaluation

A number of the agencies undertook some form of evaluation, particularly with service provision by providers. Some participants recognized that it was important to undertake evaluations in ways that benefited both the agency and the provider, such as whether contractual objectives were being achieved. However it was acknowledged that balance was required between evaluation and the potential compliance burden.

6.3.6. Summary

Key points

- There is an intention among agencies to facilitate a more coordinated approach to Māori policies

- Time was regarded as important in developing relationships and achieving contractual outputs

- The constraints imposed by the three year electoral cycle was also acknowledged

- Participants were aware of the funding restrictions some providers were trying to operate under

- Evaluation should inform both the funder(s) and the provider

Participants were very realistic about how their agencies were both a facilitator and a barrier to the successful delivery of services and programmes by Māori and iwi providers. Participants said that their agencies were committed to the implementation of policies developed both inter-sectorially and in collaboration with providers and Māori communities. Some agencies were more advanced than others along this path. It was well-recognised, however, that these approaches took time. The values of both reporting and evaluation were recognised by participants although again it was recognised that approaches to these needed to be developed collaboratively with providers and be of benefit to both the providers and funding agencies.

6.4. CAPACITY AND CAPABILITIES

Over the years, there have been several reviews and commissions conducted that have recommended that the government agencies needed to make major changes in their policy, planning and service delivery to meet the needs of Māori (Te Puao Te Ata-Tu, Royal Commission on Social Policy). A participant observed that:

… it is about assisting the development and growth of communities, and to support communities; and for the department to have a relationship with them for us to be effective service providers because we can't do it on our own.

The capacity and capabilities of agencies to be responsive to Māori is discussed by informants under four key themes (also see above, 'Defining successful Māori and iwi providers'):

- systems

- structures

- skills

- strategies

Effective systems refer to principles of procedures, methods or classification within an organisation such as information and human resource systems to collect accurate Māori data as well as recruit and retain Māori staff at various levels throughout the agency. Relevant strategies can refer to a plan of action or policy within an organisation. Important skills, in a wider definition, refers to workforce development such as ensuring staff have an understanding and analysis of the Treaty and Māori issues. An effective operating structure is important as it identifies opportunities for Māori to participate at all levels. Some participants commented that too often the agencies have identified the barriers Māori providers face, but they have not taken an internal assessment of how effective or efficient their service provision has been for Māori.

6.4.1. Systems

Information systems are necessary for any business. The systems may range from technology to the daily data gathering exercise such as how many people attend a particular service provider. The government

agencies have a requirement to collect information and within agencies there are a number of national data-sets to collate information such as the national health index, which has a unique identifier for people who are discharged from hospital and so forth. The collection and accuracy of ethnicity information is important. It is one way the Government can measure whether Māori outcomes have been achieved. A number of agencies have in the past struggled to improve the quality of the ethnicity data collected and yet they require Māori providers to be able to produce quality data when required. Participants commented on the importance of producing quality data for Māori and iwi providers and that this can be difficult to achieve sometimes.

6.4.2. Structures

Structural issues may be important because they have an effect on how policy is developed and people work together. Some participants commented on the importance of developing policy in an integrated and collaborative fashion. (See earlier reference to the 2001 Government Review of the Centre Advisory Committee). They considered that effective intersectoral communication could also be strengthened to support the development of policy. Some felt that while improved intersectoral collaboration was feasible, 'it was a problem in terms of mechanics rather than intent.'

Participants noted that, in general, agencies are hierarchically structured and tend to operate on vertical lines, which constrain communication between groups to some extent. Agency structures, they believed, may have an effect on the way Māori needs and policy objectives are addressed. Participants thought that it was important for the effective development of policy that Māori views are represented at all levels within an agency.

Structure can also impact on agency staff retention and some participants referred to the turnover of staff which, at times, complicated matters, particularly during contractual negotiations with providers.

Yeah, trying to get out and about get in touch with iwi providers. We have been terribly understaffed of late and that is something that is slipping away and that is a real problem for us.

The development of a sound infrastructure for providers was also considered to be important to the agencies.

> *I think a large part of it is how they set themselves up in terms of having good strong infrastructures in place and the factor that they've managed to get a high level of technical expertise for the projects that they want to run and some community providers are lucky; I'm thinking of Gisborne in particular – for nutrition there's two of the nine Māori dietitians just happen to live in Gisborne, who happen to be employed in a nutrition based service in that region and it's very fortunate that they have that very high level of expertise.Those providers become very highly skilled providers and they are able to share that level of expertise and advice so, for example, they are able to host the national Māori nutrition providers hui and the providers go there and get that workforce development training and it's lucky that those providers have those strengths available to them.*

6.4.3. Skills

Participants raised a number of factors that have a bearing on skill issues within agencies. These include: equal employment provisions and potential conflicts of interest for Māori staff. Underlying the latter tensions is the unresolved issue of whether the policies and programmes are conceptualised on the basis of Māori as a disadvantaged minority or as tangata whenua with constitutional guarantees in terms of some autonomy and residual sovereignty.[90]

A number of agencies have access to the Māori provider development fund to assist with capacity building and workforce development. As one participant noted:

> *Workforce development, targeting part of the funding to their training opportunities, to visit with other providers who might be offering a similar programme. A variety of things, conferences, hui, regional meetings, a whole raft of things.*

Some participants recognised that leadership skills within both the providers and the agency were important. They also mentioned that

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[90] Durie (1998).

within their range of providers there were certain individuals who had exceptional leadership skills.

Equally though there's one person who knows the business and the others help out and then they leave and suddenly that service can't sustain itself because it's lost that expertise and they haven't been able to purchase it back in or find it so it is an issue. There is knowledge across the whole service that it doesn't hinge on a single person but in some cases we've had extremely successful services that are based on an individual and if that individual left whether it would still be successful five years down the track it's difficult to put a standard on it.

6.4.4. Strategies

Developing infrastructure and writing strategic and business plans is very much part of this contractual environment. Māori providers have familiarised themselves with these management tools. Some of the agencies have identified these various strategies as important and integral to their work within the respective agencies. Other agencies have welcomed and supported the providers and iwi with their strategies as they perceive it to be essential to their ongoing working relationship.

6.4.5. Summary

Key points

- A number of government agencies have made efforts to improve the quality of ethnicity data

- It is important that sound infrastructures are developed to support Māori and iwi providers

- Staff turnover within agencies impacts on agency relationships with providers

- Leadership needs to exist within both agencies and provider organisations

Barriers can be overcome and turned into facilitators of success for both the agencies and the providers. This change is dependent upon the effective relationships and partnerships between the two groups and power sharing with policy development and resource allocation.

The following features which facilitate success are not exclusive and provide a challenge to both groups:

- coordinated policies

- capacity and capability; that is, strategies, systems, structure and skills

- resource allocation

- evaluation, which includes the relationships and internal assessments of agencies and providers

- time to develop relationships and achieve outputs/outcomes

- negotiating contracts and reporting

- symbiotic relationships and partnerships

7. DISCUSSION

This discussion begins by revisiting how the study was undertaken. The findings of the study are then discussed, followed by the identification of some of the gaps in our knowledge and ideas for future research. Finally, policy implications are formulated.

7.1. KAUPAPA MĀORI RESEARCH

The defining agenda of the study was Kaupapa Māori. This frame of reference has proven to be both culturally acceptable and understandable for the Māori and iwi providers as well as the public servants who participated in the research. The first component of Kaupapa Māori was the identification of 'successful' Māori and iwi providers. The interviews with government agencies emphasised the importance of providers being of their communities and having a community mandate. While not well-defined by these participants, the significance of community in the lives of Māori and iwi providers was reflected in the initial stages of the present research; indeed it was crucial to the identification of 'success' through community consultation and collaboration. Other researchers have used this method of identification. For example, Anne-Marie Tupuola[91] describes how her community chose the individuals who would participate in her study, and Michelle Foster and Lisa Delpit coined the phrase 'community nomination' in their research on Black teachers.[92]

In the Stage 1 research it was noted that several of the providers who were identified through this method were then hesitant about being involved in the research. This is not surprising given the history of fruitless encounters that Māori have had with researchers.[93] By comparison, inviting community nomination of research participants was welcomed in Stage 2. As shown in Stage 1, marketing among Māori is still largely done by word of mouth and we found that during Stage 2 providers were speaking positively of the research.

One reason for the acceptance of the research is that the researchers have not sought to be the 'experts' in this study; rather the research

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[91] Tupuola (1993).
[92] Foster & Delpit (1998).
[93] Smith (1999).

process has acknowledged the expertise of the participants, with the researchers as the facilitators of their knowledge. Crucial to this process has been the role of 'voice' as providers have been encouraged to tell the story of their journey. Within this telling, the researchers have been active listeners – questioning, challenging, discussing, clarifying, and providing feedback. This is a role often fulfilled by Māori researchers but not often made explicit within research reports. Within the present research we coined the term 'critical friend' to describe this role and providers were very much in the 'driver's seat'. That is, the providers dictated the terms of this arrangement and we have prioritised their needs.[94]

In addition, in Kaupapa Māori research it is the spoken as well as the unspoken, the sung, the written and the visual voice that have a role in the sharing of experiences and knowledge. In other words 'voice' encompasses all the senses in Kaupapa Māori research. Researchers are listening to the words that are said as well as listening to how it is said, the intonation, the context and the environment. Even when a Māori is speaking a Pākehā sentence they will say it very differently.

The role of the regional coordinators has been pivotal to this research process. The regional coordinators have been responsible for the depth of the information that has been shared by providers because the regional coordinators are both known within and know of their local context. This knowledge has made them more rigorous in their research approach. In addition, the regional coordinators did not have anonymity within the research; they knew the providers either through whakapapa and/or Māori networks. They therefore have a stake in the findings.

In their discussion of feminist theory and voice, Lugones and Spelman ask 'What are the things we need to know about others, and about ourselves, in order to speak intelligibly, intelligently, sensitively, and helpfully about their lives, … [in order to] theorize in a respectful way.'[95] Each regional coordinator brought to the study their intimate knowledge of the environment in which providers were operating. This included the cultural, social, historical and political environments and the intersections among them.

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[94] cf. Tupuola (1993).
[95] Lugones & Spelman (1983).

In addition, the collaboration among regional coordinators and with the IRI researchers has added both rigour and strength to the research process. This has reflected IRI's commitment to acknowledging and respecting local knowledge, sharing skills, building research capacity and facilitating community participation in research. The other components of the research – the PATH facilitation, the regional hui, the critical friend – have also been well received. Thus a Kaupapa Māori approach for the present research has proven to be a win-win situation.

7.2. RESEARCH FINDINGS

In this section four issues are addressed: 'What is a Māori and iwi provider?', 'Why "by Māori, for Māori"?', 'Benchmarking Success', and 'How Māori and iwi providers can be supported'. Following this the question of 'What else?' is addressed under 'Knowledge gaps and future research'.

7.2.1. What is a Māori and iwi provider?

The key factor in the definition of a Māori or iwi provider was one of control; these providers are 'owned or governed by whānau, hapū, iwi or whānau organisations. The present research found that an iwi provider has a mandate from the iwi in which they are working and a Māori provider may not. A Māori provider has a mandate from the Māori community. An iwi provider is working within the wider framework for the iwi for which it provides, whereas a Māori provider may sit outside of that framework.

From previous research[96] it was also apparent that mainstream Māori providers operate within a mainstream framework. Their existence suggests a mainstream mandate, however their obligation is to the Māori community and delivering services with a Māori focus. These distinctions are not always clearcut nor are the definitions always exclusive as, for example, Māori and mainstream providers may also seek an iwi mandate (also see Table 3 below).

The ownership of both Māori and iwi providers by Māori reflects the 'self-determination' principle of Kaupapa Māori theory: tino rangatiratanga or mana motuhake (see Introduction). These providers are operating

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[96]   Cram & Lenihan (2000).

independently (albeit with Crown funding which they view as a Treaty obligation on the part of the Crown); outside of mainstream provider structures.

Table 3. Distinguishing Māori, iwi and mainstream Māori providers

Iwi Provider	Māori Provider	Mainstream Māori Provider
Iwi mandate	Māori community mandate	Mainstream mandate
Operates within iwi framework which has a whānau, hapū, iwi focus	Operates within Māori development framework and encourages whānau, hapū, iwi focus	Operates within mainstream framework and encourages a Māori focus
Mana Whenua	Mana Tangata	Mana Māori

There are some threats to this independence. The bulk of provider funding comes from the Crown and contractual obligations can see providers operating outside their capacity and capability. We would argue that this situation is not part of being successful. A key factor among successful providers was that they were often able to be very assertive in their contract negotiations. This position arises because a provider has an established track record of being able to fulfil contracts. The result is contracts that acknowledge the expertise and capability of the provider to deliver services and programmes to their community and/or iwi.

The flipside of this is that if providers are pushed to accept contracts that are under-priced, exceed their expertise and/or capability, and/or underestimate the need among their community then the ability of a provider to fulfil contract obligations is likely to be compromised.

The solution is to build honesty and integrity into contract negotiations. This will happen when there are relationships of trust between funders and providers and it is through participation that these relationships are built. Participation is defined by the World Bank[97] as 'a process through which stakeholders influence and share control over development initiatives and the decisions and resources which affect them' (also see below, 'Partnerships in policy').

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[97]   The World Bank (1996:3).

7.2.2. Why 'By Māori, For Māori'?

The stories that successful Māori and iwi providers told about the reasons for their establishment were very similar. Providers have drawn upon their own knowledge of their communities to identify gaps in service delivery and, through their commitment to whānau, have decided that they can do something about it by offering an alternative 'by Māori for Māori' service. Many have been set up in response to situations of crisis, of need, or desire, and passion and commitment is evident in the work they do.

The gaps in mainstream service delivery are likely to arise because the services that are available are not working for Māori; they may not be appropriate, accessible and/or affordable. According to Ricks, Charlesworth, Bellefeuille and Field[98] one of the things that may not be working is the 'dominant, professional, and "expert" driven service delivery model and system' inherent in mainstream service delivery. It should be acknowledged, however, that many mainstream services are working to address this issue in order to provide a more culturally appropriate service for Māori.

One of the principles in Kaupapa Māori theory is that of 'cultural aspirations': *taonga tuku iho*. Māori and iwi providers are taking for granted that being Māori is both valid and legitimate and that Māori cultural values must underpin service delivery if Māori capability and well-being is to be ensured. Iwi and Māori providers show us that Kaupapa Māori service provision works; that a distinctively Māori approach is sought after by many; and that there is a large number of Māori committed to the betterment of Māoridom. There is growing recognition of this within government agencies.

Recognition is helped by those Māori and iwi providers that are managing to push the boundaries by asserting their values and beliefs and by encouraging policy shifts that better reflect their 'model of the world'. This is facilitated from the 'inside' by those in government agencies who also acknowledge and value the work of Māori and iwi providers.

This model of the world, for Māori, is intrinsic to our make-up. It ensures a level of accountability as allegiance to hapū and/or iwi is maintained. It guides not only what is done but how it is done. The essential factors

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[98] Ricks, Charlesworth, Bellefeuille & Field (1999:5).

within this model for successful Māori and iwi providers, as reflected in the research findings, are:

- **Titiro, whakarongo, kōrero** – what the provider sees (e.g. the gap in service delivery to their community), how they listen to and talk with their community (e.g. this may be how a provider consults and/or gains a mandate for their work)

- **Mahia i ngā mahi** – what providers do in response to community aspirations (e.g. servicing whānau, hapū, iwi)

- **Mana – Mana Māori Motuhake** – how the provider is realising self-determination both through their service and within their community (e.g. the processes and outcomes of service delivery)

7.2.3. Benchmarking Success

In various ways, benchmarks have been identified and established through this research, particularly in the sections that explored the facilitators of and measures of success for providers. Successful Māori and iwi providers are applying the principles of best practice and developing guidelines that are relevant and applicable to their practice. Māori and iwi providers are not necessarily focused on the idea of being 'better than', but rather being 'equal to'.

In Tairāwhiti, a series of characteristics of success were identified as benchmarks of success, as facilitators of success and deemed to be successful outcomes (see Appendix L for regional reports). The common themes included participation and support of whānau, communities; having a majority of committed local iwi staff; cultural and work skills development for staff; meeting contracted outcomes and quality management and governance policies and practices.

7.2.4. Supporting Māori and Iwi Providers

Many providers felt that the Crown contributed to the instability in their environment by constantly changing the goal posts. However, as providers have operated for so long in this environment, they are getting better at negotiating contracts and are quick to recognise and adapt to goal post shifts (e.g. in terms of funding criteria). Support from the Crown, for Māori and iwi providers, should therefore come in the form of constancy and longer-term relationships

Such constancy would undoubtedly assist providers in their long-term goals and facilitate the building of provider capacity that, in turn, would further build community capacity. These longer-term relationships require a substantial investment of resources and time, as recognised by both providers and government agencies. In many ways the process required is a reflection of the journey that researchers have undertaken in the move from a place of doing research 'on' Māori to a context of doing research 'with' and 'for' Māori. Policy, for example, now needs to be made in consultation and collaboration with Māori and iwi providers so that the policy process is 'with' and 'for' them and not something that is done to them.

One example of the growing recognition of the need for relationship building is within health. In Te Puni Kōkiri's guide for the removal, retention, return and disposal of Māori body parts and organ donation the section on the Treaty reads:

> The partnership principle requires that the Crown and Māori act reasonably and in good faith in their interactions, taking account of the evolving nature of their relationship. To resolve conflicts and ensure a healthy relationship between the Treaty partners, the Crown must actively protect the Treaty rights of Māori, and not encroach on the exercise of Tino Rangatiratanga.[99]

7.3. KNOWLEDGE GAPS AND FUTURE RESEARCH

The present research involved a dynamic approach that responded to the needs of the organisations as they were uncovered. The process was not set in concrete before the research started; it was able to be moved and changed along the way to make sure that the needs of the providers were cared for and that we were able to get the best information from them. The result is a rich description of Māori and iwi provider success within regions and across Aotearoa.

This research is, however, just a beginning in terms of expressing Māori and iwi provider stories within a Kaupapa Māori framework. There is a need for more work in defining and measuring what success is, within the Māori model of the world. The focus for many providers is still on

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[99] Te Puni Kōkiri (1999b:10).

outcomes as determined by government agencies, primarily due to the nature of accountability as determined by these agencies.

More often than not, however, the accountability structures for Māori and iwi providers are to their communities – to whānau, hapū and iwi. If the gains by these providers are to be acknowledged and reinforced and if providers are to gain value from reflecting on the nature and context of their service delivery then capacity must be built for **Kaupapa Māori evaluation and monitoring**. This evaluation and monitoring might take a number of forms; for example:

- formal evaluation by external researchers

- formal evaluation carried out internally

- peer evaluation, carried out by a companion organisation

Providers in the current research were undertaking some of their own evaluation and monitoring. Some providers had also experienced external evaluations and invariably agreed that these were more appropriate when done by Māori evaluators. And while it might seem difficult within the current competitive environment to encourage peer evaluation, the regional hui that were facilitated within the current research demonstrated the gains that can be made from providers networking and sharing ideas. A more formal, peer evaluation structure could be one of the end products of this relationship building.

Many Māori and iwi providers are also questioning their **governance models**.[100] Often these questions arise because they are using Pākehā models of governance. These models are the most developed and training in them has been readily available. It is timely to now explore what governance means from an iwi and Māori cultural base. The barriers to this include the availability of culturally appropriate models of governance and the lack of understanding of these models by funding organisations. For iwi and Māori providers to grow stronger they need to identify their own models of governance and have the courage and belief in themselves to do it their own way.

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[100] Cram & Pipi (2001).

7.4. POLICY IMPLICATIONS

In embarking on this research, one of the underpinning concerns of the research team was to ensure its utility to policy-makers, particularly within the context of informing the ongoing policy debate and policy developments that impact on iwi and Māori providers. To assist with this process, the research team has compiled its views on the high order policy implications arising from the research findings contained in this report.

The research findings presented in this report represent the common themes of what constitutes Māori and iwi provider success that have emerged from two distinct research populations: the providers and Government agencies. Between these two groups there is a lot of common ground in terms of the views of what constitutes a successful Māori and iwi provider and the assessment of facilitators of and barriers to success. It is this common ground that offers the greatest opportunity for progress across a number of cross-sectoral policy and procedural fronts. These areas for progress are:

- collaboration in policy design

- capacity and capability building

- resource allocation

- evaluation

- relationship building

It is also notable that, for Māori and iwi providers, the key elements of provider success that are not reflected in the bullet points above, namely tīmatatanga (being guided by the vision as handed down by ancestors, and being able to determine your own future) and services based on Māori values and practices, are dimensions that are best progressed by providers themselves.

That is not to say that Government agencies do not have an interest in them, insofar as they are key elements of provider success, which is a necessary condition for effectively delivering services to Māori. However, it is important to understand that Government's interest should be limited to recognising, accepting and supporting these dimensions of a provider – not defining or influencing them.

A policy platform

It is also notable that there is a significant body of existing work that supports the areas of common ground noted above and which helps to establish a robust platform for progress in these areas. These are reflected in:

- Treaty considerations, and particularly, the Waitangi Tribunal's deliberations on Treaty claims in the social policy sector

- Government's strategic priorities

- The deliberations and reports of a number of advisory groups, ranging from the 1986 Ministerial Advisory Committee's Puao te Ata Tu report on the Department of Social Welfare, through to the April 2001 report of the Community and Voluntary Sector Working Party

Treaty considerations

Within the context of the research, the essential factors within a 'by Māori for Māori' service delivery model for successful Māori providers were:

- Titiro, whakarongo, kōrero – understanding community needs and engaging with the community around those needs

- Mahia i ngā mahi – responding to those needs

- Mana Māori motuhake – realising self determination

The Waitangi Tribunal's deliberations in the social policy sector provide some useful findings that support these notions of by Māori for Māori service delivery, the associated exercise of tino rangatiratanga, and the Crown's ongoing responsibilities in the provider sector.

In this regard, the research team has drawn from the findings of the Tribunal, in its consideration of the Napier Hospital and Health Services Claim. While this hearing was not a generic investigation into the performance of the Crown's Treaty obligations in respect of the social policy, or even health, arenas, it does provide useful guidance on matters of relevance to this research.

The research team draws on a particular finding in this report of the Tribunal, which it considers of particular relevance to the iwi and Māori provider sector. That is:

On the health services delivered under tribal authority:

That the active protection of rangatiratanga over possessions implies that the ability of Māori leaders to promote the well-being of their people, including their care and welfare, will also be protected.[101]

The Tribunal's report on the Waipareira Claim similarly supported the notion that the Crown has a responsibility to protect rangatiratanga through, among other things, service delivery by Māori organisations:

In considering the shape of protection to be given, regard must be had to the principle of rangatiratanga … Rangatiratanga requires, in this instance, that Māori should control their tikanga, including the way their social and political organisation develops, and to the extent reasonable and practicable Crown protection, in the form of support, should be so given as to enhance the capacity of the group to determine the programmes most needed and how they should be managed.[102]

More generally, the Waipareira Report raised a number of key messages for Crown agencies, and particularly those involved in the social services sector. These messages were:

• The need to develop relationships with Māori communities and empower them to develop according to their own priorities and in their own context

• The need to recognise emerging Māori groups and communities of interest

• The need to resolve the fragmented approach to social policy

The research also noted that support from the Crown for Māori and iwi providers should be predicated on stable long term relationships, based on the Treaty of Waitangi and Māori rights as tangata whenua.

The Tribunal has, across a number of claims, deliberated on the Crown-Māori relationship, and consistently found that the relationship is akin to a partnership, and that the standards of conduct of that relationship must be predicated on good faith. By way of example, in its report on the Napier Hospital Claim, the Tribunal found that:

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[101] Waitangi Tribunal (2001:xxvi).

On the duty of good faith conduct:

The standards of conduct between the Crown and Māori, in particular that of utmost good faith, are relevant as much to the principle of protection as to the principle of partnership, and establish the general character of the relationship.[103]

These overarching principles of partnership and protection have similarly featured in the judiciary's consideration and rulings on Treaty related matters. As this jurisprudence evolves, the focus of the policy debate has shifted over the last 15 or so years from the definition of Treaty principles to the definition of how they should be given effect. Given the importance of Treaty related considerations to the providers that participated in this research, it is this debate that the policy issues canvassed in this report are geared to inform.

Government's strategic priorities

That the Crown has responsibilities to support the development of Māori providers is no longer in question. However, the particular responsibilities incumbent on the Crown, and the form of support provided, is an evolving issue. The strategic priorities for Government include:

Support and strengthen the capacity of Māori and Pacific Island communities, particularly through education, better health, housing and employment **and better coordination of strategies across sectors**, so that we may reduce the gaps that currently divide our society and offer a good future for all. [Emphasis added] [104]

This stated support for capacity building and enhanced coordination is consistent with the some of the key themes that emerged during the course of the research:

- Māori providers depend upon a supportive, coherent and coordinated policy environment

- Stable funding arrangements are central to provider certainty

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[102] Waitangi Tribunal (1998:31).

[103] Waitangi Tribunal (2001:xxvii).

[104] This was the wording of the Key Government Goal at the time. For the slightly amended version at June 2003, see www.dpmc.govt.nz

Moving forward

Against this backdrop, the balance of this report canvasses a range of policy issues of pertinence to the key themes and findings that emerged during the course of the research, and that both providers and Government have a demonstrated desire in progressing. Those areas are:

- collaboration in policy design

- capacity and capability building

- resource allocation

- evaluation

- relationship building

In many instances, there are already policy initiatives underway that respond, at least in part, to some of these findings. In these cases, the research gives further support to these initiatives. In other cases, the research may act as a catalyst, and trigger the policy debate.

7.4.1 Collaboration in policy design

One of the key themes emerging from the research was that Māori providers, and their continued growth, depend upon a supportive, coherent and coordinated policy environment. In this regard, providers considered that a collaborative policy making environment that included input from themselves, whānau, hapū, iwi and Māori communities would stand a good chance of making a difference and positively impacting on Māori well-being. Similarly, participants in the research from Government agencies indicated that there are high levels of commitment to policy development including cross-sectoral input and input from Māori providers and communities, as reflected in the Review of the Centre.

However, while this commitment might be present, participants had ongoing concerns about the extent to which it is given effect. Specifically, consultative efforts were characterised by some participants in the research as token, and reactive rather than proactive.

The findings from the government agency interviews suggest that it is fair to say that this had been a consistent approach of successive governments. Typically, Government will set the policy agenda, and, where consultation occurs, it is limited to Māori views on that preset

agenda. There have been few opportunities for Māori driven development priorities to define the policy agenda of Government. There are, however, acknowledged constraints, in that Government is required to respond to the needs of wider New Zealand. Te Puni Kōkiri's series of consultation bibliographies show the extent of the consultations with Māori on health, employment and training, education and broadcasting undertaken by governments in the last ten years. [105]

A recent series of Prime Ministerial visits to Māori communities, which provided the opportunity for ministers to <u>listen</u> to Māori priorities as articulated by Māori, may be a trigger for a more collaborative approach in establishing the policy agenda. There are also a number of recently established initiatives geared towards the implementation of localised solutions to localised problems; for example, direct resourcing and local level solutions. While the approach for these initiatives is consistent with progressing Māori driven priorities, they are relatively small scale and confined to a number of select communities.

The findings of the research also support the role of Māori advocacy groups in influencing policy development. In this regard, a particular initiative of the Department of Child, Youth and Family is highlighted. In response to calls from Iwi and Māori Social Service Providers, the Department has recently funded a process for providers to establish a National Provider Association. It is this kind of initiative that may well result in a greater degree of Māori influence in the policy process, and an associated heightened sense of ownership of policy decisions.

There also needs to be a more effective and visible collaboration in policy development between government agencies. The government officials interviewed noted the importance of integration across sectors for the development of overarching Māori development policies. Similar needs were identified by the Review of the Centre Advisory Committee set up by the Government in 2001 to review the state sector. The Committee identified four priority areas for change: better integrated service delivery; addressing fragmentation and improving alignment in the State sector;

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[105]For example on health see Te Puni Kōkiri (2001).

enhancing people and culture; and improving central agency leadership. A work programme to address these issues is in progress.[106]

For Māori providers and communities, who interact across Government, lack of integration can have significant impacts on the coherency of the range of policies and programmes they have interests in. As a consequence of this lack of coherence, there are often significant, and unnecessary, transaction costs associated with maintaining multiple operational and accountability systems.

The research supports initiatives that foster greater collaboration and coordination in the policy development processes. Further to this, the research team **recommends** that Government give priority to understanding, and acting on, Māori driven development priorities.

7.4.2. Resource allocation

On a closely related issue, providers consistently called for a policy environment that provided for more certainty and flexibility in their funding arrangements. Central concerns around the short term nature of funding, the competitive funding model that typifies the provider sector and under-resourcing were seen as compromising the stability of provider organisations.

Baseline funding, multi-year appropriations and multi-year contracts are options that are available for consideration by policy decision makers. Funding security, subject to provider performance, beyond the short term arrangements that are typical of provider contracts would greatly contribute to their business and financial planning, and subsequent growth. However, that said, providers must appreciate that the ultimate funding decisions lie with government.

Providers also expressed concerns that the competitive funding model has, by default, placed providers in competition with each other for limited government resources. The downstream consequence of this is that optimal gains that could be made from the provider sector learning from shared experiences are not being made. While Government has, and continues to, encourage provider cooperation, the balance of incentives for achieving this are not always there. Longer term funding

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[106] http://www.ssc.govt.nz downloaded 16/5/03.

arrangements would go some way towards promoting provider cooperation.

Under-resourcing, and in some sectors partial funding, similarly destabalise providers. Emerging possibilities regarding a move from partial to full funding in the social services sector are strongly supported by the research team.

In terms of the funding of providers, it is **recommended** that Government give consideration to longer term funding arrangements with providers.

7.4.3. Capacity and capability building

Both Government and providers recognise that growing their respective capacity and capability is key to delivering more effective services to Māori. For providers, Government's recent investments in provider development and capacity building created valued opportunities for organisational development. These investments continue to be supported by the provider sector.

However, there are a number of particular challenges that the provider sector faces that present as opportunities for more targeted government support. Specifically, these relate to workforce capability; support for the development of culturally based services; and evaluation capability.

Workforce capability, specifically the ability to attract and retain professional and clinical staff, poses a particular challenge to providers. Under-resourcing and partial funding are key contributors to this difficulty. However, where Government is contracting for the delivery of taxpayer funded services, and particularly where those are clinical services or geared towards high risk clients, it is obliged to ensure, and foster, the capability of the staff delivering those services. Initiatives such as the Professional Coaching and Practice Supervision project that formed part of the Department of Child Youth and Family's Budget 2000 workforce development strategy are positive moves in this direction. However, the research indicates that there is a pressing need for further investment of this nature.

Culturally based services are another area that merit support. For many Māori clients, the delivery of culturally appropriate services is a

prerequisite to achieving a positive outcome. However, such services are relatively expensive to develop and establish, as they must meet mainstream service standards and have a cultural dimension.

For government agencies, capacity and capability to be effective for Māori is a core business issue. Unfortunately, it does not appear to be a business driver. For most social policy agencies, Māori are over represented as clients (that is they are in receipt of agency services at a higher rate than would be expected given their proportion of the population),[107] yet Māori capability is confined to the Māori unit rather than integrated across the agency's business processes and systems. Findings from the agency interviews suggest that not all agencies had an integrated approach to identifying and addressing Māori needs and aspirations.The research confirmed Te Puni Kōkiri's approach to core dimensions of agency capability for Māori. In this regard, the underpinning principle (and as reflected in Te Puni Kōkiri's agency review expectations) is that Māori capability needs to be integrated across the full spectrum of an agency's business processes and systems.

With respect to capacity and capability, it is **recommended** that Government continue to invest in Māori provider development, and invest more heavily in the development of the Māori provider workforce and culturally based services. The research shows that effectiveness for Māori will only be achieved when consideration of Māori issues is integrated across all business processes and systems. Given that Māori clients often form a disproportionately large part of an agency's client base, there are sound business reasons for ensuring effectiveness for Māori.

7.4.4. Evaluation

Evaluation is an area of significant and common interest to both providers and Government. Clearly, both parties have developed a culture of evaluation, and both support the notion of collaborative approaches to evaluation. However, providers continue to display tensions over approaches to government commissioned evaluations of the services they deliver.

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[107] See, for example, Figure 20, 'Types of personal income, 1999' in Te Puni Kōkiri, *Progress Towards Closing Social and Economic Gaps Between Māori and non-Māori: A Report to the Minister of Māori Affairs*, May 2000, page 27.

Of note, while government officials interviewed had stated interests in collaborative evaluation, providers held consistent views that these evaluations were, in fact, not collaborative. Rather, they were planned and implemented with little provider input, and less consideration of the particular operating context of the provider.

The research has shown that there are some particular barriers to provider involvement in evaluation. A key finding of the research was that the primary focus for the majority of providers has been on service provision: the time, resources and expertise required for the desired extent of evaluation and monitoring was yet to be realised.

A recent paper[108] delivered at the annual conference of the Australasian Evaluation Society also identified these issues.

> ...a number of factors posed limitations on the extent of their involvement in the evaluation. Principally, these were resource limitations. Within a confined set of resources, providers and communities were, without exception, more focused on investing in project implementation rather than project evaluation. Alongside this, a lack of evaluation expertise within the community was a (lesser) concern that was also articulated.

In response to these issues, this evaluation included providing the providers and their communities with the opportunity to define their level of participation in the evaluation, which typically included involvement in the evaluation planning, oversight of relationships with local level stakeholders and reviewing of evaluation reports. Evaluation training was also a feature of this evaluation.

Te Puni Kōkiri's 'Evaluation for Māori: Guidelines for Government Agencies' provides some commentary on both evaluation planning and reporting. It is, however, silent on building the evaluation capability of providers.

While collaborative approaches to evaluation tend to be more costly and time consuming, in that the range of stakeholder interests needs to be negotiated and reflected in the evaluation, the research suggests that Government must invest further in ensuring these collaborative

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[108] Working in Partnership: Evaluation and the Whānau Development Project.

approaches. Joint planning and agreed evaluation objectives are far more likely to result in evaluations that are meaningful to, and inform improvements by, both Government and providers.

The evaluation team also considers that the provision of evaluation training is critical to enabling Māori providers to engage meaningfully in evaluations, and, importantly, will be instrumental in further strengthening the evaluation culture within those providers. It is a culture of internal evaluation and continuous improvement that will most likely enhance the effectiveness of services delivered by providers.

Accordingly, it is **recommended** that Government departments commissioning evaluations of services delivered by Māori providers invest in collaborative evaluation approaches with, and the provision of evaluation training to, those providers.

7.4.5. Relationship building

All parties that participated in this research expressed a common desire for long term sustainable relationships, predicated on transparency, trust and exemplary relationship conduct. Above all, however, there was recognition that, for any relationship to be successful, it must be perceived as valuable in that it returns mutual advantages and reciprocal benefits to all parties. It was, however, notable that provider responses indicated a tendency to invest more heavily (relative to their level of resourcing) in relationship management.

In August 2000, Government established a 'Community and Voluntary Sector Working Party', which had a key purpose of developing a framework for an agreement between, and to strengthen the relationship with, Government and the community and voluntary sector. This development clearly reflected Government's broad interest in investing in and developing a partnering approach with community interests, including iwi and Māori.[109]

In its report in 2001, the Working Party made a number of recommendations that, in our view, capture key dimensions of the Crown-Māori relationship, and which are reinforced by the findings of the present

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[109] Te Puni Kōkiri (2001a).

research. For this reason, we have chosen to conclude this report by reiterating and building on those recommendations of the Working Party.

To improve the relationship between iwi and Māori organisations and the Government, the research team recommends that:

- action be taken to 'address the inequitable funding arrangements which impact negatively on [Māori and iwi] providers compared with other providers'[110]

- 'intersectorial approaches to [iwi and Māori] strategies and programmes [be improved] to create a more holistic approach to service delivery'[111,112]

- when contracting with Māori and iwi providers be aware of provider capacity and the need to build this capacity as well as purchase services

- the evaluation and monitoring capacity of Māori and iwi providers be enhanced

- good practice models for Māori and iwi providers be based upon Māori worldviews

- Māori and iwi providers be enabled 'to determine their own needs, service responses and accountability measures'[113]

As the late Sir Bob Mahuta said at Hui Whakapumau in 1994:

> If I am to end on a note of optimism it is really to suggest to the present and any future governments that the future of this country is inextricably bound to the future well-being of Māori people. The State has failed miserably both in its policies and in its implementation programmes to redistribute benefits to its Māori clients. In my experience, the iwi vehicle still holds promise as the most efficient way of ensuring interaction between Māori and the State. I accept that for the urban areas particularly, other vehicles might be required. Suffice to say the

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[110] Ministry of Social Policy (2001:74).

[111] ibid.

[112] This will lead government agencies to reflect the holistic approach that is currently being undertaken by providers themselves.

[113] Ministry of Social Policy (2001:74).

iwi has survived, endured and flourished despite the continued onslaughts of the State.[114]

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[114] Mahuta (1994).

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9. GLOSSARY

Aotearoa	Land of the long white cloud, a.k.a. New Zealand
aroha	compassion
hapū	sub-tribe
hauora	health
hui	conference
hui-a-iwi	tribal meeting/conference
iwi	tribe
kaupapa	ground rules, agenda
kōrero	conversation, dialogue
koroua	male elder
kuia	female elder
Kura Kaupapa Māori	Māori-medium primary school
mahi	work
mana	authority
marae	courtyard, forecourt of building
mihi	greeting
pono	truth
pōwhiri	welcome
raruraru	problem
rohe	domain, designated boundary
Tāmaki Makaurau	Auckland
tangata whenua	people of the land
tangata	person
tapu	sacred
Te Kohanga Reo	Māori-medium pre-school

te reo Māori	Māori language
Te Tiriti o Waitangi	The Treaty of Waitangi
tika	right
tikanga Māori	Māori custom
tino rangatiratanga	independence
tupuna	ancestor(s)
turangawaewae	home ground, traditional home base
whakapapa	geneology
whānau	extended family
mokopuna	grandchild
tipuna	ancestor
whanaungatanga	kinship

10. APPENDICES

Appendix A. Statutory and Contractual Requirements upon Government Agencies Contracting with Māori and Iwi Providers

STATUTORY REQUIREMENTS

Both the State Sector and Public Finance Acts form the basis of the contracts for service provision as they have established the frameworks and systems of accountability, in terms of measuring efficiency.

The Public Finance Act (PFA) 1989 is fundamental to the state sector. It provides a framework for Parliamentary scrutiny of the Government's management of the Crown's assets and liabilities, including expenditure proposals. Also, the Act is responsible for the introduction of bureaucratic terminology such as inputs, outputs and outcome. Inputs could be described as the amount of money a department or government agency could secure, to identification of and accountability for *outputs,* or goods and services including policy advice. Outputs would form the basis of the department or agency's corporate plan, and its annual budget. Ministers would buy outputs from the government agency for a certain price to achieve the Government's desired *outcomes.* Outcomes are defined in the Act as 'the impacts on, or the consequences for, the community of the outputs or activities of the Government'.

According to Kelsey (1995) the PFA had two potentially conflicting goals: to improve the quality of service and responsiveness to changing client needs; and to increase efficient and accountable use of resources.

The State Sector Act 1988 is another key legislative requirement for the state sector. The aims are: to (a) ensure that employees in the state services are imbued with the spirit of service to the community; and (b) to promote efficiency in the state services; and (c) to ensure the management of the state services; and (d) to maintain appropriate standards of integrity and conduct among employees in the state services; and (e) to ensure that every employer in the state services is a good employer; and (f) to promote equal employment opportunities in the state services; and to provide for the negotiations of conditions of employment in the state services.

The Act has the responsibility to ensure that the public service carries out the Government's contracts. They deliver or design goods and services

(but usually not both). These contracts are outputs, which define the work that agencies in particular will undertake in order to contribute to the outcomes that Ministers have decided upon.

The system may provide for following the money but what does not exist is an accurate reporting system on actual achievements for Māori. For example, whether Māori have experienced a measurable difference in the quality of their life experience. With the passage of each administration, disparities arose between Māori and non-Māori. The state sector has to take responsibility for these disparities as they emerged from policies that excluded Māori as a legitimate client base from departmental goods and services. The irony is that these agencies are now responsible to redress and eliminate disparities.

CONTRACTUAL REQUIREMENTS

While contractual outputs have been the key measurement of 'success' the current direction is towards measuring outcomes. Achieving outcomes, in turn, is linked to the capability and capacity of the community. A framework for outputs and outcomes is illustrated by the following as:

- What does Government want to achieve? (outcomes)

- How does it achieve this? (outputs and administered items)

- How does it know if it is succeeding? (performance reporting)

The Department of Child, Youth and Family Services (CYFS) have noted that there are several principles that originate in their Act that underlie their approach towards achieving outcomes. One of the principles is the need to increase the reach and capability of communities to adopt prevention strategies. The capability of communities is based on:

- acceptance of responsibility and clearly defined roles

- delivery of immediate information on which to act and to facilitate understanding

- ability to exercise sound judgement and to act on it (CYFS: Te Pounamu, 2001)

The Education Act has also been revised to strengthen reporting that includes targets for Māori which probably will trickle down to providers to meet within their contracts.

Appendix B. Different Ways Government Agencies Define Māori Providers

This section describes the way in which government departments delivering social services, health, justice and education define what a Māori provider is. The table below summarises aspects of defining Māori providers across four government agencies. What is common to each is the use of Māori values and concepts in service delivery. The main distinctions:

- The Ministry of Education acknowledges the importance of having knowledge of te reo and tikanga

- The Department of Child, Youth and Family Services clearly recognises iwi

- The Ministry of Health seems to have a more comprehensive definition

- The Ministry of Justice affirms the validity of tikanga Māori

Education	CYFS	Health	Justice
Those with a knowledge of te reo and tikanga	Self identified as iwi or pan-tribal Having the primary role in caring for child	Māori governance and management structures Deliver to predominantly Māori clients although not exclusively A distinctively Māori kaupapa and delivery framework Operate within communities Well placed to meet the health needs of whānau, hapū and iwi Contribute to the capability and capacity of whānau, hapū and iwi	Not specifically defined Advocates tikanga Māori (values and concepts within programmes)

In its report on Māori provider views of government funding, Te Puni Kōkiri has employed the agency definitions of Māori providers, namely:

> For the **Health Funding Authority**, Māori providers are defined as health providers which have Māori governance and

management structures. For the **Department of Child, Youth and Family Services**, Māori providers can self-identify as 'iwi' or 'pan-tribal'. They can also seek approval to operate as iwi Social Services under the Children and Young Persons Act 1989.[115]

The nature of Māori and iwi health providers is further expanded on the Ministry of Health website:[116]

> There are currently 240 Māori health providers contracted to 21 District Health Boards throughout Aotearoa.

> Māori health providers tend to deliver health and disability services to predominantly Māori clients although certainly not exclusively to Māori clients. What does distinguish the service is the kaupapa and the delivery framework which is distinctively Māori.

> In addition to the 240 Māori health providers, there are also a number of health providers who are significant providers of health and disability services to Māori.

These providers, operating within communities, are well-placed to meet the health needs of whānau, hapū and iwi.[117] They also contribute to the capability and capacity of whānau, hapū and iwi. The emergence of Māori provider collectives (e.g. Ngā Ngaru Hauora o Aotearoa), in turn, supports and facilitates provider development.

A recent document from CYF, 'Te Pounamu,[118] places the work of Māori and iwi social service providers within the primary principles of CYF; namely the recognition 'that the primary role in caring for and protecting a child or young person lies with their family, whānau, hapū, iwi and family groups'.[119]

As is the case with social services, the provision of services for Māori in the justice area can also be controlled by legislation. For example, the Domestic Violence (Programmes) Regulations 1996 set out goals for the

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[115] Te Puni Kōkiri (2000a:7, footnote 1. Emphasis added).
[116] http://www.Māorihealth.govt.nz/providers/
[117] Ministry of Health (2001).
[118] Department of Child, Youth and Family Services (2000).
[119] ibid: 6.

Programmes for Adult Protected Persons and these include Māori values and concepts. Regulation 27 (below) does not prescribe that the provider of Māori programmes should be Māori although this might be considered to be inherent in the regulation.

27. Māori values and concepts

Every programme that is designed for Māori or that will be provided in circumstances where the persons attending the programme are primarily Māori, must take into account Tikanga Māori, including (without limitation) the following Māori values and concepts:

(a) mana wahine (the prestige attributed to women)

(b) mana tane (the prestige attributed to men)

(c) tiaki tamariki (the importance of the safeguarding and rearing of children)

(d) whanaungatanga (family relationships and their importance)

(e) taha wairua (the spiritual dimension of a healthy person)

(f) taha hinengaro (the psychological dimension of a healthy person)

(g) taha tinana (the physical dimension of a healthy person)

Affirmation of the validity of tikanga Māori contributes to further exploration about who is a Māori provider.

Māori education providers are defined by their knowledge of te reo Māori me ōnā tikanga. While providers are predominantly Māori there is some room within Māori education provision for non-Māori who have this knowledge and a commitment to a Māori education kaupapa.

Appendix C. Guidelines Related to Māori Research Ethics

The purpose of examining these guidelines is to discuss how the processes adopted within the present research reflect a Māori research ethic.

A Respect for People

> *A respect for people is about allowing people to define their own space and to meet on their own terms.*[120]

The onus is on the researcher to mediate the distance that might initially exist between the researcher and the participant(s). This process of engagement is not necessarily done on one's own but, as Cram suggests, with the support and guidance of kaumātua.

One aim of the current project was to be responsive to regional differences by instigating regional coordinator positions and finding the 'best person(s)' in each region to fill them. This suggestion arose out of the Stage 1 research and is an extension of IRI's commitment to networking and training.

In many ways the identification of these 'best people' mirrored the approach to identifying successful providers; namely the project manager consulted within each region and then approached the person(s) who had been named. This process ensured that the researchers and the project had an endorsement from a respected local person from the initial stages of Stage 2 of the research. In addition, the researchers, IRI, and the project were open to scrutiny before any regional interviewing began. In this way, the regional coordinators were pivotal in mediating the 'distance' described above.

The support and guidance for this research did not come from kaumātua directly, but from very strong, politically astute, and well respected local Māori women; namely, the regional coordinators. Each examined the research project thoroughly, and raised questions about process, integrity, and ethics before engaging with the researchers. They had to be sure that they were the right people to assist and support the

researchers and they also had to be confident that this project would benefit their region.

HE KANOHI KITEA

This is about the importance of meeting with people, face-to-face

An important value in Māori society is that people meet 'face-to-face', so that trust and the relationship can be further built upon. In the Stage 1 research report we wrote:

> 'Kanohi ki te kanohi' (face-to-face) is regarded within Māori communities as critical when one has an important 'take' or purpose. This form of consultation allows the people in the community to use all their senses as complementary sources of information for assessing and evaluating the advantages and disadvantages of becoming involved.[121]

In the recruitment of regional coordinators, there was face-to-face contact between the regional coordinators and the project manager. All regional coordinators also met with the researchers over two days so that they could collectively consider the best approach to the research and discuss and debate any issues. This was another form of accountability for IRI as it enabled a 'collective voice' to respond.

Regional coordinators' interviews with providers were mostly face-to-face. In two instances the providers themselves chose to respond to the questionnaire via e-mail as time and other factors prevented them attending an interview.

The regional hui were an opportunity to provide feedback to the providers during and/or following the research. In many of the regions these hui also proved to be excellent forums for providers to take time out, reflect on Māori and iwi provider success, and to network with other providers in a positive environment.

Trust, and building and maintaining relationships, has been an ongoing focus throughout the research. The intention of IRI was to use this research to form or further develop a research relationship with each of

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[120] These descriptors are from Cram (2001).
[121] Cram & Pipi (2001).

the regions. Our intention has been to keep contact and to be of further assistance to the providers we engaged with, as opposed to seeing the contact as a one-off.

It was also important for us to be mindful of the fact that we, as Auckland-based researchers, could leave each region and return to our homes in Tamaki. Regional coordinators, however, work and live in the same place as the providers. The integrity of the regional coordinators was therefore of the utmost importance as they were seen on a day-to-day basis, and their movements and work known within their region.

Tɪᴛɪʀᴏ, ᴡʜᴀᴋᴀʀᴏɴɢᴏ … ᴋōʀᴇʀᴏ

This is about the importance of looking and listening in order to develop understanding and find a place from which to speak.

'Titiro, whakarongo … kōrero' symbolises the process whereby the researchers' role is one of watching, listening, learning and waiting until it is appropriate to speak. Again this helps to show respect and develop trust in the growing relationship between researcher and participant(s).

The question may also be asked 'for what purpose are we looking, listening … speaking?' Within the current project, the reason for looking and listening includes:

- to see the stories unfold, to hear the voice, the things that are said and unsaid, to feel the joy and pain, to make meaning

- to attain successful outcomes to the research

- to maintain integrity and ensure quality research

 The reason for speaking includes:

- to affirm, to acknowledge, to support, to validate, to question, to challenge, to clarify

The Project Manager Kataraina Pipi related to the regional coordinators in different ways. For some, she was a **whanaunga,** which means that the level of sharing came from a place of whakapapa; for others she was a **friend** who had walked many roads with the person over a number of years and therefore had a friendship based on trust, respect, loyalty and love. For others she was a **peer**, who shared similar aspirations, had a

knowledge of their field and the context in which they operated: one whom they could challenge and question, and vice versa. For others, she was a **researcher who worked for a Kaupapa Māori institute**, with credibility as such. These were not distinct categories as they could overlap and coincide in different combinations within any particular relationship.

The regional coordinators often had existing relationships with the providers they interviewed and this undoubtedly had a bearing on the quality of information shared. Generally speaking, for those with deep relationships, the information shared tended to come from a 'deeper place' owing to these relationships, levels of trust and shared values.

MANAAKI KI TE TANGATA

This is about a collaborative approach to research, research training, and reciprocity

'Manaaki ki te tangata' reinforces the view that research must be a collaborative and reciprocal process. It acknowledges that learning and expertise exist in both parties. Waho Tibble's kōrero that 'the notion of reciprocity has no boundaries or time constraints' is important to acknowledge. The researchers' obligations may extend beyond the immediate project and may also revisit the researcher at any time. This is highly appropriate for the present research.

In addition, the researchers have to (or intend to):[122]

- share research knowledge with the community

- share the results and facilitate the use of the results by the community

- involve community members as co-authors so that their contribution is acknowledged

We have placed high value on the principle of manaaki tangata, as it relates to 'looking after people'. In our interactions with regional coordinators, we ensured that they were well cared for and looked after, not only while doing their research but at times when we brought them all

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[122] cf. Fullilove & Fullilove III (1993).

together. As a research team, we valued opportunities to share their knowledge and wisdom as they did too among themselves.

The regional coordinators, in the carrying out of interviews, gave of themselves, by giving feedback, probing, and sharing information that was helpful to providers.

The providers gave to the research their stories, their honest opinions, their time and their commitment to participating in a process which they were hopeful would make a difference.

The collaborative approach of this project was unique in that the research team was entirely Māori women who were mothers, grandmothers and whānau of participants living in the communities researched and who all had a vision for whānau, hapū and iwi development.

KIA TŪPATO

This is about being politically astute, culturally safe and reflexive about insider/outsider status

'Kia tūpato ' is a caution to researchers that they need to be aware of their own processes (e.g. biases, preconceived ideas), as well as cultural processes, and have a political astuteness when working with Māori. As this research involved both iwi and Māori providers, there were some kawa and tikanga (protocols) that needed to be observed in order that the research was 'accepted' and that participants were willing to engage.

For some areas, it was important that mana whenua – iwi groups specific to the region – were acknowledged, informed and invited to participate. For others, it was important that the research participants were spread across the region in order to reflect the diversity within the region (e.g. rural and urban). For some regions there were providers who, in the opinion of the regional coordinators, needed to be involved for political reasons. For some also it was important that IRI, as a kaupapa Māori-based research institute, shared its philosophies, background and approach so that people felt comfortable to engage.

The combination of regional coordinators working alongside the IRI research team meant that the insider/outsider status was met. For some

providers, it was important that a research institute such as IRI was an 'outsider', in the geographical sense. For other providers, IRI was considered an insider in that, as a kaupapa Māori-based research institute, it was pre-supposed that a 'Māori approach' would prevail – something many providers welcomed.

KAUA E TAKAHIA TE MANA O TE TANGATA

This is about not trampling on the mana of the people. It is about sounding out ideas with people, disseminating research findings, and providing feedback to the community that keeps people informed about the research process and the findings.

This process was carried out primarily through the relationship with the regional coordinators. It was clear very early in the research process that their ongoing involvement was necessary in order to maintain their credibility, first and foremost within their communities. Many of the regional coordinators had been endorsed by the participating providers within the region to take on the role of researcher, and with this came an expectation that they would keep the providers informed about the process and the findings. The regional coordinators, in turn, ensured they kept providers within their regions informed.

KIA NGĀKAU MĀHAKI

This means being humble in one's approach, and not flaunting knowledge. It is also about recognising where knowledge comes from, sharing knowledge and using qualifications to benefit the community.

This is the ability to elevate the knowledge of other people through recognising the knowledge is obtained through relationships with people, atua (the gods) and the whenua (land).

The researchers were mindful that their approach was one of respecting the knowledge and wisdom that both the regional coordinators and the providers gave. Relationships with one another were based on respect and trust. There was a mutual celebration of the collective wisdom and the collective pathways to further learning.

Appendix D. Regional Coordinators

SELECTION OF REGIONAL COORDINATORS

The first regional coordinators were appointed in April/May 2001 in Te Tai Tokerau, Taranaki and Te Tairāwhiti. The Tāmaki Makaurau and Te Waipounamu regional coordinators were appointed at the start of July 2001. All regional coordinators have been chosen through a consultative process with the providers and/or based on the research team's networks.

The **essential qualities** possessed by regional coordinators were that they:

- were known to providers and the region

- had credibility with providers

- were responsive to local needs

- had facilitation and coordination skills

- were able to work on their own

- had good communication skills – within the region and to IRI

- were good organisers

The **role** of the regional coordinators included:

- networking among the providers involved in the project

- assisting in the confirmation and further information gathering from the provider groups

- organising hui as required by the project; specifically regional hui and key informant focus group interviews

- providing advice to IRI on how best to work within the region

- being trained as a PATH facilitator and assist in the facilitation of PATH for each provider

- Feeding back to IRI on progress and any issues that may arise

As described above (in the identification of successful providers) the regional coordinators brought to the research a wealth of regional knowledge and understandings.

Appendix E. Planning Alternative Tomorrows with Hope: The PATH Planning Tool[123]

One of the needs that the providers in Stage 1 of the Māori and iwi provider success research identified was strategic planning advice. In order to facilitate providers in their strategic planning endeavours the researchers used the PATH planning tool. The PATH is a planning tool devised by a Canadian based team of facilitators. The project manager saw the PATH while visiting an aboriginal based social services agency in Winnipeg, Canada. On further exploration of the tool it was decided that it might be a very useful means of gathering information required for this research while at the same time 'giving back' to the providers for their contribution to the research project.

PATH FACILITATOR TRAINING

The regional coordinators attended a two-day training workshop with the researchers in Rotorua in April 2001. At this workshop they were introduced to the PATH planning tool. Their feedback and critique has also been invaluable in furthering the use of this tool for the project.

In August 2001 an advanced PATH facilitator/graphic training workshop was presented by two trainers based at the Auckland College of Education. The purpose of this workshop was to:

- receive a debriefing on current use of the PATH
- extend the training of PATH facilitators, particularly in graphic design

Invitations to attend this workshop were extended to all regional coordinators and two additional representatives from each region. The aim was to create a pool of three trained facilitators in each region.

PATH PLANNING WORKSHOPS

Several providers in Te Tai Tokerau, Taranaki and Te Tairāwhiti have expressed interest in the PATH. Thirteen providers have participated in a PATH Planning workshop for their organisation. In addition, one provider outside the regions being worked with (who was involved in Stage 1) has participated in a PATH Planning workshop and a PATH was completed at

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[123] Information available at Inclusion Press, *www.inclusionpress.com*

the Taranaki, Te Tai Tokerau and Te Waipounamu regional hui. The regional coordinators and researchers also completed a PATH for the project.

OVERVIEW OF THE **PATH** PLANNING TOOL

The PATH planning tool is a creative and challenging way of planning future directions and/or projects. The time frame for this planning is 12 months with the initial tasks to be achieved within three months. The PATH can be used as a stand-alone tool and/or to underpin further strategic planning within an organisation (or for an individual or group).

The PATH involves the graphic representation of visions, aspirations, goals, and so on, combined with an analysis of the current context in which an organisation is operating. It incorporates stakeholder analysis, strengths (similar to a SWOT analysis), and a detailed action plan for a three to six month period (see illustration under the description of the Taranaki regional hui).

A PATH IS:

- creative

- personal

- energetic

- musical

- magical

- full of paradox and contradiction

- dynamic

- beautiful

- life giving and changing

- feeling fear and doing it anyway

- flying into the unknown and having a circle there to support the dream

- a risk

- a tool

Steps

The following are the steps involved in the PATH planning process (also see Figure 2):

1. Touching the dream (the North Star), which is:

- the vision, the dream, the seed of the future for the person or organisation

- the hope

- the future

2. Sensing the goal: (focus for the next year)

3. Grounding in the now: where am I/are we?

4. Identifying people to enrol on the journey

5. Recognising ways to build strength

6. Charting actions for the next few months

7. Planning the next month's work

8. Committing to the first step (the next step)

Figure 2. Illustration of the PATH Planning Tool

5. Feelings   **3. Values**
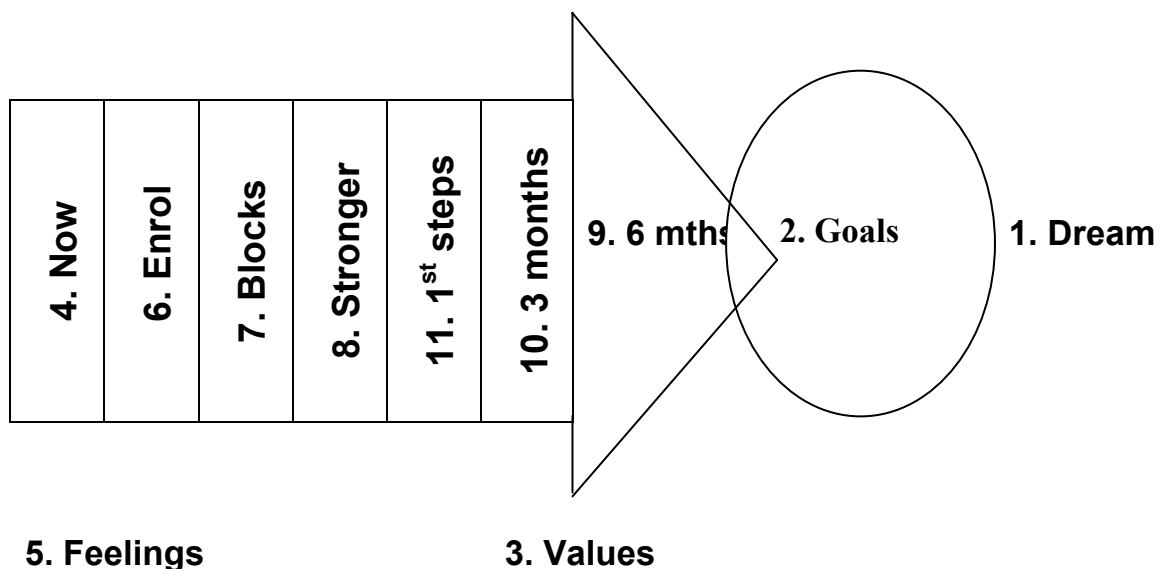
The PATH is facilitated using the illustration in Figure 2. This diagram is drawn large scale on a white board (or other suitable medium). One facilitator engages the group in the PATH planning process while a

second facilitator takes responsibility for recording the group's discussion on the diagram. The second facilitator uses a combination of words and graphics in this record. The graphics are often suggested by the group so that the illustrations of their discussion have meaning for them.

Appendix F. Critical Friend[124]

The use of the term **'critical friend'** in research can be traced to Harvard University within the discipline of education. More specifically it was instigated in 1996 as part of a project led by the PACE programme within the graduate school of education which developed the 'new standards project', a national initiative poised to set high standards for and to assess student performance in education.

Classroom evaluation has embraced the idea of teaching colleagues coming into classrooms as 'critical friends' in order to evaluate teaching practice. Good clear conventions have been developed within the area of expeditionary learning which establishes the basis for evaluation from within the school or classroom rather than the imposition of a set of values or objectives from the outside.

For Doug Kilmester, a supporter of expeditionary learning[125] in the United States, this approach to evaluation is useful in ensuring that the wider goals of expeditionary learning are taking place in the classrooms that claim this as their central kaupapa. Kilmester set out to develop a working list of indicators that would show that expeditionary learning was taking place and in doing so set out to talk to teachers from across their national network asking three questions:

- What does expeditionary learning look like in practice in the classroom?

- What can you see students and teachers doing that tells you expeditionary learning is taking place?

- What evidence of expeditionary learning does that classroom itself hold?

Kilmester states quite clearly that this model of evaluation has been developed as a working tool for schools to use in their annual self-reviews or periodic peer reviews. Therefore the leadership team from within the school identifies what it wants the 'critical friends' to look for:

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[124] Information in this section was partially collated by Glennis Phillip-Barbara.

[125] A form of education that teaches via a process of long term, project based investigations where the teacher acts as a facilitator of the students' own process of seeking knowledge and developing thinking and research skills.

> In preparation for the observation the school faculty or leadership team defines what they want the observers to look for and think about while conducting the observation, and reviews the design principles, core practice benchmarks and the indicators of expeditionary learning in the classroom.[126]

This kind of utilisation of a 'critical friend' as an evaluative tool requires a collegial basis for the development of the relationship between the school being evaluated and the 'critical friend' coming in to conduct the evaluation. Although the 'critical friend' is still ostensibly an observer, there is a clear process that ensures that the group being evaluated controls and creates the process, measurements and protocols around that evaluation.

At every level that determines the shape and form of the evaluation; that is, design, protocols, process, benchmarks and standards and then analysis, the group being evaluated controls and determines how this will be conducted, understood and analysed:

> The use and application of a 'critical friend' in Aotearoa is limited at this time to Te Hiringa i te Mahara, a programme designed around a number of interventions to support Māori secondary school teachers in their workplace. In this programme the 'critical friend' was used to facilitate learning from experienced collegues through professional support networks.[127]

In this regard then a 'critical friend' was understood more as a mentor than an evaluator for the purpose although the former role was employed in a less obvious and formalised sense. More specifically this evaluative tool was applied as part of the professional development package designed for Māori teachers.

In the study Māori teachers were asked to identify at least one 'critical friend' or mentor who would be available to provide feedback and constructive criticism with respect to the development of a professional development plan and more specifically the goals and objectives contained within.

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[126] Doug Kilmester, Director of Research and Development with Expeditionary Learning.
[127] Smith, Cram, Smith, Toi, Karehana & Kamira (2001:32).

It was envisaged that such a 'critical friend' could fulfil the role and function of reviewer (or evaluator) as well for the teacher and in doing so:

> Assess where an individual is at and how they may have moved in terms of their professional development … which is the final and essential component of the professional development plan.[128]

CURRENT USAGE

As stated in the proposal for the current research, a **'critical friend**' is someone who walks alongside service providers, listening and providing insights into the providers' efforts. 'This person should not be critical in the sense of criticising. Instead they interpret and listen, draw together common themes, and point out any inconsistencies.'[129]

Providers have been very positive about the idea of them having a 'critical friend'. While this aspect has been active throughout the research it has come to the fore mainly when providers have engaged in the PATH planning. In addition, it is anticipated that in the next stage of the research, namely the evaluation of provider services and developing measures of client satisfaction, the 'critical friend' will function along similar lines to the expeditionary learning experience described above. As a background to this, the researchers' questions to providers about measures of success have paved the way for an evaluative framework that reflects providers' realities.

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[128] Smith et al. (2001:59).

[129] Definition of 'critical friend' from the Centre for Teaching and Learning (1998). http://www.usyd.edu.au/su/ctl/pg/friends.htm

Appendix G. Māori Provider Success Website

The Māori Provider website
(http://www.arts.auckland.ac.nz/iri/MPS%20Folder/index.html) was
developed as one way to disseminate information about the research
project.

Appendix H. Regional Hui

Each of the regions chose to organise a regional hui. These were forums that:

- enabled research participants to hear the findings of the research

- encouraged the sharing of 'success stories' among one another

- promoted discussion and debate around the determinants of success for iwi and Māori providers

- enabled participation in and/or learning about the PATH, as a strategic planning tool

TARANAKI REGIONAL HUI

Above: Whakaahurangi Marae

The Taranaki regional hui was organised for the middle of April 2001 and held at Whakaahurangi Marae. The hui was well-attended by approximately 25 people, including representatives from six providers. The Te Tai Tokerau and Te Tairāwhiti regional coordinators also attended this hui as part of their induction/orientation to the project.

During the day the findings from Stage 1 of the research were presented. This was followed by a workshop on provider views of success in which small groups discussed the determinants of provider success and then feedback in a plenary session. The questions addressed by the groups included:

1. What is a successful iwi and Māori provider?
2. How do you know they are?
3. What is an example of one iwi and Māori provider success story?

In the afternoon the PATH planning tool was used to develop a regional and collective vision for Taranaki provider development.

TE TAI TOKERAU REGIONAL HUI

The Tai Tokerau regional hui was held to present the findings to the providers who were identified. The first hui, held in Whāngarei, was poorly attended due to work commitments and a bereavement. It was felt a second hui should be held to give providers another opportunity to be presented with the research findings. This was held in Kaikohe in May 2002, and although numbers were low, for the same reasons as above, three providers and one funder did attend. The low number of attendees highlights the difficulties providers face because of distances they are required to travel, being rurally based. It was also a reflection of the many roles providers are playing.

Above: Colleen Tuuta (Taranaki Regional Coordinator) with Kataraina Pipi (Project Manager)

Below: Part of the Taranaki Māori provider PATH
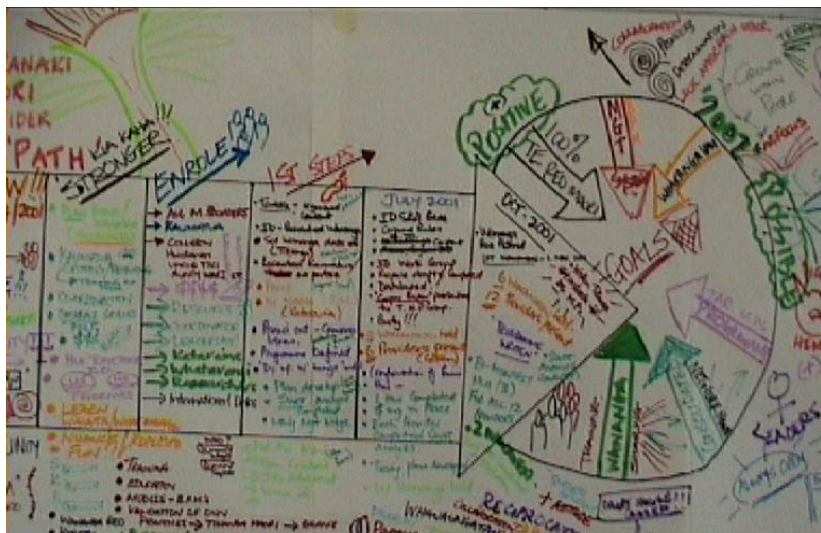
TE TAIRĀWHITI REGIONAL HUI

The Tairāwhiti regional hui was held in August 2001. This hui was well attended by the majority of providers involved in the research. The findings of Stage 1 and local success stories were shared. Many of the providers commented on the value of a forum such as this, which enables providers to reflect on themselves and to discuss and debate issues. Linda Smith from IRI gave a presentation on IRI and also feedback on the outcomes of the research.

On completion of the Tairāwhiti regional report, a day was organised by the regional coordinator for providers to give their feedback to the regional report. Overall, providers have been very happy with the research process and the findings as represented in the report.

TĀMAKI MAKAURAU

The Tāmaki Makaurau regional hui was held in December 2001, and attended once again by the majority of providers involved in the research. A similar process and outcomes as the Tairāwhiti hui. This hui was also an opportunity to present back the initial findings of the provider interviews and for further discussion. Linda Smith also gave a similar presentation and feedback.

TE WAIPOUNAMU REGIONAL HUI

The Te Waipounamu regional hui was held in April 2002, and was also well-attended by providers. The process was similar to the above two hui, but the additional factor was a facilitated PATH planning session which enabled providers to see the PATH planning tool in action and to consider ways that they could continue to strengthen themselves as a network of successful providers. A follow-up hui for providers to receive the Te Waipounamu report and give feedback was also held in July, 2002.

NATIONAL HUI

A national Māori provider hui was originally planned for August 2001. Following advice from the regional coordinators and some providers, it has been postponed until the end of 2002. The kaupapa of the hui was to provide a forum for the dissemination of the research findings as well as a

networking opportunity for providers. Regional hui have primarily been the opportunities for research findings to be disseminated locally.

Appendix I. Regional Focus Group Hui

These hui brought together key people at a regional level from government agencies who are currently involved in the servicing of iwi and Māori providers locally. They all had an awareness of policy and funding issues for providers. The purpose of the hui was to seek their feedback on the Māori provider environment, the determinants of success and to reflect on policy developments and shifts that could further support iwi and Māori provider development.

Regional coordinators organised these hui, identified the key people and conducted the focus group interviews. The hui were also an opportunity for the sharing of some of the issues that providers had raised and to get feedback from government agencies. In some areas, not all government agencies were represented, as a regional person for the agency was not located within the region.

Participants found these hui very useful as a focus for collectively looking at how government agencies could work together more effectively at a local level to support iwi and Māori providers. There were also insights shared about the role of the Crown agent in supporting iwi and Māori development and an opportunity for this group to do some critical reflection in regard to the scope of their positions.

Clearly evident as an indicator of success is the quality of the relationships that these key Crown agents have with providers locally. Where the relationship is open, clear and supportive and where the Crown agent has respect and credibility within their own department, the provider is served well.

Appendix J. Best Practice and Benchmarking

BEST PRACTICE

One of the outcomes of the Stage 2 research will be the development of best practice models of programme and service management and delivery. Best practice '…is about identifying the best ways of managing the firm and producing and delivering its services, while continually improving what the firm does. Underlying all this is the idea that the firm must become close to and properly understand its clients, develop the systems and procedures to give its clients exactly what they want, and work with all the people in the firm to achieve these things, particularly the firm's programs of continuous improvement.'[130]

The implementation of effective practice plans will lead programmes and services towards:[131]

- increased client satisfaction

- enhanced professionalism

- minimisation of risk

- greater work satisfaction

- service improvement and (where appropriate) enhanced profitability

BENCHMARKING[132]

> Benchmarking is the process of identifying, understanding and adapting outstanding practices from within the same organisation or from other businesses to help improve performance.[133]

Benchmarking is a process of comparing practices and procedures to those of the best to identify ways in which an organisation can make improvements. It is the most powerful technique for gaining and maintaining competitive advantage because it drives best practice orientated continuous improvement through the organisation. It is not a passive exercise. Traditional benchmarking

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[130] Centre for Best Practice.
[131] ibid.
[132] Information in this section was collated by Chris Tooley.
[133] Cook (1995:13).

is based on the assessment of the gap between how you are doing and how the others are doing.[134]

Origins

Benchmarking first emerged during the 1950s when standards were used to measure performance, particularly in the market sector. Through this process comparative analysis and the disclosure of strengths and weaknesses could be examined and developed. However, during this period, benchmarking was only based on financial indicators – which only disclosed comparative advantages. It was not until 1960s and 1970s, through the growth of the computer industry, that the practice of benchmarking began to investigate 'practices' and 'procedures' and identifying further improvements that could be achieved in performance.

> If you only benchmark an operation in total terms, you will miss. You examine and establish benchmarks for the processors, which are the drive in achieving the targets set for the overall operation.[135]

In the late 1970s benchmarking grew rapidly throughout the US, UK and Europe as companies and businesses identified the need to improve the quality of their output and business performance. As Cook noted: 'Benchmarking became a recognised tool of development of a continuous improvement process.'[136]

Definition

A benchmark was originally defined solely as a surveyor's mark used as a reference for determining further heights and distances. In the context of corporate performance the benchmark is a 'standard of business excellence' against which others can measure and compare their performance. It identifies a level of capability but does not disclose the means by which it was achieved. Therefore, in measuring and comparing against a benchmark, questions of conditions and circumstances arise and these can be explored by focusing on processors. Process benchmarking is now widely recognised as the most powerful development of the technique, where relationships, interaction between

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[134] In passive contexts benchmarking – the gap can be defined as how well you are doing and how much better you could be doing.
[135] Cook (1995:20).
[136] ibid: 16.

processors, corporate strategy and culture inform new ideas and provide performance information.[137] Two models of process benchmarking are now outlined.

Model 1: Benchmarking Process[138]

1. identify and understand your processors

2. agree what and who to benchmark

3. collect the data

4. analyse data and identify gaps

5. plan and action improvements

6. review

Model 2: Benchmarking Methodology[139]

The Planning Stage:

1. select the subject area

2. define the process

3. identify potential partners

4. identify data sources and select appropriate collection method

The Analysis Stage:

1. collect data and select partners

2. determine the gap compared to benchmark

3. establish process differences

4. target future performance

The Action Stage:

1. communicate to management and others

2. adjust goal and develop improvement plan

3. implement

4. review progress and calibrate

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[137] Codling (1998:7).
[138] Cook (1995:17).
[139] Codling (1998:12).

Types of benchmarking

Internal benchmarking involves measuring and comparing company data on similar practices from other parts of an organisation. It creates an environment to two-way communication, to sharing within an organisation and overcomes problems of confidentiality and trust.

Competitive benchmarking is against direct competitors. Information is usually hard to access, but analysis and comparison is based upon the publishing of independent and company reports.

Non-competitive benchmarking involves measuring and comparing a specific or series of related and unrelated processors between a non-competitive organisation and a different industry. In this way, improvements can be identified which can be adapted to the organisation.

Best Practice/world class benchmarking involves learning from the best practice or world-class organisations, who are the leaders of the process being benchmarked.

Collaborative benchmarking is an extension of the standard benchmarking model. Collaborative benchmarking is where a group of organisations collectively select a process that is important to all members of the group and simultaneously attempt to benchmark the chosen process.[140] Initially the group will first benchmark the process within the group itself, each partner acting as both a benchmarker and benchmarking partner. Then, based on its newly developed expertise, the group may seek external organisations whose leading practices can be studied by all group members.

Disclosing best practices is nothing new; however, applying the rigorous approach of formal benchmarking so that all participants of an industry group can recognise key differences and best practices among their own process is the new challenge. Collaborative benchmarking attempts to circumvent some of the difficulties in initial benchmarking practices such as systematic data comparison studies and questionnaires. Though adhering to the classical model, a collaborative approach also involves:

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[140] Camp (1998:577).

- deciding on a specific process to collectively benchmark. The process must be one that is common to each of the participants and of sufficient importance in each of their operations to be worthy of studying and improving

- each organisation systematically studies its own process. This is the crucial step in a collaborative benchmarking project as performance measures and metrics for superior performances are identified. Even when there is agreement on the type of measure to be used, different accounting procedures and measurement protocols, compounded by disparity in data collection and analysis practices, can lead to compromises.

Māori and iwi providers

Both the 'process' and 'outcome' of identifying and developing a benchmark are important to Māori. The notion of 'collaborative' or 'collective' benchmarking is already common to Māori services and strategies of development and evaluation. Apart from the general structure of process such as methodology, qualitative vs quantitative, internal vs external analysis and so on, Māori 'process' analysis encapsulates a greater and more extensive system of evaluation – notions of value, expectation, time, context, 'tangible/intangible' and relationships are integral to the role of understanding the process of identifying benchmarks for Māori.

Appendix K. Provider Interview Schedule

The participants were asked open-ended questions about their organisation, with follow-up questions asked when necessary.

Timeline of Events

- Tell us your story? How, why and when did you get started?

- Who was involved?

- What is the kaupapa or mission of your organisation?

- What have been the significant events/milestones in the development of your organisation?

Success (at different levels, whānau, provider, governance, clients)

- What is your definition of success?

- Do you consider yourself to be successful? How do you know? What are your measures of success?

- What have been the facilitators and barriers to success (inside and outside the organisation), i.e. what things have helped your success and which things were barriers to your success?

Māori Provider Environment

- What agencies are you contracting with?

- What is a Māori provider?

- Why should Māori providers be supported by the Government/Crown?

- What is the proof that 'By Māori/whānau/hapū/iwi, for Māori/whānau/hapū/iwi' works?

- In what ways are you 'making a difference': what is unique about the way you do things as a Māori/whānau/hapū/iwi provider?

- What is the conceptual framework (your model of the world – its principles and core values) around which Māori and iwi providers work?

- What does and should the Māori and iwi Provider environment look like?

- How do you manage the different stakeholders? (A stakeholder is anyone who gives to or receives from your organisation)

- In your relationships with others, what are you at risk of?

- What services are you supplying in a voluntary capacity? (i.e. who is paid and not paid in your organisation, what work is paid or not paid in your contracts?)

Evaluation and Monitoring

- How are you evaluating and monitoring your services?

- What has worked well for you? And what are the most significant learnings about how you evaluate your services/yourselves?

- What do you need to grow?

- What has been your experience of government agency evaluations and monitoring of your service?

- What are examples of outcomes for you?

Policy Environment

- What have been the key policy developments that have impacted on your service in the past two to 15 years (depending on length of existence)?

- What are some examples of policy shifts that could impact most positively on your service/sector?

Appendix L. Regional Reports

The following are summaries of the outcomes of the research in the five regions. These reports have been put together in conjunction with the regional coordinators. The full reports are 50–60 pages long and contain a wealth of information about each region. These reports have been returned to the regions for the providers' interest and use. This is part of the researchers' commitment to providers.

The summaries included here reflect, to some extent, the different styles of the regional reports. Each includes an introduction to the region and its characteristics, outlines the process of engagement with providers, and summarises the findings.

The regions are: page

TĀMAKI MAKAURAU

REGIONAL COORDINATORS: RENE HAWKE AND SHARON HAWKE

INTRODUCTION

He aha te hau e wawaraa mai

He tiu he raki

Nana ia mai te puputarakihi ki uta

E tikina atu e au te kotiu

Koia te pou whakairo ka tu ki Waitematā

I oku wairangi e

Na Tohunga Titaha (1700s)

For 1000 Ngāti Whātua land has been sought after. Titaha's vision talks of the nautilus-shaped vessel with its long pole bearing unknown cargo approaching the shores of the Waitematā Harbour. Does the wind bring good fortune or bad? One may wonder as you gaze from the Hill of the Remuweras.

Māori, iwi or kaupapa Māori providers are present in Tāmaki Makaurau and work to provide for the biggest collection of Māori in this country. All sectors of health, education, justice, housing, social services and employment are covered in this report and each provides its own view of the Tāmaki Makaurau situation. In order to maintain the security of mana whenua to Ngāti Whātua, three Whātua organisations were asked to participate. A 25% showing for tangata whenua adds more than lip service to the research.

REGIONAL COORDINATION

The project manager Kataraina Pipi approached Rene and Sharon Hawke to gauge their interest and feedback on the regional coordinator

role and focus. The kaupapa of the research was explained and background information supplied.

Rene Hawke is of Tainui descent and Sharon Hawke is Ngāti Whātua and Tainui. Rene was a founding member of two educational training providers in Central and East Tāmaki Makaurau from the mid-eighties until recently. Sharon came from a similar background but has worked in the film and television industry for the past 15 years, so partnering with her mother allowed the duo to have the back-up with known networks and past trend shifts. It was also insurance that the job would be completed well and in time.

CHARACTERISTICS OF TĀMAKI MAKAURAU[141]

The following are the characteristics of Tāmaki Makaurau of relevance to this project, as perceived by the regional coordinators:

- high urban unemployment in all part of Tāmaki Makaurau

- high 'urbanised' thinking; that is, tribal dislocation. This is the metropolis disease of big cities

- high drug usage among youth

- huge peer pressure leaning towards negative behaviour among youth

- pan-tribal existence pays little acknowledgement to tangata whenua

- large geographical area adds to different community definitions in comparison to 'village community', and communities are defined more by religion, sport, kapa haka group, and kura instead of hapū

- Ngāti Whātua exists within an environment that was built around it over the past 200 years

- Maunga used for roading no longer exist; this symbolises the cultural rape of the region

IDENTIFICATION OF SUCCESSFUL PROVIDERS

Following discussion on potential research participants, and agreement to add particularly a Ngāti Whātua presence in the research project, Sharon

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[141] For statistical information about Tāmaki Makaurau, see Te Puni Kōkiri's 2001 Regional Census Analysis Report.

and Rene Hawke made contact with successful providers known to them, using local knowledge and networks. Providers were invited to participate. Those who agreed were informed about the research project and process to be followed. Names and contact numbers were given to Rene Hawke to contact providers for interview appointments. Kataraina Pipi undertook the first three interviews with Rene completing the balance of interviews. Rene also organised the transcribing of interviews and fed back to Sharon the findings of each interview.

The providers

There were 12 provider organisations who took part in these interviews. They varied in size and came from different locations across Tāmaki Makaurau, predominantly in the central and south Auckland areas.

There was a diverse range of providers from whānau/hapū/iwi-based, to marae-based, church-based, and community-based, to businesses. All have a common base of servicing the Auckland urban area, although two also have a national focus.

The length of time the providers had been operating ranged from two to 25 years. All the provider organisations involved received government funding and the business ones were also 'going concerns'.

The interview process

Provider groups made the decisions internally about which person(s) would be interviewed. Some providers then invited others within their organisation to join them in the interview. Twenty-three people, from a total of 12 provider organisations, were interviewed. The interviewees ranged from 25 to 70 years of age. The majority of those interviewed were full time employees of the organisations. In two cases there were kaumātua and kuia present to give the background to the provider's story. In some cases trustees also participated in the interviews.

Interviews took place in either the participant's place of work or in private homes. Appointments were made during work time or evenings. The regional coordinators initiated contact, set up appointments and conducted the interviews. Eight interviews were with an individual from a provider organisation. In most cases the individual was either the chief executive officer or manager. Three interviews involved up to five people

from within the organisation, as staff and/or trustees were invited by the interviewee to participate.

SUMMARY OF THE FINDINGS

THE PROVIDER STORIES – WHAT, WHY, WHO, WHEN AND HOW THEY SET UP

Six of the 12 providers interviewed recognised that there was a gap in services and/or a need to provide their particular service to Māori. Three groups identified a need for more Māori services to be provided in that particular service area:

> …Seeing nothing out here for our people. There were a lot of agencies out here but there were no Māori agencies. (TMJ2)

> …We had no Māori speech and language therapists to work with our kids and we would have to get in Pākehā speech therapists to help our kids with language difficulties and they would have to work in the back room, that kind of thing. So there was a real drive to develop the kind of expertise and experience in Special Ed. (TMED2)

Eight of the providers were also motivated by their own personal experiences, whether it be through experiencing the lack of service for Māori, personal experiences within community/whānau/hapū, or looking at their own personal skills and strengths. These personal experiences also fed the passion and commitment that these groups/providers have to continue their delivery of service.

> She saw the poverty that we had here in Manurewa and she really wanted to do something about it. (TMED1)

Four of the 12 providers began as a result of community action, or a hui, which highlighted the need for a particular service. The political climate for Māori issues of land, poor health and crime rates prompted action from the Māori community.

> …this organisation got started in 1984, when they had a Hui Taumata in Rotorua, and Māoridom was wanting some independence in terms of the services and dealing with things for ourselves. (TMET3)

All of the 12 providers had a collective of people who assisted in the development of their organisation. Many of these were key leaders in the

community, or experts in their area. These people used their own families for worker support and in time families inherited the leadership roles for that particular organisation. Three organisations are centred on an individual leader and their experiences of establishing their organisation; however, a collection of other people also contributed to the development of these particular organisations.

Four of the providers used Māori concepts, or whakatauki, to describe their missions and kaupapa; these included concepts such as aroha, whanaungatanga, and whānau. These providers also incorporated values such as providing services, networking, using a holistic approach and being available to all not just few in their whakatauki or mission statements.

> *We kind of 'frame worked' our guiding principles I suppose based on Ko te amorangi ki mua ko te hāpai o ki muri … to nurture spiritual growth. Nau te raurau, naku te raurau, ka ora te iwi … to develop a base that's economic, a base that's self-determining. Kaua e ngaro he kākano e ruia mai i Rangiatea … to build a political base that acknowledges tangata whenua, is self determining… (TMJ2)*

> *Ehara taku toa i te toa takitahi, engari he toa takitini, we are using that because it speaks of us working together with families to find solutions and pathways for our kids. (TMED2)*

All 12 providers recognised change as an important part of their kaupapa; whether that encompassed organisational change, behavioural change for clients or social change for iwi and Māori in general. Each provider had different views of the Māori situation due to their own perspectives and beginnings, whether it was a political slant or a religious one. But they all agreed that change needed to happen and showed a determination to this end.

> *It was to service Māori … and Māori development – I believe that we are a part of Māori development by just being Māori, but sometimes when we need a focus and the devolution process did that for us. (TMET3)*

> *...to help our Māori people. To do whatever we can. (TMED1)*

The nine providers who responded to the significant events question all named different events specific to their own pathways as significant

events in their history. All nine providers saw their beginnings, and steps towards establishment as important milestones, while five of the providers saw the acquisition of funding as a significant event. Three of the providers also referred to political events within Māoridom as important catalysts for their kaupapa.

> *...Bastion Point ... had a significant influence on this place … because for a lot of us the solution to our problem had to come from out of the soil and Bastion Point offered a solution … the solution was not to let go anymore. (TMJ2)*

Summary

Half of the providers recognised that their service came from a need because existing services were failing Māori. Many providers began their services from their own personal experience within the community. The milestones varied for each provider but more commonly the political climate of the 1970s through to today enabled the release of funding through various government departments to provide the service offered by Māori to Māori.

Success

Provider definitions, measures, facilitators and barriers to success.

Five of the providers saw the commitment to kaupapa and making a difference as an important part of **success**, though providers expressed this in different ways.

> *You have to be committed, you have to know your product, you have to be able to have a good relationship with your staff, you have to lead by example and you have to have good people skills. (TMSS1)*

One provider saw commitment as making a dream a reality; another saw it as still being around. Another provider also stated that self-sufficiency was an indicator of business success: not having to rely on the Government for funding and being able to survive on your own.

> *Success for us has been self-sufficiency. Not having to rely on government hand outs or contracts, and knowing what we've achieved, that we've achieved it. (TMET3)*

The days of surviving on 'the smell of an oily rag' are gone, and the providers in this region felt that getting beyond this mentality and securing funding was a measure of success.

The providers saw business and contracts as an important factor for their successes. Four of the providers placed considering the balance between business and tikanga as an important part of their success, while five of the providers recognised that meeting their contractual obligations and outcomes in terms of statistical successes were equally important.

Changes in, or progression by, their clients was also seen as success by six providers.

> *The amount of students that come through our doors with no self-esteem and confidence and are actually still here 18 months later wanting to go a little bit further. This a measure of success for us. (TMET2)*

Six providers believed that strong leadership and skilled staff were key facilitators of their success. The ability to practise good management systems and offer quality services were included in this, as well as staff commitment to the kaupapa and the hard work involved in their mahi.

Four of the providers also saw Māori expertise as an important part of their success. Included in this was the ability to relate to their clients, their tikanga focus in programme delivery and Māori perspectives on how and what they do.

Barriers to success fell into three categories:

• internal barriers – from within the organisation

• external barriers – those beyond the organisation

• a combination of both, due to the relationships between internal and external factors

Nine providers saw external influences as a barrier to the success. Included in external barriers were government policies and practices, emerging trends towards new benchmark levels, negative attitude issues, competition and funding.

Five providers recognised internal barriers to their success, including lack of skill and expertise, internal politics and poor management. Six providers also recognised barriers such as communication between external and internal organisations, group politics, power and control.

Summary

Providers were asked for their measures and facilitators of success as well as factors which, in their view, prevented success. Commitment was the biggest determinant of success for the providers. Knowing their field inside out and maintaining a close watch on the political developments outside their area of concern helped them stay one step ahead. Sound financial management determined their success and ability to grow.

MĀORI PROVIDER ENVIRONMENT

This section sought feedback on the context in which providers were operating as well as their evidence that there should be support for their work.

All 12 providers were contracted to Crown agencies in one way or another. Many of them dealt with local government agencies; that is, Auckland District Health Board (TMH2), Ministry Of Education, Te Puni Kōkiri (THE2), financial investors (TMHS1) and various other organisations. Most showed a dependency upon their respective contracts but qualified this dependency by reference to the obligations within the Treaty of Waitangi for both signed partners.

Five providers defined a Māori provider as a provider controlled or operated by a majority of Māori people. Four of these same providers also included providing for a majority Māori client group in their definition. They also saw the importance of incorporating tikanga Māori into their programmes, and working in a Māori way, whether it be in the delivery of the programmes themselves or the environment (e.g. a marae or papakainga setting).

All 12 providers had varied responses to the question of why the Crown should support Māori and iwi providers. Seven providers argued that the Government was under an obligation, through the Treaty, to provide support, and one provider saw this as its right as tangata whenua. Two providers believed that support should be given to the best, who happened to be Māori, and one provider saw this support from the Crown as a hindrance to rangatiratanga, causing dependency on the Crown.

It shouldn't actually be supported in my eyes. It should be a partnership with the … Crown. You meet me half-way, I'll meet you half-way, that type of thing. I believe Māori providers should be in partnership with the Crown. (TMET2)

Because we have the answers. If they really want the answers for what the problem is in this country, you support the people who have the answers. (TMJ1)

Six providers identified successes in the delivery of their programmes as proof that the Māori/whānau/hapū/iwi approach works for Māori, whānau, hapū and iwi. Client successes, feedback, waiting lists, and various victories were all included in this evidence. In addition, the mere existence of all 12 providers under the banner of Māori provider, and that they continued to operate successfully in this region, was proof of their success.

For seven providers the incorporation of tikanga and kawa was a unique experience. Included in this were aspects of tikanga Māori such as whanaungatanga, focus on whānau, a holistic approach to learning, karakia and other such components.

We bring in all those different elements which a normal workplace component would not adhere to. The environment is very important in that we believe anything Māori should be taught by Māori. (TMET2)

Eight providers described their conceptual framework by using core Māori values, aspects of tikanga and whakaaro Māori. Manaakitanga, whanaungatanga, wairua, mana, and āwhina were aspects of tikanga that were discussed.

Tikanga Māori is reflected at every stage of our service delivery: the clients are Māori, their whānau are Māori, their worldview is Māori, their driving beliefs and values are Māori and their solutions include significant Tikanga Māori components. The conceptual framework for us is around tikanga, kawa of marae and Treaty which has helped us to evolve into a working model to enable us to work with the people of today. (TMSS2)

…this is an indigenous framework that we have used and we think is transferable. It's in all of our forms and stuff that we used with our kids so everybody is using it in a very practical way. (TME2)

Providers were asked to remark on the current Māori provider environment, and then state what the environment should look like. Providers responded that the current Māori provider environments were fragmented, competitive and dependent on the Crown. Two providers stated that their environment was fragmented, while two other providers commented on their collaboration with other Māori providers.

Three of the providers believed that a marae setting, or papakainga, would improve the current environment. One provider, who currently operates off a marae base, commented that the environment was user friendly and felt comfortable. Five providers believed that the environment should be more tikanga-focused and hands-on, and should be a place where Māori could meet and hui about their services.

Summary

Asking the pool of providers to define the iwi and Māori environment elicited very similar views of Māori control and ownership of a service delivered to a mainly Māori client group. Some of the providers included government support and backing as well as support from rūnanga and whānau organisations too. This allowed the basic framework to include whānau, hapū and iwi principles of kaupapa maintenance and accountability to the wider Māori community.

EVALUATION AND MONITORING

Ten of the 12 providers had some formal evaluation processes in place for their services. Evaluation methods included key operational policies, quality management systems or student/staff questionnaires, audits, formal evaluations or hui. Many of the providers used a combination of these methods.

Five providers also used informal methods to evaluate their services; the majority of these were carried out through personal communications with clients and their whānau, or peers.

Significant learning for the providers about evaluation varied based on their experiences. Seven providers saw the importance of discussing what worked best and being open to feedback, having learnt this through valuable personal experiences. All providers found that they learned over time the processes that worked best for them and their clients. One

provider saw the benefits for itself as well as its services of keeping staff informed and having ongoing staff training.

Eight providers responded that resources and funding were needed in order to grow their services. This basic requirement was necessary for confidence in the service and its expansion throughout its client group. Providers had had mixed experiences of government agency evaluations. Some were very positive, others negative, and some a mix of the two, depending on who evaluated them. Two of the providers had very good experiences with government evaluators. Both providers remarked that their evaluator was Māori and therefore better able to understand their workings. One provider had mixed experiences but had a positive result when a Māori evaluator was sent in. Seven providers were not satisfied with their evaluations.

> *Because we had a Māori liaison auditor, it was very different from – what you say – a Tauiwi audit which we had. I think she was very effective and I'd prefer to go through an audit process like that. (TMSS1)*

All providers had different ways of managing their various stakeholders. Six providers saw communication as an important means of keeping relationships open, while three also believed that it was important to be respectful and careful in all dealings. Two providers noted the importance of manaaki and hui in their dealings.

With regard to perceived risks, five providers commented on the loss of control of their businesses, whether it was through new government legislation, funding criteria, external gossip and other such issues. Three providers also commented on poor communication, whether it was within their own staff or contact with other groups. Funding was also seen by four providers to be a risk. Three providers did not perceive any risks.

Work carried out in a voluntary capacity was relevant for all. Five providers responded that they were available over and beyond the nine-to-five working day. These providers were available to help their clients, and so went above and beyond what their contracts specified in order to assist their people.

Five providers saw the successes of their clients/students as an important outcome. Eight providers saw their own successes as another

important outcome, whether it was improving their services, growing as an organisation or becoming independent of the Crown/Government.

> *The outcomes for children and families within those principles of our framework. And we look better, our staff look better and more sane … most days! Better than before. (TM ED2)*

Summary

Both formal and informal methods were employed by providers to evaluate their operations. Feedback was vital to each provider's survival, especially as they were now in a competitive market.

POLICY DEVELOPMENTS

These questions looked at policy developments in the past two to 15 years that have impacted on providers and future policy shifts that would be positive for providers.

The providers saw the policy changes in the past two to 15 years as having both positive and negative effects. Six of the providers saw policy changes in different departments as having an impact on their services. There was a general feeling of mistrust towards policy as it was felt by providers that it changed the benchmark to suit the whim of the policy-makers.

> *DHBs without a doubt, the most divisive tool since AHB … the Government is holding onto imposed structures that were the policy of the previous government without a clear notion of how these will interface with the current environment. (TMH1)*

> *The other shift we need is for Kohanga reo and Kura to start developing their capacity, confidence and staff for working with children with special needs. (TMHE2)*

The following points were providers' thoughts on policy shifts that could impact positively on iwi and Māori providers:

- policy that supports Māori providers and reflects understanding of the nature of the work and more realistic and appropriate funding and supportive programmes

- Māori representation in the policy making process, a partnership, not policy writers writing policy for Māori

- Māori policy which acknowledges unique Māori approaches and programmes

- equity with regard to funding levels, on par with mainstream provider funding to ensure stability

- more funding as current levels are inadequate

- leadership by Māori to be more explicit

- greater access to information

- Māori models being purchased on par with non-Māori

SUMMARY

There is now more of a 'watch dog' presence in the Māori provider environment. With successive governments changing the goal posts more often in the past three decades, Māori providers have becoming adept at monitoring and reacting to these changes. However, this is still seen as a hindrance to forming good inter-departmental relationships for any length of time.

This research has allowed the regional coordinators to enter into the lives of the people who are doing the work among Māori. The participants wonder if the research will do any good for their respective client groups or whether it will be another report to gather dust like so many research projects before it. This is the ultimate challenge to those involved with every part of this project. Everyone looks forward to this report being accessible to all involved.

TAITOKERAU

REGIONAL COORDINATORS: MOE MILNE AND TE MIRINGA HURIWAI

INTRODUCTION

Iwi within Taitokerau are all descendants of Rāhiri. This is their whakapapa link upon which whanaungatanga is based.[142]

Ngāpuhi nui tonu describes the confederation of iwi who enter the relationship while maintaining their independence and their own rangatiratanga. Each iwi manages its own affairs, but functions under the umbrella of the confederation at times of agreed need. Therefore it is important to know that when working with iwi in Taitokerau one is entering into contract with independent iwi. Within this context, each iwi retains its rights to 'define itself' while maintaining its obligation to Ngāpuhi nui tonu.

The pepeha 'Ngāpuhi Kowhaorau, Ngāpuhi of a hundred holes' goes some way to describe the resilience of iwi in Ngāpuhi nui tonu through the ability to emerge from a hole (that is, from a problem/issue/difficulty). The modern application of this pepeha is still practised by providers within Ngāpuhi, Taitokerau.

Taitokerau describes the land area whose boundaries were originally defined by the Māori Land Court and are now used by the Northland District Council, District Health Board and others.

CHARACTERISTICS OF TAITOKERAU

These characteristics have been identified by providers in conjunction with the regional coordinators:

- rural isolation with poor access in places, transportation problems for many, telecommunications problems (many people either have no phones and/or technical problems with phone lines particularly in heavy rain)

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[142] This is a summary of the iwi and Māori Provider Success Taitokerau research report June 2002.

- high unemployment, high levels of criminal offending and recidivism, remote rural isolation, unmet health needs, lack of appropriate training and employment opportunities, high youth population

- people with resilience and a will to survive despite the physical, political, economic and cultural environment

THE REGIONAL COORDINATOR APPROACH

Moe Milne and Te Miringa Huriwai were identified by the Project Manager as the ideal people to fulfil the shared role of regional coordination and research. They both had extensive networks within the region, and played complementary roles within the present research. Being of the people, they both had a very high personal commitment and a vested interest in their people's well-being. With this comes the notion of obligation, rights and responsibilities.

Moe Milne did all the initial contact and setting up of meetings including giving background to providers on the research project, IRI and sharing some of the benefits of involvement. She had regular contact with a number of the providers throughout the duration of the research and it was not uncommon for her to play the 'critical friend' role of challenging, questioning and supporting providers in their ongoing development.

Te Miringa Huriwai undertook the majority of interviews (other than the one who chose to e-mail the response), organised the transcribing, and ensured providers received their transcripts for checking on completion.

Both were involved in the analysis and report writing of the Taitokerau iwi and Māori provider success report. In carrying out this role, they discussed, debated, critiqued, and challenged one another in their understanding and interpretation of the research findings.

THE PROVIDERS

This summary presents the findings of the research carried out within Taitokerau (Northland) with representatives of 12 provider organisations. These organisations were drawn from a pool of iwi and Māori organisations/service providers identified as successful through a process of consulting with key people within the local community who recommended providers to be involved. The provider organisations varied in size, came from a variety of locations across Taitokerau and

were distributed across iwi, Māori and kaupapa Māori services. The length of time the providers had been operational ranged from four to 12 years. All the provider organisations, except one, received government funding.

There were three distinctive groupings of providers: iwi providers, Māori providers and kaupapa Māori service providers. The distinctions between the three groupings are identified in the Taitokerau regional report.

All categories of provider strongly advocated for the 'for Māori, by Māori, to Māori and with Māori' philosophy and saw this philosophy as a basic step towards tino rangatiratanga. The main difference between the groups of providers was one of ownership and governance. Iwi providers added their philosophy of being driven by the iwi for the iwi.

KEY FINDINGS

The following is the summary of main findings from the research of the 12 providers in Taitokerau.

THE PROVIDER STORIES – WHAT, WHY, WHO, WHEN AND HOW THEY SET UP

Key points

Providers had a strong motivation to ensure the survival of te reo o te Taitokerau, a will and a passion to serve whānau/hapū/iwi self-determining communities.

> *Ngāpuhitanga – it's Te Reo me ngā tikanga, whanaungatanga – essential things incorporating unique characteristics as an iwi into strategies. (TTSS01)*

> *Mātou i a Ngā Puhi e whakakainga i a mātou ano. (TTHS01)*

Mainstream servicing of Māori communities was inadequate, inappropriate and failing to meet the needs of the people.

Providers recognised specific needs which were not being met under the current system and knew how to meet them. Many of them just went about meeting those needs, and the funding support came later.

Early 1980s Ngāti Hine people recognised a health issue which mainstream did not acknowledge. Did the research and justified the need. (TTHT01)

Key people with leadership skills, dreams and visions worked alongside communities who were committed, driven and motivated to do something to improve services and to bring about change in attitudes and practices.

Committed workers and a group of whānau who came together to help themselves. (TTHS01)

A range of services by Māori for Māori were established across the sectors, servicing mainly rural isolated areas, whānau, hapū, iwi, and, in many cases, the general community at large as well.

Services had a prevention focus and providers worked towards improvement of individuals and people whether it be better health, better education, better skills, better attitude, better practices, or better conditions across Taitokerau.

Whānau wellness for all people with a focus on Māori in the Ngāti Hine region extending out to other areas by contract and agreement. Good health incorporated housing, education, employment, conservation and increasing local resources and skills. (TTHT01)

Significant events and milestones primarily revolved around successfully managing change, either positive or negative. Examples included policy shifts, key people influencing events, the organisation attaining qualifications or accreditation, or local events which have a major impact on the overall community.

Summary

Providers' stories of reasons for their establishment indicated a will and a passion to serve whānau-hapū and iwi well. Key people with leadership, dreams and vision have worked alongside self determining communities to ensure their well-being, including the retention of their reo, their customs and traditions.

Providers were committed, driven and motivated to do something to improve services and to bring about change in attitudes and practices. Dissatisfaction with inadequate, inappropriate servicing of Māori communities and the failure of mainstream services to meet the needs of

the people has led to the establishment of a wide range of iwi and Māori providers in Taitokerau.

SUCCESS

Provider definitions, measures, facilitators of and barriers to success

What is success? The answer depends on who's responding to the question.

This series of questions was aimed at finding out from the interviewees their definition of success, how they measured this and what assisted them in, and prevented them from, achieving success.

Key points

Definitions of success included making a difference, facilitating change and contributing to increased self-awareness, self-esteem and self-appreciation.

Seeing Māori proud of who they are, where they are from and have a sense of purpose in their lives. (TTE01)

Now that we've grown in profile – you can see success, when we have wananga and you see all the people are wanting to come and be a part of whanaungatanga, seeing their participation. (TTMH01)

There were tangible and intangible measures of success. The predominant focus for providers (owing to government contracts) was measuring success based on government-determined criteria. By and large these criteria were not useful to providers.

Facilitators of success common to the providers were a belief and passion for the kaupapa by skilled and committed staff. Good governance, management, systems, track record, networks and strategic thinking assisted in achieving success which was based on a distinctively Māori approach, whether it be the staff, the clients, te reo or the kaupapa. Collaboration was evidenced by whanaungatanga in practice.

Understanding whanaungatanga and the dynamics of working for iwi. (TTMH01)

> *The kaupapa based on Ngāpuhitanga (that's the edge – success as an iwi provider) (TTSS02)*

> *Having a strategic direction, moving towards it, and keeping on doing it. (TTSS02)*

> *Maintaining the drive and whanaungatanga among staff. (TTMH01)*

Barriers common to all providers mainly focused on funding issues (the lack of funds, inappropriate compliance requirements, differing expectations between providers and funders, the competitive funding environment, conflict and compromise). Changing legislation, regulations and government policies, unclear guidelines and authorities wanting to direct and control operations were also seen as barriers. A lack of coordination among government agencies resulted in inconsistent approaches and inappropriate servicing of iwi and Māori providers.

> *Continuous battles with the Health Authority for the necessary resources to carry out the contracts. (TTHT01)*

> *CYF not funding infrastructure costs, but just funding the service. (TTSS02)*

> *Gatekeepers of funding – bureaucrats' mentality that a provider is well funded, and their power to influence funding decisions. (TTSS02)*

> *There appears to be no coordination between the agencies and no real understanding of what Māori providers actually need. (TTMH01)*

Managing relationships with one another as iwi and Māori, within whānau, hapū, and iwi, and among Māori, is a challenge when striving for success.

> *There is institutional racism whether people want to admit it or not. In subtle ways we're being undermined by our own. Māori don't want to see other Māori achieve. (TTE01)*

> *It's so draining – a faction of our iwi attacking ourselves and our services. (TTMH01)*

> *It's disgusting how people can be so hurtful to their own whanaunga and hapū. And sad that external influences have contributed to the breakdown in whānau relations that they cannot see. Everything is internalised. (TTMH01)*

Summary

The definition of success included facilitating change, making a difference and contributing to the betterment of the people. Measures were primarily government-determined criteria, because of the nature of the funding from the Government. The intangibles of what the providers saw, heard and felt from the people was of higher value to them in measuring their success.

Facilitators of success common to providers were based on the belief, passion and commitment of skilled staff to their kaupapa. Robust systems, strong networks, strategic thinking and a distinctively Māori approach assisted in achieving success.

Providers perceived the funding and policy regimes as the two major barriers to their success along with the challenges among themselves in maintaining their relationships as whānau, as peers, and as a collective of organisations with a greater common purpose.

There was a belief among many of the providers that the answers lay within themselves and confidence to solve their own problems was a major issue. Some also believed that visions could be clouded by insecurity, fear, lack of knowledge, lack of support, lack of understanding and analysis. These were seen as the demons which also lay within.

Providers often exceeded the contracted outcomes and worked ten times harder than they ought. Many did not allow themselves to make mistakes or to consider whether they were getting anywhere. They only knew that they were needed. There was a survival mentality in the people that was mirrored in the providers: there was only one way and that was up.

Māori Provider Environment

This section sought feedback on the context in which providers were operating and evidence that there should be support for their work.

Key points

Most providers were contracting with government agencies. However, common to most groups also was the fact that they worked with local marae, iwi and/or the community.

A 'Māori provider' was defined by 80% of the providers as either providing a service for Māori, to Māori or by Māori:

100% owned by Māori

100% delivered by Māori

Using Māori concepts of learning and delivery. (TTET01)

The Crown had an obligation to provide support to providers owing to its responsibilities under the Treaty of Waitangi. Funding on a par with mainstream providers was a priority.

In comparison to the track record of some mainstream organisations and based on feedback received from clients and on visible examples of success, providers believed that 'for Māori by Māori' worked. There was a need to find more effective ways of providing tangible evidence of this success.

The proof that this system works is that the students tell us it does and their lives reflect positive outcomes. (TTET02)

People feeling good about themselves and being positive about what they are doing. (TTJ01)

I'm not sure that it works, but I am absolutely convinced that it's the best way to go … we know what the problem is and how to fix it. (TTE01)

Whanaungatanga practices were what made providers unique in the way they did things. Whanaungatanga embodied the notion of team work, doing things within Kaupapa Māori, looking after one another, challenging, employing one's own, encouraging whānau involvement in services and activities, establishing and maintaining whānau links with one another as providers and as whānau working within Crown agencies.

The conceptual framework in which providers operated was also based on whanaungatanga, and strengthening whānau, hapū and iwi identity. Providers also described the framework as being particular to their iwi; that is, Ngāpuhitanga or the Ngāpuhi way.

We are about people knowing where they are from and having a sense of purpose implicit around people knowing who they are and Te Reo. (TTE01)

> *We teach them how to make the system work for them and involve the whānaungatanga. We work on the basis of all doing the work together. (TTHS01)*

The Māori provider environment could be negative; there were misconceptions about the nature of the work and providers restricted by limited resources or attitudes of Māori would do it cheaper. In the ideal world, providers would be well-resourced, understood, politically astute and working in collaboration rather than competition with others.

Managing stakeholders was about having good working relationships. This involved being open, honest, having clear lines of communication, maintaining key relationships with whānau, hapū and iwi. Relationships with government agencies needed to be nurtured on various management levels.

Some providers operated in an environment of fear and insecurity. The threat of losing funds or having a reduction in funds due to a non-conformist stance had an impact on service delivery.

> *We have a really good relationship with the front line NZ Housing staff, but it's when we get to the next tier that it becomes a bit unstuck. (TTHS01)*

> *All the groups we deal with have the resources to keep us at bay or pull the plug if they want. We try and work it through with a lot of departments. If we have to go around someone then we will. (TTHS01)*

> *We were told to change because we were too Māori. We all laughed and said no, but in three weeks we went from seven programmes to one. It took us ages to recover and we are still getting over it now. (TTET02)*

All organisations provide voluntary services to some extent because of their limited resources and their passion and commitment to providing services.

Summary

The Māori provider environment in Taitokerau consisted of a wide range of iwi and Māori providers who were contracting with government agencies for the delivery of a range of services to whānau. The majority

of providers involved in this research serviced large and remote rural areas where marae and local community participation and involvement in provider activities was pivotal to their success.

The agencies the providers worked with varied depending on the service that they provided. These included government agencies, local iwi/community groups, service groups or businesses, organisations that were involved in the area of the service delivery. Common to most of the groups was the fact that they worked with local marae, iwi and/or the community.

EVALUATION AND MONITORING

This section looked at how providers were evaluating and monitoring their services, including their experience of government agency evaluations. It included feedback on what they learned and what they needed to grow.

Key points

Providers were open to feedback. Forty per cent of providers had their service evaluated as part of their contracts; however, these were not always useful as evaluation criteria were often quantitative and of little value on their own. Inconsistent approaches, top heavy compliance requirements and a lip service approach by government agencies was described.

> *We don't have a lot of time to do evaluations and monitoring. That's an area we can develop instead of being given Hobson's choice. Having to do it their way. We are attempting to, but not doing so well. (TTSS02)*

In a whānau-hapū-iwi environment, the people were constantly watching providers' work, and were not afraid to say where providers were going wrong. Sometimes providers saw no news as good news.

Significant learning as a result of evaluations mainly centred on the need for clarity around measures of success, good management systems, clear strategic focus and direction, contract negotiation support, staff development initiatives and incentives and maintaining a focus on the kaupapa of the organisation.

> *The Kaupapa Māori stance, although it lost us contracts initially, is now our greatest strength. (TTET02)*

With regard to provider growth and development, some providers indicated that they were growing even though they were not necessarily intending to, while others were more cautious and see the need to collaborate with others in such a relatively small community.

> *We don't want to grow for the sake of growth, but we are growing anyway. (TTHT01)*

> *We've always been conditioned just to keep it to what we can do – we've kept our vision small, but now with the people saying put in proposals – you've really got to think about it. (TTMH01)*

> *We need to sit down with other providers and look at some kind of real collaboration among ourselves, instead of being so competitive. (TTMH01)*

Providers were happy to be evaluated and monitored as long as the process was mutually agreed to beforehand and it ensured that government agency process and outcomes were monitored too.

Summary

A high level of frustration existed with regard to government agency approaches to evaluation and monitoring. Inconsistency, top heavy compliances, inappropriate evaluation criteria and methods were of concern, and were of little value to providers.

Engagement in evaluation was ideally based upon mutually agreed objectives and processes. Providers also saw a great need for more monitoring of government agency evaluation processes and outcomes.

In this environment there was constant monitoring by whānau, hapū and iwi. This was often informal and highly critical.

Providers acknowledged the value of evaluation and identified a range of learning significant to organisational growth and development. Evaluation training was identified as a need among providers.

POLICY DEVELOPMENTS

These questions looked at policy developments in the past two to 15 years which have impacted on providers, and policy shifts that would be positive for providers.

Key points

Changes in government, policy and legislative changes have all impacted on Māori provider success, in positive and negative ways. Some policy changes meant increased funding; others meant a decrease or change in the focus of funding.

Policy development needed to be done in partnership with iwi and Māori. There was acknowledgement of the acceptance of the Crown to this.

> *The Crown finally accepting that things can't be done to people, it has to be done with and in coalition with Māori. (TTE01)*

Policy shifts which would be positive for providers included further Māori provider development, recognising strategies that were not working for Māori, and recognition for and moves towards a Māori Education Authority.

> *If the government department would view our service in partnership rather than as a threat which they try and control, it would make this process a lot smoother and easier. (TTHS01)*

There were dual relationships and accountabilities that every iwi and Māori provider must maintain. One was with the iwi and Māori community and the other was with the Crown. Every provider required enough stability to maintain a credible service for all its stakeholders and enough flexibility to survive an environment of constant change.

> *Sometimes a policy is set in place without clear review dates and we are committed to that particular policy until someone changes it. Sometimes it isn't working for Māori, but it stays there until someone in Wellington changes it. (TTE01)*

> *The community should determine what the policy developments are so that policy reflects the client group's needs. These policies will then have the ability to be modified as the client group's needs change. (TTET01)*

Government policies that actively supported the development of Kaupapa Māori services were also needed.

Summary

Changes in policy that affected funding were identified as the main area of policy development that has impacted on iwi and Māori providers. Providers recommended that any policy that was likely to impact on iwi and Māori be developed in partnership with them and their communities. They wanted policy that promoted less government control and more collaboration and cooperation.

Policy shifts that would be supportive of providers included continued Māori provider development programmes, active support for the development of Kaupapa Māori services, support for iwi, Māori and community-designed policy and programmes, and recognition of the value of autonomous entities governing areas of iwi and Māori development, such as education.

Overall, the policy environment needed to recognise that iwi and Māori providers required enough stability to maintain a credible service for all their stakeholders and enough flexibility to survive an environment of constant change.

TAIRĀWHITI

REGINAL COORDINATOR: HUHANA TUHAKA

INTRODUCTION[143]

The strengthening and maintenance of Māori well-being, and the rights of the collective (whānau, hapū, iwi), based on customary law and practice, have been consistent objectives of Māori since 1840. As successive governments have imposed laws and policies based on individualised land title, individual identity and individual well-being, the key focus for Māori development has been mana motuhake or tino rangatiratanga: Māori political power that enhances Māori well-being.

In the 1990s, government social reforms transferred what had been state-funded health and social services back to the private market or the community. Competitive tendering and contracting was introduced and new terms for whānau, hapū, iwi and community groups were coined – 'the provider' and 'the client'. Māori took the opportunity to advance their social, political and economic goals.

Te Puni Kōkiri commissioned the present research to seek the advice of Māori organisations in Te Tairāwhiti about what has made these organisations successful providers over the past decade. While there was some lack of belief in the will of government to fully effect positive law, funding or policy change as a result of the research, it was the opportunity to engage in dialogue and share in the collective story that encouraged participation by organisations. The following report summarises a 10-year snapshot in the development journey for whānau, hapū, iwi, and Māori in Te Tairāwhiti.

CHARACTERISTICS OF TAIRĀWHITI[144]

These are some of the characteristics of the region as defined by providers participating in this research:

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[143] From the Tairāwhiti iwi and Māori Provider Success research report June 2002.
[144] For statistical information about Tairawhiti, see Te Puni Kōkiri 2001 Regional Census Analysis report.

- high unemployment and seasonal workforce

- youthful population, multiple problems, high health needs, unskilled labour force, many young people not wanting to leave as they felt safe and wanted to work there

- drugs, growing gambling problem

- geographical isolation

- a strong identity, with people interrelated and able to whakapapa to one another. Iwi know who they are but some are not attached to marae

- high suicide rate

- low educational achievement rate

METHODOLOGY

Thirteen organisations were approached to participate on the basis of their local, tribal and/or regional profile as providers of health, education, justice, housing, employment/training and social services. The project manager consulted with key iwi kaenga and key community resource people to identify a pool of successful providers.

Nine organisations representing 10 services participated in the research; three other providers were not available within the time frame for the interviews; and one further provider did not respond to follow-up contact, after confirming their initial interest. In total, 20 people were interviewed from the governance, management and/or practitioner areas of the organisations.

The method followed in the research was based primarily on the customary values, beliefs and practices of the participants and the researcher, together with research practices commonly described as Kaupapa Māori. The main elements of this included an expectation about the usefulness of the research and the establishment of an IRI research whānau group comprising other regional researchers and IRI staff, where the researcher was able to share, discuss and debate research issues that arose.

The Gisborne-based researcher was selected to undertake this role by the project manager because of her abilities and experience, her

credibility with providers locally and the integrity with which she approached the research.

She only proceeded with each interview when she had determined that all participants were comfortable with her role as researcher. At the completion of the Stage 1 interviews, the researcher identified a second person to continue work with the iwi groups that the researcher was not affiliated with. The model of two iwi-based researchers in the region was acknowledged as a positive one by the research team.

Key whānau, hapū, iwi and community resource people were asked to identify who they considered to be successful providers in their respective rohe. A successful Māori provider was one who was recognised and nominated by these resource people and had a number of characteristics.

A Tairāwhiti networking hui of participant organisations provided the opportunity for issues of interest and concern about the research to be discussed.

Monitoring and evaluation workshops and PATH Strategic Planning workshops were offered to participant organisations – 'hei koha kii' – to reciprocate their contribution to the research. The storytelling approach to the interviews enabled those interviewed to reflect on their organisation's journey and their own role in that journey.

INTERVIEW PROCESS

The organisations varied in size and length of operation, and all organisations were in receipt of government funding.

Most of those interviewed were senior members of the organisation who agreed to participate following a brief description of the purpose and goals of the project.

Interviews were conducted initially by the project manager, and later by the regional researcher. Organisations received information about the research focus and questions prior to the interview.

The interviews ranged from 60 to 180 minutes and were audio-taped. The transcripts and organisation documents supplied by interview participants have formed the database for the project.

In all cases interviewees were willing to participate. Several expressed their appreciation of the opportunity to step back from the day-to-day work to reflect on and critique their services. At least one of the interviewees in each organisation knew the researcher and/or knew of the researcher's whānau, on a personal and/or professional basis. As a result of those relationships, there was a willingness to trust the researcher with their kōrero.

Participants were very frank with their views and the researcher was humbled by the trust shared. It is also the researcher's view that several respondents did not feel it was necessary to fully explain, or fully elaborate on some of their responses. They were relying on the researcher's prior knowledge to make sense of their feedback. Following the interview the participants were offered free PATH strategic planning workshops and Monitoring and Evaluation workshops.

KEY FINDINGS

The following is a summarised outline of the key findings for each of the five areas. Quotations from providers to illustrate points are taken from the full regional report. There are also other references that are underlined and refer to different parts of this regional report, such as, '…highlighted in 4.2 Government Agency Interviews'. These references indicate the overlaps in information across the sections.

THE PROVIDER STORIES

Providers shared their stories about the origins of their organisations, their dreams and goals and their development journeys.

The majority of organisations' kaupapa referred to elements of the social, economic, political and cultural well-being for the extended whānau, hapū, iwi and communities that whānau closely identify with. Well-being was expressed during the discussions about kaupapa as a state of wellness and strength through:

- having improved health, education and employment

- feeling safe, secure and loved

- obtaining information, advice and education

- having a violence-free community

- practising whanaungatanga

- protecting the mana, mauri, tapu of iwi

- having manaaki tangata

- having tino rangatiratanga, mana motuhake

The gaps and shortcomings in support services provided by the State for Māori were identified as the issue of greatest concern. The individuals who initiated the establishment of the organisations and/or services all shared a passion to make a positive difference, in the first instance, for Māori. These key people enrolled the support of their communities or key stakeholders to access funding to address this concern. The process by which support or a mandate was gained was by consultation with the potential users of their services, or through a formal needs assessment conducted with their respective communities.

Contracted funding was accessed by adopting legal structures, including incorporated societies, charitable trusts and companies. Governance and management structures and their procedures were aligned to the requirements of the chosen legal structure and to the requirements of the relevant funding agency.

The majority of organisations also discussed their relationships with their communities and the notion of responsibility and accountability, which were valued by organisations and, at the same time, were challenging for them.

While one organisation was formally established in 1955 as the result of government legislation, the remainder were established during the period 1984 to 1998, also in response to legislation and policy change.

The establishment of legal structures for previously informal whānau, hapū, iwi and community groups and/or their services was considered to be of primary significance for all organisations. For the majority of organisations, this was based on the belief that the ability to contract for services with funders presented a greater opportunity to subsidise what was traditionally voluntary support by individuals and groups.

One organisation saw the need to form a legal entity in order to maintain continuity of employment for its members.

Contracts for services were vigorously pursued and the majority of organisations were contracting with multiple funders for a range of services. Consequently it was significant to organisations that they were able to secure, maintain and increase their contract base. They also identified that the immediate relief and long-term benefits for tamariki/mokopuna and whānau outweighed the difficulties of linking whānau outcomes to funder outcomes.

The process of gaining the formal support and/or mandate from the organisations' respective communities of interest was also deemed to be of major significance because of the value placed by all organisations on being responsible to, and responsible for, the needs of their key stakeholders.

SUCCESS

The facilitators of success, the barriers to their success, and the ways they measured their success were discussed by providers.

Definitions, measures, facilitators

All organisations referred either specifically or in general terms to successful outcomes for individuals, whānau, hapū and iwi, as being their main definition of success. The common response to whether an organisation considered itself to be successful and how it measured that success was to give examples of outcomes that were being achieved.

The majority of organisations linked the definitions, measurements and facilitators of success in their discussions throughout this section. Therefore the characteristics of success were identified as benchmarks of success, as facilitators of success and deemed to be success outcomes. The following were the common themes:

- Participation and support of whānau, communities (mentioned by 8 providers)
- Having a majority of committed local iwi staff (7)
- Cultural and work skills development of staff (5)

- Meeting contracted outcomes (5)

- Quality management and governance policies, practices (5)

- Having positive relationships with government agencies, alliances (4)

- Ability to implement whanaungatanga within staff, management, governance and in their services (3)

- Ability to secure large contracts, resources (3)

- Key people with leadership skills (3)

Indicators of success: Barriers

In discussing what prevented success, the majority of organisations said the main barrier related to government policies with regard to the contracting process. These policies were of concern because organistions felt that:

- whānau outcomes were not being fully acknowledged

- services were inadequately resourced

- contract negotiation was not a fair process

The pressure of whānau expectations was described as a barrier common to most organisations. Their frustration was the result of wanting to meet their communities' needs with limited resource capacity, compounded by pressing whānau issues and expectations. Two organisations linked the subsequent blaming behaviour within their communities to the negative effects of colonisation.

Unskilled staff were regarded as a limiting factor to successful services. The lack of resources for staff training was discussed by several organisations during the course of their interviews although not within this section. The importance of staff training and development was highlighted previously in Section 4.2 Indictors of Success.

MĀORI PROVIDER ENVIRONMENT

This section examines the providers' perceptions of the context in which they operate and identifies their rationale for ongoing government support.

Funding agencies

The majority of organisations contracted with three to four agencies. One organisation contracted with 12 of the 22 agencies listed.

Overall there was a sense of dissatisfaction among organisations with government agency funding frameworks. Policy was the main issue of concern for all organisations. Several organisations linked poor policy to the non-Māori framework of thinking of Government and its policy-makers. The specific nature of this dissatisfaction is discussed in the earlier section of this regional report 'Barriers to success'.

Support by the Government/Crown

The majority of organisations related that support for Māori is a Crown obligation. The main discussions about why the Crown has a responsibility to Māori were:

- the success achieved by iwi in contrast to the poor performance of more well-resourced government services

- the agreement by the Crown in the Treaty of Waitangi to protect Māori political, economic and cultural autonomy and to ensure citizenship rights equal with Pākehā people

- the need to remedy the negative consequences for Māori of the loss of political, economic and cultural autonomy during the colonisation process

Does 'by Māori for Māori' work?

The themes that emerged were also discussed in the sections 'Indicators of success' and 'What makes organisations unique?'

Common points of evidence discussed by organisations were:

- evidence of the historical failure of well-resourced government services to effect meaningful change in the way that has been achieved by under-resourced Māori organisations

- statistical data gathered by organisations in order to account for use of funding

- verbal and written feedback from whānau who use the services

One organisation referred to the ability of Māori to 'just know' that something was or was not working. There was a strong inference of an 'intuitive knowing' by several of the organisations in their feedback on this and other questions.

CONCEPTUAL FRAMEWORK (PRINCIPLES, CORE VALUES) AND ORGANISATION UNIQUENESS

The feedback from the majority of organisations identified principles and core values essential to their models of working. These principles and core values were also identified as the basis of the organisations' uniqueness.

Whanaungatanga, or whānau, hapū, iwi relationships, were regarded by the majority of organisations as fundamental to their uniqueness and to their ability to make a difference, for and with, whānau. The range of practices underpinning whanaungatanga were:

- fully informing whānau with accurate, clear and constantly updated information, in order for whānau to make their own decisions

- valuing the mokopuna of the iwi

- balancing whānau outcomes with government outcomes

- ensuring appropriate use of te reo Māori me ōnā tikanga by staff

- having marae and hapū representation on organisations' governance bodies

- being responsive to whānau needs

- Renaming of workplaces with Māori or tipuna names

- using aroha and awhi to help people make positive changes in their lives

- ensuring that workers understand the political, social, economic and cultural influences on a particular issue

THE MĀORI AND IWI PROVIDER ENVIRONMENT

The responses to what the environment looked like highlighted the barriers for organisations: Crown control of funding was of particular concern for the majority of participants; and having to compete for funding was a significant issue for several organisations.

In the discussions about what the environment should look like, direct resourcing by the Crown in consultation with organisations and whānau outcomes were the priorities for several participants.

Managing stakeholders

Relationship-building was the key strategy for all organisations in managing their key stakeholders. The interface with funding agencies caused the greatest challenge, because of conflicting philosophies and expectations. Several organisations commented that there had been some improvement in relationships with agencies over the past five years. The general feeling was that the resistance by organisations to government requirements had forced those changes to happen.

Relationship risks

All organisations except one have previously emphasised the risk that relationships with funding agencies present for them (refer to section on 'Barriers'). The conflicting philosophies between these organisations and external bodies presented risks for Māori organisations in their attempts to advance the well-being of their communities.

There was disappointment and frustration for one Māori and one iwi organisation for whom significant risk was posed by other iwi groups.

Voluntary services

It was initially the voluntary work of key people and whānau members that set the foundations for the current services and organisations. However, because the government funding framework prescribed only partial funding towards mainly service delivery costs, the majority of organisations continued to rely on the unpaid work hours of employees and of volunteers.

As several of the organisations increased their contracting capacity and the number of their employees there has been less reliance on volunteers to implement services.

The smaller groups which tended to focus on one or two service types relied heavily on the voluntary contribution of its members and supporters.

EVALUATION AND MONITORING

Providers discussed their internal evaluation and monitoring practices and their experience of external evaluation and monitoring of their services.

All the organisations captured service delivery data for evaluation and monitoring purposes, using tools primarily designed by the funding agencies:

- 'client' statistic report forms identifying service delivery hours, number of people, programme and service types

- 'client' plans (organisations approved under the CYP&F Act 1989 were required to maintain confidential records of the support provided to individuals and whānau)

- funding agencies' monitoring visits to organisations

These processes provided evidence of the organisations' compliance with the agreed terms of their contracts. They also provided the organisations with a system for collating quantitative data (e.g. number of people using services per month) about the services they delivered. In the latter part of this report's time frame, several organisations had taken a proactive role in negotiating contract outputs with funding agencies.

The evaluation and monitoring of services using qualitative data (e.g. how individuals' and whānau goals were met), was considered to be very important for all but one of organisations that responded. Feedback from individuals, whānau, hapū, iwi and community was highly valued. It included:

- feedback requested by the organisations from the people who had accessed services

- word-of-mouth feedback provided by users and non-users of services during the daily interactions of whānau, hapū, iwi and communities

- formal feedback from members of the organisations' governing bodies, (e.g. boards, committees)

There were also observations by workers on the short and long-term progress achieved by individuals and whānau within the communities they shared with the workers.

One organisation implemented an independent evaluation process for the quality control of services.

Significant learning about evaluation and monitoring

The following are the common 'significant learning' themes that emerged in the discussions above and in the section <u>Evaluation and Monitoring of Services</u>:

- that the information gained from funding agencies' data collection and reporting tools was not sufficient to fully inform funding agencies of the full impact services were making in communities

- that all organisations and especially those that contract with more than one government sector were keen to develop, or were developing, more appropriate evaluation and monitoring systems

What does your organisation need to grow?

All but one of the organisations confirmed their interest in growing the organisation's capacity to:

- assist services and policy development

- track service delivery and the results

- identify the effects of services within whānau, hapū, iwi and communities

Four organisations identified from whom they would seek assistance:

- internal staff and tribal key resource people (2)

- an evaluator, independent of the organisation (1)

- Te Puni Kōkiri (1)

Three organisations stated that they required financial resourcing to implement effective evaluation and monitoring systems.

For one organisation, the absence of resourcing meant evaluation and monitoring was not a priority.

What are examples of outcomes?

One organisation described its primary outcome with the following metaphor for self-determination.

Teach them how to fish and they can fish for the rest of their own lives. (TH05)

The outcomes discussed in the section <u>Kaupapa, Mission Statement</u> also raised the notion of collective well-being through the empowerment of the individuals within whānau, hapū, iwi and communities by:

- improving health, education and employment

- assisting people to feel safe, secure and loved

- providing information, advice and education

- practising whanaungatanga

- striving for tino rangatiratanga or mana motuhake

In the section <u>Definitions, Measures, Facilitators of Success</u>, successful outcomes as described by the majority of organisations included:

- having the participation and support of whānau and communities (8)

- having a majority of committed local iwi staff (7)

- developing the cultural and work skills of staff (5)

- meeting contracted outcomes (5)

- having quality management and governance policies and practices (5)

POLICY ENVIRONMENT

Providers reflected on the key policy developments in the past two to 15 years including examples of policy shifts that had impacted on their services.

The impact of policies on organisations' development of their services were discussed in the sections on 'Barriers', 'Funding agencies', 'Support by the Government/Crown' and 'Māori and iwi provider environment'.

All but one organisation (the youngest) experienced the raft of government policies as either detrimental or, more recently, as an improvement on previous related policies.

In recent years, if you have a look at programmes like 'Family Start', you have major government agencies coming together and actually putting their money together, and actually making a commitment to working together … so I think they're making changes now in the way they do their business, and how they think. And it's those sorts of things that can actually enhance our development. (TS09)

However, it was generally felt that the government policy writing process was 'out of touch' with the pulse of whānau, hapū, iwi and community development.

OVERALL RESEARCH FINDINGS

All the providers were driven by a passion for the work they did in trying to make a positive difference for Māori, by the use and promotion of their uniquely whānau, hapū, iwi, Māori values and practices.

The majority of these providers were familiar with the Government's funding regimes and all of them held a common belief that it was the duty of the Crown to support Māori development. They also shared the belief that the Crown continued to fall short of meeting this obligation.

The evaluation and monitoring processes of provider services by themselves was considered to be important in ensuring that whānau were able to access best quality services. Many providers felt government evaluation processes were often intrusive.

While government policies were acknowledged as tools for assisting and/or obstructing the development of Māori, provider knowledge and understanding of policy ranged from a high level of awareness to very little awareness.

SUMMARY OF POLICY ISSUES

The kaupapa of achieving well-being for whānau, hapū, iwi and the community was a key indicator of success for providers. Therefore providers sought research and evaluation tools for planning and implementing tīkanga-based services and for monitoring the impact of those services on whānau, hapū and iwi.

Provider structures were the result of government legislation. Accountability to the legislative requirements engaged providers in a range of compliance behaviours and practices that contradicted the principles of mana motuhake, tino rangatiratanga, and self-determination.

Accountability to and support from whānau, hapū, iwi and community stakeholders were key measurements of success. The participation in, and ownership of, services by these key stakeholders was highly desired by providers.

The employment of staff with whakapapa connections to the whānau that accessed services was a key facilitator of success. The ability of providers to secure or to provide appropriate training for their staff would ensure quality services for whānau.

Government control of policy writing to improve the well-being of Māori was a contradiction for providers who had identified that inappropriate policies were a major barrier to their success.

CONCLUSION

Tribal autonomy and land base were the preconditions for the successful establishment of thriving tribally based economic enterprises between 1820 and 1860. The findings of this regional report confirm that iwi and Māori organisations boarded the vehicle of contracting for services in the 1990s on their journeys to reclaiming tribal autonomy and land – to reclaiming mana motuhake or tino rangatiratanga.

While the services and programmes purchased by the Government from iwi and Māori organisations were problematic because they were predetermined, prescriptive and under-resourced, there were significant outcomes achieved by providers during the last decade, namely:

- increased participation by whānau in the services and programmes provided by iwi and Māori organisations

- increased awareness, learning and/or practice by organisations of customary values, beliefs and practices. The majority of organisations identified that tīkanga-based training and practices were crucial to their ability to effectively contribute to whānau, hapū and iwi well-being

- increased awareness and challenges by organisations of the political machinery of local, regional and central government which prevented organisations from effectively contributing to the well-being of the people

- increased awareness and recruitment of the skills needed to utilise information and communication technology tools that would enhance service delivery and provide workers with transferable skills for the development of their whānau and hapū

All of the participant organisations were keen to share their stories through this research project. The majority of organisations expressed a desire for a collaborative and cooperative approach to working with whānau and with each other. The will and ability of organisations to harness the potential of their collective power to change a New Zealand society that has failed or excluded Māori is crucial to the well-being of current and future generations of mokopuna and their whānau.

TARANAKI

REGIONAL COORDINATOR: COLLEEN TUUTA

INTRODUCTION

'Nga rauru ki tahi' – being of one word (Te02)

THE TARANAKI CONTEXT

The regional coordinator suggests that the findings of this research are read in conjunction with the history of the people of Taranaki. This history has been canvassed by the Waitani Tribunal in The Taranaki Report – Kaupapa Tuatahi – Waitangi Tribunal Report 1996.

'A STATISTICAL SNAP-SHOT' OF THE TARANAKI SITUATION TODAY[145]

- There are approximately 120 marae within Taranaki

- The Māori population in the Taranaki region numbers approximately 14,592

- Māori represented 14.7% of the region's total population and 2.8% of all Māori across New Zealand

- 38.8% of the region's Māori population is aged under 15 years of age

- 3.9% are aged 65 years and over

- Of those Māori living in the Taranaki region, 34.5% are affiliated to a Taranaki iwi

- Taranaki iwi had the largest number of affiliations (7878) followed by Northland/Auckland iwi (1719)

- Over half of Māori in the Taranaki region lived as couples with children family type (53.6%)

- 35.6% of Māori lived in one parent families

- Nearly half of Māori (48.9%) lived in rented dwellings in 2001

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[145] Statistical Data (2001 Census) via Te Puni Kōkiri.

- 33.4% of Māori lived in owned homes with a mortgage and 15.3% lived in owned homes without a mortgage

- Māori living in Taranaki paid the third lowest median weekly rent out of all regions ($122.65)

- 49.8% of Māori males and 46.2% of Māori females had no qualifications

- 18.7% of Māori with a school qualification in the Taranaki region held a fifth form qualification as their highest qualification

- Māori living in Taranaki region earned a median annual personal income of $13,618

- The labour force participation rate for Māori in the Taranaki region was 64.4%

- The unemployment rate was 19.2%

And to give some context to the statistical data there is the reality – as described by the Regional Coordinator.

- The rohe of the 'supa-Dairy Factory' – Kiwi Dairy, supa-farms and supa farmers

- WINZ is the biggest employer of Māori in Taranaki

- Hapū and iwi politics are alive and well

- Quality senior leadership remains minimal

- Our rangatahi continue to be our greatest asset, greatest export as well as our greatest challenge

- Our kaumātua population is diminishing at an alarming rate

- Two iwi groups have completed the 'Heads of Agreement' process with the Crown

- The majority of the hapū and iwi groups have not completed such a process with the Crown

- 10 iwi (and maybe more) and hapū are also re-identifying themselves – and remain 'all but' landless

- We have one Taranaki Māori male on the New Plymouth District Council (his second term)

- The Taranaki Māori Trust Board is still an all male affair

- We have a Taranaki Māori woman heading our Māori Radio Station

- We have a Taranaki/Ngāti Awa Māori male as Chairperson to our local DHB

- The PKW Corporation is our major Māori owned and operated commercial corporation – with an all male Governance Structure

And yet there is an abundance of opportunities – but the eyes and ears need to be open to enable the grasping of them.

- Māori and Taranaki women continue to be the 'tuara' of the people, but have yet to move to major decision making positions, bodies and organisations

- The spirit of Taranaki Māori is re-awakening and strengthening

- The people are getting themselves educated in Māori, by Māori, for Māori (over a hundred Māori from Waitara alone are currently enrolled at Te Whare Wananga o Raukawa)

- The people have vision, they are planning, they see the future and they are taking action and responsibility – their way!

- Change is inevitable; those prepared for change will find it exciting, positive and full of opportunity.

- The status of 'Mana Whenua' will come, must come – the people are preparing themselves.

REGIONAL COORDINATION PROCESS

It was decided to appoint regional coordinators to assist in the overall research process, which included the identification of the 10 providers, conducting interviews, and analysis of findings.

The project manager (Kataraina Pipi) had some initial contact with providers in Stage 1 and discussed with them the idea of a Regional Coordinator role. She asked for feedback from each of them as to who might be an ideal person to fulfil this role. Colleen Tuuta's name was suggested and supported by all the providers. Kataraina then approached Colleen to inform her of the project and to gauge her interest and feedback on the regional coordinator role and focus. The kaupapa of the research was explained and background information supplied.

Colleen Tuuta is Taranaki, Ngāti Mutunga, Ngāti Mahuta, Te Atiawa, Irish, Scottish and much more. Her business is Albatross Enterprises Ltd. She is in the business of creating 'wingspans'. Albatross is a company that likes to be involved in projects that are innovative, fun, leading edge, have integrity and that have the long term ability to make a difference to the many life forms on this planet for the highest good of all. Colleen has extensive knowledge and experience in service provision to Māori in Taranaki.

METHODOLOGY

Within this section the processes of identifying, recruiting, and interviewing Māori providers for the research are outlined.

IDENTIFICATION OF SUCCESSFUL PROVIDERS

The project manager had done the initial identification of provider groups for the Stage 1 research. Colleen identified additional provider groups and conducted the interviews. The personal knowledge, networks, relationships and whānau links Colleen has with providers and the work they do has been an asset and has attributed to the success of the research.

From those providers identified, up to two (and in some sectors, three) providers were selected from within each sector. These providers were then contacted about the research and meetings were arranged.

Definition of a Māori provider

For all the Taranaki providers, they were all operated by Māori who definitely identified themselves as Māori. There were two distinctive groupings, these being:

- those who were driven by the marketplace, delivering specifically to Māori by Māori

- those who were driven by their kaupapa regardless of whether the contractual era came or whether they lost their money, they would keep going

The distinctions in their practice is evident in that those driven by the marketplace have often been established strictly according to mainstream

guidelines such as in the case of a PTE. Often these providers will fit their kaupapa into the needs of the funder and/or government criteria. And then there are those who are very clear on Tino Rangatiratanga, are guarded about what they give to the funder in terms of information and if the funder took the funds away they would still survive.

Providers interviewed

The 10 provider organisations varied in size and came from different locations across Taranaki. Seven of the 10 were based in New Plymouth; however, each of them service the wider Taranaki region. Three were based in Waitara.

There were a diverse range of providers from marae based, to church based, to community based. However, the unique base they all come from is that they are servicing Māori within Taranaki as opposed to just Māori of Taranaki, e.g. Taranaki tūturu.

Provider groups made the decisions internally about which person(s) would be interviewed. Some providers then invited others within their organisation to join them in the interview (see Table 2). Twenty-three people, from a total of 10 provider organisations, were interviewed. The interviewees ranged from 25 to 70 years of age. The majority of those interviewed were fulltime employees of the organisations. In two cases there were kaumātua and kuia present to give the background to the provider story. In some cases Trustees also participated in the interviews

Koha to research participants

High value was placed on reciprocity (koha) in this project. The regional coordinator and the International Research Institute (IRI) greatly appreciated the fact that these providers were taking the time to participate in the research process.

In return for their contributions, providers were offered a 'critical friend' in the form of the regional coordinator. She took an active interest in their developments throughout the duration of the research project and was there to assist and at times be a 'listening ear', and to give them feedback.

Four providers also took up the offer of a strategic planning exercise using the PATH planning tool. All of these providers have continued to use the tool for planning other aspects of their work.

SUMMARY OF THE FINDINGS

This section presents the findings in two parts, firstly an overall assessment of the findings by the regional coordinator followed by a more detailed outline of the findings with quotes from the providers.

THE ORIGINS OF THEIR SERVICE AND MILESTONES TO DATE

Most of the Māori provider organisations were initially established by one or two persons, who had the ability to 'sell' their ideas to others in their whānau, hapū, iwi or immediate circle of friends and or colleagues.

Their stories of 'how they came to be' are stunning, humbling and well worth listening to.

The three primary motivators for their establishment were:

- A need or a gap within the whānau, hapū, iwi or community and or sector

- A frustration of being on the receiving end of poor delivery to Māori by mainstream

- 'A means to an ends' – accessing funds to deliver services to Māori

Events and milestones significant to providers included the attaining of goals, organisational growth, reaching projections and targets, achieving outcomes, developing policies and managing significant changes within their organisations.

The fact of being able to survive with often dramatic increases in services, contracts and staffing over a short period of time, along with managing bureaucratic processes, has also been significant for providers.

Support received by elders, whānau and community is a huge milestone alongside developing alliances with government and non-government organisations.

The longest serving provider started in 1975, one other provider started in the early 1980s and all other providers started relatively recently from the mid-1990s onwards. The reasons organisations started were varied; for some it was a dream for a better future for the people, for others because they identified a need for a service, either because the service was not being provided or because it was not meeting current needs.

> *We had that dream of establishing and where we went to from there was the process that we've gone through from that time to this. And it's been a huge, huge learning process for us. Started purely with a vision. No funding, equipment, location, resources. Nothing! (Te01)*

People involved were either individuals or groups of people who had a common theme or goal and a passion for what was required. Those involved were people with a purpose, a vision, an idea, skills, knowledge, expertise or someone knew someone else who had the necessary qualities. They included pillars of the community, leaders, and specialists in their field – people with knowledge and a passion.

> *Even though we knew it would be hard to get into it was like a vision ... calling thing for them to do. Our vision is to access resources and provide services in such a way that will enable Māori to achieve at least the same levels of health and well-being as non-Māori. (Thtss01)*
>
> *Finding my voice and believing in myself to do it. That's been the main drive. I want to make something happen here. I believe in us as wahine, I believe in myself – putting in hours to make sure things are in place. (Tht02)*
>
> *When he was made redundant, we grabbed him. And he's an excellent tutor. There's not much about paintwork that he doesn't know. We are very lucky, especially a small group like us. (Tet01)*

One gets a notion that events unfold at a time and place, that destiny had a hand in events. One provider was requested by kuia to start a service, as kuia were able to recall valuable information relating to the service.

> *I was invited to a national hui there for healers and did a bit of a wananga there. And it was like a therapy for these kuia and that they remembered from their childhood the rongoa and mirimiri and the stories that go with the rongoa. So they asked me to take the kōrero around the mountain. (Tht01)*

Five of the 10 provider groups included a collective of Māori women or assistance by the same, some of whom were key players in the wider community and the country.

The kaupapa, or mission, for all provider organisations is to aid, assist, empower, and enable change, growth, development and education which in turn will improve conditions and the well-being of individuals, and perhaps have a flow-on to next of kin – whānau, hapū, iwi.

Seven providers stated that Māori methods, models or content were part of their processes to encourage, nurture, heal or enrich participants.

> *So our mission statement is to be a safe and effective provider of quality kaupapa Māori health and social services thereby assisting the wellness of iwi Māori via Tino Rangatiratanga. (Thtss01)*

> *Even our business model is a Māori model. And the kaupapa that's most important to us, Te Reo me ōnā Tikanga and we operate within those boundaries as well. (Tht01)*

> *Envisage this: we've got a skeleton and we're helping to put the flesh back on the skeleton, that's it in a nutshell. Intact, respectfully, with aroha and with firmness because you can't 'namby-pamby' around with these men. (Tj01)*

Examples of significant events and milestones for providers are attaining goals, reaching targets, achieving outcomes or adopting policies which have brought about significant change to the organisation. For one organisation, stepping out from under cover of the umbrella organisation was a big move.

> *Once the decision was made to start their own total immersion unit separate from […], everything just flowed! A location was found, resources were donated, people came in alongside them to support the kaupapa and the vision. (Te01)*

Gaining contracts takes away some of the worry about how a service is to be funded, thereby enabling providers to get on with the job rather than being sidetracked by other issues. Three providers mentioned funding was significant to their development and particularly funding that was at an appropriate level and was gained with the minimum amount of time and effort.

The fact of being able to survive with often dramatic increases in services, contracts and staffing over a short period of time, along with managing bureaucratic processes, has also been significant for providers.

Support received by elders, whānau, community was a huge milestone alongside developing alliances with government and non-government organisations.

DETERMINANTS OF SUCCESS

For providers, measures of success are not so much statistical data as required by Government, funders and policy-makers. It is more about the changes in behaviour and attitudes of people from having accessed their services.

Success is also about quality outcomes, which come about by having good people on board. All providers related success in some measure to the people involved in the organisation, whether it be their high level of commitment, passion, qualifications, skills, experience or attitudes.

Having good structures and systems in place, good management and meeting contractual obligations gives credibility and a degree of professionalism. The way in which providers incorporate kaupapa Māori, tikanga, and Māori models, methods, practice and process is also related to their success and seeing positive changes in their clients.

Common contributing factors to barriers to success are the inability to plan with an insecure funding situation, disproportionately funded services, internal conflict, politics and red tape bureaucracy.

Other factors that make some providers more successful than others include:

- the input of Māori women. Māori women are driving the majority of the Māori provider organisations by about 7–3 in comparison to Māori men

- the input of 'drivers'. These are the people at the helm of the organisations who 'drive' their organisations, in every sense of the word. They are more than just leaders, visionaries or managers, and are not driven by money, status or glory but by a belief in their

kaupapa. They tend to be Māori women in their forties, well-educated in Western institutions, whose whakapapa is Taranaki, and who are assertive and articulate. They are committed to kaupapa Māori, particularly Taranakitanga, and are very comfortable with the Crown and its bureaucracy. They have a long-term vision and strategies, set very high standards and have a strong value base

Facilitators

Five providers said success was achieving outcomes. Success was more about the intrinsic values applied rather than monetary gain. Money enabled access to further resources but it was not the primary objective of these organisations.

> *We've always said it's not about how much we can get out of a contract – it's about how well we can provide that particular service. (Te02)*

For providers, measures of success were not so much statistical data as required by the Government, funders and policy-makers. It was more about the changes in behaviour and attitudes of people from having accessed their services. Success for providers was seeing positive changes in their clients.

> *If one man walks out of this door and he goes home and he decides that he's going to wash the clothes and cook the kai and get the kids ready for school and going to look after his partner, that's success! Especially if he spent the last seven years beating the crap out of her and the kids, sitting on his arse, expecting to be waited on hand and foot. (Tj01)*

The provider has the tools, but the client has to use the tools in order to reap benefits.

> *Clients will actually go a long way to bring wellness to themselves. I just have to try to unlock it as a counsellor, and awhi them, to put it into perspective, to actually make themselves grow. (Tss02)*

Success was not only measured in numbers; that is, by 'bums on seats'. It was also about quality outcomes, which came about by having good people on board. Successful people attracted like-minded people.

It's not just about the numbers of people – but the calibre and quality of the people that you have around that you're attracting now to the organisation! (Tss02)

All providers' related success as being facilitated in some measure by the people involved in the organisation, whether it is their high level of commitment, passion, qualifications, skills, experience or the attitude they bring. Six providers stated good quality staff, and having the right people for the job, facilitate success.

Whole community of kaumātua, specialists in their own fields. Being open to change and accepting each other. Just doing it. Saying right here's another challenge and let's go for it. (Tet02)

You've got to be there for the clients rather than for yourself. The quality of caregivers is among our success. (Tss01)

According to four providers, having good structures and systems in place, good management and meeting contractual obligations gave the organisation credibility and a degree of professionalism.

We pride ourselves on our reputation. And we have always crossed the 'T's and dotted the 'I's. (Te01)

There are many policies and procedures – I've actually set up all the business here, we've got all the administration strategies, policies, risk management, all those. (Tht01)

The way in which providers incorporate kaupapa Māori, tikanga, or Māori models, methods, practise and process is also important.

Even our business model is a Māori model. And the kaupapa that's most important to us, Te Reo me ōnā Tikanga and we operate within those boundaries as well. (Tht01)

Three providers said whanaungatanga, a way of working that is unique to Māori, helped their success.

I think the most important things I've found in any Māori provision is whakawhanaungatanga and we could not have moved the way we have now without that. (Tht01)

Three providers said belief in the kaupapa facilitated success. One provider made the point it was not money that motivated staff.

Every year the staff go through another learning curve into something else so something better gets introduced here. Sure it keeps us in jobs, but that's not what we're here for. I mean you ask the staff what they're here for, hell, it's not the money. (Tj01)

Māori networks also play an important part in keeping up with what is happening outside of the organisation; sharing knowledge and skills and basically for keeping in touch.

The place feels Māori and has Māori focus plus there's a link between this site, Polytech campus and Kura Kaupapa Māori. So there are all those Māori networks. (Thtss01)

Barriers

A lack of funds and the associated effects are a major barrier for most providers. It can result in lack of resources including lack of skilled staff. This in turn leads to overworked staff or inadequate services, and to unhappy people and stress all round. Four providers listed lack of funds as one of the barriers to success. One provider talked of funders wanting to dictate how things should be done.

You know the funders have ideas about what you should and shouldn't do; that doesn't mean it's right for your clients. (Tht02)

Other barriers to success included an inability to plan because of an insecure funding situation; disproportionately funded services; internal conflict and politics; and red tape bureaucracy.

I think they're thinking of cutting the funding, Skill NZ. You don't know what's going to happen from the beginning of one year to the end of the next one and the New Year coming up, you don't know what's going to happen. (Tet01)

Our funding comes through kawangatanga with strings attached. Some of them to me are good monitoring assessment for myself but it's so limiting and we can't do what we really want to do with those strings attached. (Tht01)

Three providers commented on the lack of understanding from businesses and government agencies which was thus a barrier to accomplishments.

> *We're always having to justify why we do things a certain way and why we're not doing it the way as every other rehabilitation centre. (Tj01)*

> *Because they don't always understand the concepts and the processes, everything becomes a battle. (Tj01)*

Shifting goal posts was a frustrating experience voiced by two providers.

> *You go into a session of 12 months and you think you're set for two years. The goal posts have changed and you have got to go through that procedure again. To me, I get a bit frustrated over that because I know of all the hard work that has gone on. (Tet01)*

IWI AND MĀORI PROVIDER ENVIRONMENT

All 10 providers are contracting primarily with government agencies but some also have contracts with community organisations and businesses.

Overall, what makes these providers unique is their Māori approach. This includes the use of Māori design, culture, tikanga, kaupapa, whakapapa and Māori models. Māori concepts and values such as whanaungatanga, manaakitanga, tika, pono, aroha, kanohi kitea and mana feature prominently in their service delivery.

Providers identified 'competition' within the Māori provider environment as a risk, along with being ostracised, misunderstood, and being on the receiving end of racist attitudes.

The regional coordinator identified four main features that characterise the Taranaki provider environment:

- the input of Māori women. Māori women are evident at every level of the organisations, in every sector. They cover all age ranges although the majority are in the 40–50 age group. They are smart, creative, intelligent, positive, honest, determined, and focused

- an emphasis on kaupapa Māori. There is a very strong emphasis on kaupapa Māori for some of the more successful Māori providers. Te reo me ōnā tikanga, Taranakitanga and Tino Rangatiratanga are demonstrated in various ways. 'By Māori/for Māori', integrity, whanaungatanga, manaakitanga, tikanga, and te reo are all synonymous with these more successful Māori providers

- the incidence of burn-out. High levels of burn-out and fatigue are also evident in the Taranaki Māori provider environment. Resources are stretched, and free help from whānau, spouses and friends is a common scenario. More qualified and trained people are urgently needed in all the sectors, at every level, to alleviate burn-out. They need to be Taranaki Māori who have a strong kaupapa Māori value system. There is also a need for appropriate 'critical friends', mentors and management team supporters and supervisors

- the high achievement levels. It is also evident that the Māori provider organisations are, against all odds, achieving their contracted and other outcomes and also, in most cases, exceeding them. All providers are contracting primarily with government agencies but also include community organisations and businesses

The general consensus was that a Māori provider is a provider of services or goods for Māori, by Māori. Moreover, it is about having control over what one does, and being able to stay true to the kaupapa.

[A] Māori Provider is being able to stay within your kaupapa even though you're surrounded by agencies who have their own determinants about contracting funding – if you can stay true to your own kaupapa then you're actually doing a good service to your clients. (Tht02)

It is also about working towards the betterment of Māori with the inclusion of Māori elements – models, kaupapa, and tikanga.

So when I talk about Māori models of working, that's Māori providing. When we look at Te Reo me tikanga as a priority, that's a Māori provider. (Tht01)

However, this provider added that the service was not exclusive.

But it's inclusive of everyone as well. If a Māori comes in we can follow that procedure. If a non-Māori or someone who's still finding their roots, we follow that procedure but we explain more, that's why we're doing it. (Tht01)

Four providers felt the government had a responsibility under the Treaty of Waitangi to be supportive of Māori providers. Four providers did not

specify the Treaty of Waitangi, but there was the implication in that history speaks for itself.

> *Because they have a responsibility – as a consequence of the injustices of the past. (Te02)*

Four providers said the results and expected outcomes were proof that 'by Māori, for Māori' worked. Providers had many different stories to tell of positive outcomes.

> *The mainstream system says they have been unsuccessful; they've left school as 15-year-old dropouts at School C level. Suddenly they have returned to education, have come through the system to be now educated and are working in some way, is evidence enough for me. (Te02)*

> *For Pākehā it's an economic base. They use it to sell and exchange goods to better their own economic well-being on an individual basis. Whereas for Māori it's a collective thing that supplies nourishment for the whole of the hapū and iwi. (Tet02)*

Nine providers said that Māori content made them unique. This included the use of Māori design, culture, tikanga, kaupapa, whakapapa and models.

> *Provide extra services, which are intrinsically Māori – the whānau approach.*

> *Māori networks, links with other Māori service providers.*

> *Contracts which take into account tikanga Māori, values and lifestyle. (Thtss01)*

Eight providers spoke of manaakitanga, whanaungatanga, kaupapa Māori, tikanga, and Māori models as the base for their framework – all values of sharing, caring, integrity and commitment.

> *I've got women who have a strong education base so we're acceptable in the Pākehā world while being harakeke roots people and we have our elders as well. (Tht01)*

> *Marae, hapū in conjunction with the wananga concept. If you're looking at the physical sense the two should be a mixture of the two values together with Pākehā having a better understanding of what Māori values are like as far as aesthetics go. (Tet02)*

Implementing principles such as manaakitanga, reciprocity, tika, whakamana, whaimana. (TTht02)

Providers felt the ideal iwi and Māori provider environment would be one where staff were highly skilled and trained, of high integrity, honesty and loyalty with excellent communication skills, and where there was a high degree of accountability and transparency. This ideal came from an amalgamation of various provider wish lists.

For nine providers, good, open communication was the basis of managing different stakeholders. This could be done in a number of ways – reports or meetings, either kanohi ki te kanohi or hui with staff, managers, whānau and/or funders.

Two providers expounded the notion of being themselves, which for one provider meant not compromising values. Two providers also mentioned professionalism, which related to honesty, integrity, trust, ability and capability.

By 'Nga rauru ki tahi' – by being of one word – doing what we said we would do to ALL stakeholders. (Te02)

Risks in relationships were many and varied but were due mainly to having no control over external factors. A common theme for two providers was the risk of changing goal posts. Two other providers spoke of the risk that they may lose sight of the vision by being too bogged down with the paperwork. One of these providers described it as a situation the Government was responsible for.

The biggest risk is what the Government's created, becoming one of their mokai. Losing the essence of your vision through becoming too big. Getting bogged down in your paperwork, which is demanded from the stakeholders. (Tht02)

Three providers spoke of competition and how there was the risk of contracts not being renewed. One provider believed its contract would be renewed, but it remained a threat nevertheless.

I just refuse to believe that they can cut us off at the knees because we are so successful. (Tj01)

One provider spoke of a risk of politics, the 'tall poppy' syndrome within the industry and how that could adversely affect the organisation.

The 'tall kauri' is a real, actual risk because if you make too much noise about something up there, they have the ability to shut you down. (Thtss01)

All providers had people working for them at some stage on a voluntary basis. Most workers were working hours far beyond those they were contracted to work because they had a commitment and passion for the work they did. If they did not put in the extra hours, the work did not get done and the client suffered.

I am paid for a 40-hour week, that's lies. In reality I probably do 60 and all the other staff probably do the same. (Tj01)

Organisations also got the work done through the voluntary services of whānau, friends and those who had an interest in seeing the service succeed.

Rely heavily on the help of the spouses and own whānau as well as on the whānau of the tamariki that attend the centre. (Te01)

However, one organisation pointed out there was another benefit from doing voluntary work.

While a lot of mahi is voluntary, it offers another network and mahi opportunities. (Te02)

EVALUATION AND MONITORING

With regard to meeting and setting standards via monitoring and evaluation, the Taranaki Māori providers are experienced and accountable:

- Taranaki providers are very experienced in dealing with compliance issues, reports, processes, time frames and outcomes. They have had to be 'three times as good' to be 'just as good', and they have also had to be adaptable, as the 'goal posts keep changing'. They have also had to be creative and innovative as contract funding continues to be formulated from monocultural models and paradigms

- The providers are also accountable. Māori providers operating from kaupapa Māori bases recognise their responsibility to whānau, hapū,

iwi and communities, and use numerous methods to ensure they deliver on this responsibility

The majority of providers use feedback from a range of sources to evaluate and monitor services. Six providers gained feedback from evaluation forms and surveys completed by staff, clients and their whānau. One provider received her feedback from a number of sources at the same venue.

> *Being very close to the kitchens on the marae I hear good things and get lots of feedback and there's critical analysis with that too. And just the way the elders accept us, that for me is success. They are the monitors. (Tht01)*

Seven providers gained information by way of reports, reviews, debriefings or meetings. Examples included wananga, contractual milestones and reports, quarterly reports, weekly staff meetings, annual SWOT analysis, internal review process, and hui a whānau.

Three providers advised they had supervision, of which two had external supervision. Two providers said they received audits, one being a financial audit and the other a cultural audit.

> *Cultural audits carried out by Aunty Marj and Uncle Tiki, i.e. practices and quality. (Tss02)*

Four providers said that feedback from community, staff and/or clients were the most significant learnings for them. Clear lines of responsibility and communication worked well for three providers. One provider learned that surveys work, but that its system needed amending.

Providers would feel secure and confident in their ability to deliver a service if they knew they had the financial backing that would ensure all systems were in place. Funding allows them to purchase base needs of accommodation, services and utilities; that is, telephone, power, and staff. Eight providers stated more funding would help them grow and for them that meant extending their base needs from more staff to more qualified staff, and to be able to not only pay staff, but to pay staff well.

> *We need some more money and [to] be less dependent on Government funding better buildings. (Thtss01)*

There was more negative reaction to government agency evaluations although two providers had positive experiences.

> *No major problems for provider – related to the fact that two drivers are well educated, intelligent and articulate. Drivers have a very good understanding of their Charter, Codes, etc. (Te01)*

However, for the most part, providers found government agency evaluations frustrating, demeaning, time-consuming, not user-friendly and autocratic.

> *Their questionnaires weren't user friendly, not able to be understood. We've had to keep ringing them back to get clarification. When they put their questionnaire together, they should have some Māori involvement so it becomes user friendly for Māori providers as well as general. (Tet02)*

Part of the problem seems to be a lack of understanding by departmental officials of things Māori. One provider reported its experiences had been hard going.

> *I mean you only have to say something to him once and it's done- and he's Samoan – why can't tauiwi get on board? (Tj01)*

Three providers commented that there was little or no positive feedback from the Government. Although providers were meeting requirements by reporting to Government, there was no indication from the agencies as to the level of performance of the provider, whether they were above or below the required outputs and by what measures; there was no reciprocal exchange of information.

> *There was one hui where we walked through the document. No real affirmation. No positive feedback. No critical areas identified. Sub-contract feedback really good but funder, again quite cold. (Thtss01)*

> *Not receiving feedback to reports to government agencies. (Te02)*

Working to achieve some specific government agency outcomes meant more work to retain funding, with no extra resources to carry out the extra work.

> *We had to compile programmes with no funding. These are in relation to the Domestic Violence Act. We had to do that review … hours and hours of work again. No pūtea to do it. (Tss02)*

POLICY DEVELOPMENTS AND SHIFTS

The following have been identified as the impacts and implications of policy and policy development:

- **exclusion**. Taranaki Māori provider organisations and individuals continue to be excluded from participating in and contributing to the development of policies being created for them

- **the need for more of everything**. More 'flax root' kaupapa Māori providers need to be involved in policy development at every level in the sector. 'By Māori, for Māori' policy development needs to allow for more flexibility and appropriateness in the delivery of contract obligations, and funding needs to be allocated more realistically to meet specific needs. There is a need for more funding overall, as well as more training and infrastructural development

Some policy developments that have impacted on provider services are:

- the new prison programme

- ACC legislation

- trainee recruitment processes

- provider accreditation

- Mental Health work development

- Mason report

- restructuring of government agencies

- Education Acts

- the Children and Young Persons Act

Four providers faced threat of closure or loss of funding every time there was a shift in policy. One provider summed up the feeling.

> *Each time the Government changes, there's a change in the structure and accountability around funding. It's confusing and unsettling. Why can't there be a generic agreement at a funding level about structure that's going to last for 10 years and that money can go into service delivery? It just makes us feel disempowered. The cost of changes could go to our structures. (Thtss01)*

Another feature of changing policy was the amount of paperwork it generated.

> *Negative impact of any policy change is the amount of administrative paperwork; time and energy that it puts on the provider on top of what they already have to deal with. (Tj01)*

There were positive and negative outcomes for one provider.

> *The standards had a huge impact in that it has given some policy and procedure for us but it also has given some limits. (Tht01)*

One provider advocated that Māori needed to be included in policy-making in order to benefit Māori.

> *Now it's a time for Māori providers in whatever sector to get out there and become part of these policy changes and in fact lead the way. I believe there are real benefits for us as Māori. (Te02)*

Policy shifts that providers felt would impact positively on their service varied according to the service provided. However, a common thread was the desire for policy to be effective and realistically address the needs of their recipients.

Four providers said that if funding were appropriate, then there would be positive impacts for organisations and service delivery. Issues around funding were the need for:

- collaboration of government agency pūtea
- appropriate funding

Other issues were the need for:

- a Māori organisation to hold the pūtea for Māori services
- equity funding
- specific funding to help with accreditation processes
- more realistic funding

> *You're just putting a bandage on a bandage and sending them back out again. Create an environment for them to succeed. I believe you create an environment for them to fail again – just a band-aid stoppage. (Tss01)*

Other policy shifts mentioned were:

- restorative justice

  Non-violent crimes can be dealt with in a restorative justice way, whether it's on the marae or whether it's in a community hall in a Pākehā community. It might be all manner of things, but it's got to be more 'attractive' than 'uncomfortable'. (Tj01)

- lengthening the term of training modules

- training infrastructure required for professional development

- having input into the writing of policy

- Treaty of Waitangi to be implemented into all policy

  We're really concerned because we got a submission going in next week in respect to this children's agenda. Now there is no mention of the Treaty in that discussion document and Māori are just clumped in with others as groups, minority groups. It's really bad! (Tss02)

- more housing for young families

  We need more housing for our young families to become whānau because they are struggling. There's a huge poverty issue here. They live in sub-standard accommodation, they live on the breadline. (Tht02)

REGIONAL COORDINATOR COMMENTARY

The following are comments from the regional coordinator on the significant aspects of this research. The comments affirm and validate providers, and acknowledge their developments and the significant contributions they are making to the community.

Providers involved in this research have displayed the growth, the flexibility and readiness to service their communities.

These people are fabulous; they are not standing still, they are always looking for opportunities to strengthen themselves.

Many are poised to actually realise their vision of providing holistic services.

If we wanted to accelerate the positive sides of these people and strengthen that, then resourcing and training is the key component.

These are people who have shown that they can access training at intermediaries within a sound business framework. They are not ad hoc, they have a very specific plan about the assistance they need and where they're going. They know what they are doing and the ongoing support that they require. If support is given to those who are strong and growing, you support success. Do not penalise people for being successful. We create a proportion of our dividend for the successful people to fly.

During the course of this research we have seen both the growth in the providers and their increasingly positive impact on their communities. In 1995 people did not know what a business plan was. By 2000 people were screaming out for business plans.

By 2005 we will see them developing and implementing audit, monitoring, evaluation tools and research for themselves. They will know how to do it for other people. They will be auditing government agencies.

There is the demand upon Crown agencies to adapt and not think upon Māori providers as they were thinking about them in the mid-nineties. They are being trained to be the critical friend as well as the stick from the State. They walk alongside providers. Now is the time for the State to be a part of the capacity building process rather than saying, 'What are you doing with our money?', because providers know.

This is what is happening with providers and this is how the Crown can be responsive. There is still a need to be supportive of those who are struggling and to support and nurture success and innovation, perhaps by utilising the tuakana–teina principle whereby the more successful providers have the ability to nurture others. Some of our tuakana will come from other countries.

Māori and iwi providers are always moving on, and if you are always moving on, you are not worried about the competition, it is not important. Providers are not a stationary mass; they are very portable, very mobile and in a sense they are social and business entrepreneurs. They are a success!

TE WAIPOUNAMU

REGIONAL COORDINATORS: TANIA MATAKI AND KAREN MORGAN

INTRODUCTION

Whakaroko ake au ki te taki a te manu, e rere ruka rawa e![146]

Tui! Tui! Tui-tuiā!

Tuia i ruka!

Tuia i raro!
Tuia i roto!
Tuia i waho!

Tui! Tui! Tui-tuiā!
Kia roko te āo!
Kia roko te pō!
Tui! Tui! Tui-tuia!
Tihē Mauriora

CHARACTERISTICS OF TE WAIPOUNAMU

The characteristics of Te Waipounamu as perceived by the regional coordinators include:

- a mainly urban-based Māori population, with a mix of local and other iwi

- rural isolation for other providers who may not have the same quality of contact with providers and funders as their urban counterparts

- a larger area than other regional groups

- minimal population of Māori within Te Waipounamu compared to other regions

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[146]From the Te Waipounamu Iwi and Māori Provider Success research report June 2002.

- provision of 'one-stop-shop' services

- a need to whakawhanaungatanga more in the South because of the geographical restrictions

- a racial indifference toward Māori with respect to funding and local community understanding

METHOD

THE REGIONAL COORDINATOR APPROACH

This region had two regional coordinators, Tania Mataki and Karen Morgan, who worked as a team. Tania Mataki was approached by the project manager as she already had a previous relationship with IRI. Tania suggested Karen should come on board because of her extensive networks within the region. Together they have played very complementary roles. They both have a personal commitment through the work they do and the networks they have. With this, comes the notion of obligation, rights and responsibilities.

Both regional coordinators contacted providers and set up meetings, including giving background to providers on the research project, IRI and sharing some of the benefits of involvement. They had regular contact with a number of the providers throughout the duration of the research.

They each undertook interviews and transcribed some of the interviews as part of the research process. The remainder of the interviews were transcribed by arrangement through IRI. Karen and Tania then ensured providers received their transcripts for checking.

Both were involved in summarising the information for the report writing. In carrying out this role they grew in their understanding of the research process and interpretation of the research findings.

SUMMARY OF FINDINGS

THE PROVIDER STORIES – WHO, WHAT, WHY, WHEN, AND HOW THEY SET UP

Key points

Common to all the providers were people with skills, a purpose, an idea, a vision, a passion or a need. These people brought on board other people in the community with the skills and knowledge to assist or support the kaupapa.

> *It was a bit like your insider/outsider kind of situation; at one level you had your Māori support that came from your Rūnanga and various support people, and then you had a clinical supervisor and they'd worked in every other area. (TWhtsso3)*

All the providers aimed to improve conditions for Māori people, some by teaching skills and values and for other providers by providing a service.

> *It only exists because there's a need out in the community for Māori people to access (the service). (TWj01)*

People saw a need for a service, either because there was no service or the current service was not meeting the needs of the people.

> *She'd been to several schools to see if there was an environment offering Māori for students and there was none that she could see in her vicinity and in this rohe. … So she started off in her home. (TWe01)*

Such was their belief and passion for what they were doing that the main focus was to get the service started.

Common to all providers were events that enabled them to tell success stories. These stories involved support received through key alliances with other organisations or by key people who created or took advantage of opportunities as they arose.

> *…shifted from the marae to the community centre and there's a sharing of services there. That also enabled some distinct funding to come in under the umbrella of that agency until we formed a trust in our own right. (TWj01)*

Summary

Needs and gaps in services to Māori whānau, a passion and belief in their kaupapa and a desire to improve conditions for Māori using a number of strategies prompted the establishment of many of the organisations. People with skills and knowledge assisted providers to establish themselves and form strategic alliances in order to take advantage of opportunities as they arose.

SUCCESS – PROVIDER DEFINITIONS, MEASURES, FACILITATORS OF AND BARRIERS TO SUCCESS

Key points

Targets were a measure of success used by funders particularly for measuring contractual obligations.

> *We have evidence now that we are having success. Our client numbers in the last two years have doubled. (TWj01)*

Success could be measured by the positive feedback received, and whether clients were happy and satisfied. Immeasurable but still a measure of success was the attitude of clients. One provider talking of a success story said: '*It's the light in their eyes.' (TWet02)*

Success was not always measured in numbers. It was about people's transition from being unmotivated, insecure to having self-esteem and wanting to learn and grow and do.

> *Self-esteem was a lot of success too – just seeing the change in people over the period we had them here, from shy, insecure, to being able to sit around and talk to people. As time went on, to become part of conversations or what we were doing, that was a big success. (Twet01)*

When Māori reclaimed their identity, that was success.

> *…today we are in a position to reclaim our own mana motuhake, it is about tino rangatiratanga, having a say, having control over our own affairs. (TWss01)*

Providers were better able to be successful by encouraging and being supportive of their clients. Success was facilitated by having the skills, the knowledge, and the best people for the job.

…that we have highly trained and professional people who have the same agenda, they want success for their clients and they are willing and able to go the extra mile. (TWj01)

Being able to relate to Māori facilitated success.

…practices, policies and procedures need to be relevant and understandable to Māori if Māori are to be successfully engaged and their needs addressed. (TWhtss02)

Success was also enabled by Māori being able to determine their own future, have control, and do it 'their way'.

For once in our lives this has happened; something for Māori, that now we can determine our own future as Māori for Māori. And it was good to have Māori faces in front of Māori and I think those are all the successes that really need to be celebrated. (TWe01)

Good planning, organisation and communication systems were facilitators of success. Obtaining feedback from clients and monitoring the service before and after provided validation of a project's success.

Relationships, working with key contact people and good networks were also identified as facilitators to success. Support, whether from whānau, hapū or iwi, was also seen as important.

Our kaumātua are like our consultants and we know that they know things before we do, and they'll tell us when things are not right. I mean, our kaumātua/kuia are very wise. They know the whānau, hapū. They were around before us and have journeyed pathways we have yet to travel. They have been involved with the different government agencies. (TWsso1)

Funding was always an issue for providers, either insufficient funding or having to meet certain criteria in order to access funding and the difficulties that could be associated with that. Restrictions such as inconsistent approaches by funders and mistrust were some of the problems providers faced.

We still get asked to go the additional mile in terms of what we want the money for and how we then account for it. We tend to get drip-fed; they get it in bulk. We get criticised for our productions of panui,

they can produce what they like basically and not even get checked. We get constantly evaluated by the funders, they do not. (TWj01)

The funding we receive does not cover the rent/overheads and training so we are always trying to bring extra funding in. A lot of time and energy is focused on funding, meeting deadlines and keeping up with all the paperwork. (TWss01)

We're rural and we're isolated … what are the gaps for Māori? I think the systems are the gap, I mean we are badly under-resourced. (TWhtss03)

There were issues around tauiwi systems and structures. Providers felt that the reason for the systems was because government wanted it done its way. However, as providers kept saying and the statistics kept revealing, the Government's way had not worked.

We're cleaning up after all those years of muck ups. In fact we would have been in a very different position today if they had left us to care for our own from the early beginnings. (TWss01)

Another effect of the government system was the fragmentation of Māori as a people.

Pākehā systems fragment us into women, into men, into old people. Those are artificial barriers. But when we are one and whole as a people, then we're successful. (TWhtss03)

Changes in government policy were seen as barriers. Changes in policy affected the decisions providers made and providers were often forced to refocus.

If we're talking about any government changes, government decisions that we have to work by, it increases our workload. It also means that we have to up-skill our workers, which in some cases puts strain on budgets and things like that. (TWet02)

Summary

Success was defined by providers as changes for whānau. These were recognised through positive feedback, happy and satisfied clients, changes in attitude, in physical appearances, in personal state and as a result of achieving targets pertaining to government contracts.

Of particular mention was the reclamation of identity that some felt was a result of a secure, stable and independent funding base that allowed people to determine their own programmes and direction.

Facilitators of success included having the skills, knowledge and best people for the job, the ability to relate to Māori, robust organisational systems and relationships and networks that served the organisation well.

Barriers to success included issues around funding such as funding levels, criteria, being under-resourced, compliance issues and time-consuming paperwork. Government policy and changes to legislation contributed to fragmentation, and frustration with tauiwi systems and structures.

Māori Provider Environment

Key points

Providers worked with iwi, Māori, government agencies and non-government agencies such as community groups and business organisations.

A Māori provider was defined by most providers as either providing a service for Māori, to Māori or by Māori.

> *It's a well-canvassed notion that Māori do not access a lot of mainstream services and that Māori are more comfortable accessing services where the environment is set up specifically to meet their needs. (TWj01)*

The Crown had an obligation to provide support to providers because of its responsibilities under the Treaty of Waitangi.

Providers noted that the Crown needed to be doing something, but it was not doing it right. Providers knew what they did was good, and said the Crown should pay them to do the work. One reason given was '*We understand whakapapa*' (TWss03); that is, providers could relate to people because of that understanding, but it was something the Government lacked.

Providers felt that there should be equity with mainstream services; again with the notion that there was an element to service the Government did not and could not provide.

> *A service parallel to mainstream service providers that is conducive to the practices of tikanga Māori, where Māori do not feel intimidated. (TWhtss02)*

Providers said that the proof that 'by Māori/whānau/hapū/iwi, for Māori/whānau/hapū/iwi worked was in the positive results. These could be seen in the actions of clients, staff, whānau, hapū and iwi. This could manifest itself in many ways, such as growth and development, either within individuals or with more widespread effects, into the whānau, hapū or iwi.

> *A number of clients have gone on to further education and are able to make positive contributions to themselves as an individual, their whānau and the wider community. (TWhtss02)*

> *The proof is in the number of people that use our services and the amount of people of other agencies that will contact us, who we work in collaboration with. (TWss03)*

> *Within our mahi it is about the whānau, hapū, iwi, where the healing begins. Reclaiming one's identity is normally the first step. It's about the wairua; it's about mana and dignity when we work in this way. (TWss01)*

Whanaungatanga practices made providers unique in the way they did things. Whanaungatanga embodied the notion of team work, doing things within kaupapa Māori, looking after one another, challenging, employing one's own, encouraging whānau involvement in services and activities, establishing and maintaining whānau links with one another as providers and as whānau working within Crown agencies.

> *I think it's different if you're tikanga based; you take into account a Māori worldview and he requires the acknowledgement of his identity and the reaffirmation of that. He needs to know who he is, where he belongs and that this is his place in the world. I think those things make us really unique. (TWhtss03)*

Related to the passion that people showed for their work was the commitment that staff showed, which was beyond the call of duty.

Over and above what is set down for the normal education guidelines, we're offering in excess of that and there's nothing to touch it, really, honestly, nothing can. (TWe01)

The conceptual framework in which providers operated was also based on whanaungatanga, and strengthening whānau, hapū and iwi identity.

They work holistically from a Māori worldview. The work began with those who have gone before us, our tīpuna. And that's based around common values, mana, awhi, tautoko, the underpinning values within our culture. (TWhtss03)

The ideal environment related to being safe; having happy places that encouraged sharing, caring, nurturing and learning, and that were accessible and user-friendly.

Managing stakeholders was about having good working relationships. This involved being open, honest, having clear lines of communication, and maintaining key relationships with whānau, hapū and iwi. Relationships with government agencies needed to be nurtured on various management levels.

Funding issues was a common risk factor. Providers were frustrated with the inequities in their funding compared to their mainstream counterparts. This also affected relationships when providers were all battling for the same dollar.

Our counterpart accesses resources more readily than we do. I think that they do not have to go the distance that we have to, to justify what we're asking. In order to survive people want more and more money and they often forget their poor mates down the road and I think that is a risk. (TWj01)

There was the risk of being so busy that providers did not do other things that were important to them; for example, not looking after one of their main assets, themselves as workers. The risk of that was pressure on other staff to cover for loss of staff and/or possibly a decline in service.

We keep a really good eye on our kaimahi so that they do not burn out. One of our biggest risks is losing our people because they are either not well or they die or they've just had enough. (TWss02)

Most organisations had some work done on a voluntary basis. In most cases, the volunteer work was done by whānau, friends or elders who were committed to the cause and contributed their time, knowledge or skills in whatever capacity they could. Some organisations, such as schools, were highly reliant on volunteers to assist in various ways.

Summary

Providers worked with iwi, Māori government and non-government agencies such as community groups and business organisations. A Māori provider was defined as providing a service for Māori, to Māori or by Māori. Providers believed that the Government lacked understanding and the ability to work with Māori and iwi, and the Goverment was inconsistent in its approach.

Whanaungatanga practices made the providers unique. Whanaungatanga embodied the notions of establishing and maintaining whānau links with one another and as whānau working with Crown agencies, and this was the conceptual framework around which they operated.

Staff showed an incredibly high commitment to their work. Stakeholder relationships were nurtured on various levels.

Common risk factors for providers included loss of funding, not looking after themselves and working beyond their capacity. Volunteers played an important role in these organisations by contributing their time, knowledge or skills in whatever capacity they could.

EVALUATION AND MONITORING

Key points

Providers used feedback as a method of monitoring and evaluating their services. This could be either verbal or written, and was gained from meetings with whānau, clientele and various heads of organisations.

Systems that could track various types of information were useful for telling how an organisation could best employ its services.

The agency is able to track trends, i.e. increase or decrease of referrals, ethnic group fluctuations, gender fluctuations, etc. (TWhtss02)

Four main themes came out of the replies. Honesty, integrity and good open communication was significant, the need to keep up with and adapt to changing times, maintaining accountability with all parties and the need to look after important resources, particularly staff so they did not become too stressed or suffer from burn-out or, worse, went to a Pākehā organisation which did not push them to those extremes.

We do not want to keep losing our people because in reality we can't afford to keep training them. We lose them to Pākehā because we do not have enough resources for people to give up their mahi … we can't compete with them on the dollar, we can't buy them in. (TWss02)

There was the need to keep on track.

Debriefing after group planning, not working in isolation, doing the kōrero daily and not letting things build up when you have differences, by taking the time to reflect and revisit our vision kaupapa and staying within the tikanga Māori and not compromising. (TWss01)

Funding and resources were required for an organisation to grow.

What we need to grow is to be resourced to develop and grow according to our design, to meet our needs, to be in control of where we want to go and how we want to get there. Our workers have to look at developing an independent revenue source that we will not be solely at the mercy of contestable funding. (TWhtss03)

Coordination and collaboration of services would also enable providers to grow. This was a way of sharing resources and enabling providers to concentrate on what they did best.

We need to look at all of the providers and all of the services available and coordinate services to make people independent. If you do not, you're going to have dependency for a long time and you're going to be spending a lot of money on absolutely I do not know what. (TWhs01)

Government agency evaluation and monitoring were regarded as one-sided rather than a giving and sharing of information; time-consuming; and as taking providers away from the core of their business. Providers felt that government evaluations could be more meaningful to both parties if there were more thought put into how each party could gain from the process.

> *I do not think it's accountable at all, it's just paper for a basic quarterly report … you just go tick, tick, tick without even having to think about it really. There's nothing creative about that, it does not change anything. It's like going through the motions. (TWhtss01)*

Summary

Evaluation and monitoring methods were informal, formal, constant and conducted in many spheres. Some providers had tracking systems to enable them to clearly identify issues and trends.

Significant learning from evaluations included the value of honesty, integrity, good open communication, the ability to adapt to changing times and the need to ensure strategies were in place to avoid burn-out. Of high value was the revisiting of the vision and kaupapa regularly to check that the organisation was on track and practising within tīkanga Māori.

Funding and resources, along with coordination and collaboration of services, were the requirements for growth.

Government agency evaluations were regarded as one-sided, time consuming and of little value. Providers wanted more involvement in determining joint gains from the process.

POLICY DEVELOPMENTS

Key Points

Policy developments have had both positive and negative impacts on providers. Examples of impacts include:

Negative:

- the lowering of the drinking age, contributing to more alcohol related problems among youth

- cut-backs in initiatives and thereby affecting positive programmes being currently delivered

- the disbandment of the Health Funding Authority and other health system policies leading to further instability in the Health provider environment while new policies and structures are determined

Positive:

- ACC legislation; e.g. accreditation for sexual abuse counsellors allowing for subsidised support for victims

- the 'Strengthening the Communities' policy which acknowledges community worth and contributions

- the Māori Providers' Development Fund which has enabled a range of activities from strategic planning to staff development to occur

- the Social Work Registration Bill (is also seen as negative by some who are not convinced that the current registration process advantages Māori)

Providers thought positive changes in policy could be made by the Government; however, each region should be treated as unique rather than clustering Māori as one group throughout the land.

> *What Te Waipounamu does, they'll want to say Ngāti Porou has to adhere to the same things. We do not get any uniqueness from one rohe to another, we're just clustered as a whole bunch of Māori and we're not. We're people in our own right, doing our own unique services from our own areas that are different. (TWss02)*

Māori bodies working for the Government needed to be more in touch with what was happening locally.

Some government policy had improved but changes needed to be effectively communicated to providers.

Multi-contracts were good – they could effectively save time and duplication of resources.

Examples of policy shifts that had positive impacts were:

- Closing the Gaps

- Māori policy

- Māori strategic teams

- Treaty of Waitangi

- tino rangatiratanga

- restorative justice

As one provider put it, some of these policies can lead to an environment that supports Māori providers.

It takes away the competing, competitive kind of environment that contracts create. (TWhtss03)

Summary

Policy developments to date have had both positive and negative impacts on iwi and Māori providers. Examples of the positive include Māori provider development initiatives, and positive programmes with a focus on strengthening the community. Negative impacts include health risks such as lowering the drinking age, cut-backs on funding, non-Treaty focused policy and the lack of government policy which supports iwi and Māori development.

Providers thought that positive policy shifts could include policy that was more iwi and Māori specific, friendly and acknowledged iwi and Māori diversity. Māori teams and units within government agencies could assist in ensuring that these policies were put into practice and into agency plans more effectively.