Aotearoa New Zealand Association of Social Workers
www.anzasw.org.nz

Submission to the Māori Affairs Select Committee on the Determinants of Wellbeing for Māori Children

Poutū-te-rangi (March), 2012

Aotearoa New Zealand Association of Social Workers (ANZASW) welcomes the opportunity to make a submission to the Māori Affairs Select Committee Inquiry on the determinants of wellbeing for Māori children[1]. Our work is informed by bi-cultural Standards of Practice and a Code of Ethics in which social workers have a responsibility to **actively promote policies and practices that are based on Te Tiriti o Waitangi** values, aspirations and principles, particularly the rangatiratanga of tangata whenua[2].

As the professional body for a national collective of more than **4,000 social workers** who have day-to-day contact with Māori children and whānau in their own homes and communities, throughout New Zealand, our membership is well placed to engage in this discussion.

In addition to this written submission, ANZASW would like the opportunity to make an oral presentation to the Select Committee. For further information, please contact:

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[1] prepared by Stephanie Palmer, Research Analyst, ANZASW
[2] See ANZASW Code of Ethics available at http://anzasw.org.nz/publications-2/code-of-ethics/ on 7 March 2012.

Format of Submission

The Select Committee has asked for submissions on the following Terms of Reference (TOR):

1. The historical and current health, education, and welfare profiles of Māori children. This would take account of the transmission of life circumstances between generations and how this impacts on Māori children.
2. The extent of public investment in Māori children across the health, education, social services, and justice sectors—and whether this investment is adequate and equitable.
3. How public investment in the health, education, social services, and justice can be used to ensure the wellbeing of Māori children.
4. The social determinants necessary for healthy growth and development for Māori children.
5. The significance of whānau for strengthening Māori children.
6. Policy and legislative pathways to address the findings of this inquiry.

ANZASW has mainly commented on the social determinants necessary for healthy growth and development of Māori children and the significance of whānau. Our response to the TOR reiterates some of the concerns we have raised in recent submissions on alternative trial and pre-trial processes for children, mandatory reporting of child abuse, options for reducing long-term benefit dependency, the Green Paper for vulnerable children, Family Court review, the mental health & addiction service development plan and Blueprint II review[3].

The social determinants necessary for healthy growth and development of Māori children

> Article Two, of the Treaty of Waitangi gives Māori children the right to have the determinants of their wellbeing framed as "Māori" children – this means the language, semantics, worldviews and paradigms for identifying and measuring determinants must be informed by mātauranga Māori and located within the social structures of Te Ao Māori, specifically whānau, hapū and iwi.

The 1988 Royal Commission on Social Policy[4] provides a seminal starting point for public discussion about the determinants of Māori wellbeing. Within the 4,000-odd pages of the Commission's four-volume report, academics began the nebulous process of developing frameworks for analysing the impacts of social policy on Māori and aligning this with Māori concepts of wellbeing. Unfortunately, this type of work did not continue[5] but various models have, nevertheless, described the unique way in which wellbeing is conceptualised by different whānau, hapū, iwi[6]. When you look beneath the nuances in dialect and te reo, it is

[3] available at http://anzasw.org.nz/publications-2/submissions/ on 12 March 2012

[4] Royal Commission on Social Policy (1988) *The April Report* Royal Commission on Social Policy. Appendix to the Journals of the House of Representatives, H2. Wellington

[5] See Barnes, J. and Harris, P. (2011). Still Kicking. The Royal Commission on Social Policy, 20 Years On. Social Policy Journal of New Zealand, Issue 37.

[6] notably Dr Rangimarie Rose Pere (1982). Ako – Concepts and Learning in the Māori Tradition (later published as Te Wheke); Te Roopu Awhina o Tokaanui (1986). Cultural perspectives in psychiatric nursing; Henare M (1988) Ngā Pou Mana and Te Whare Tapa Whā developed by the Māori Women's Welfare League in the 1980s but not available in the public domain until 1994 see Durie (1994) Whaiora: Māori Health Development

possible to identify a common core of value-based beliefs, principles, components, philosophies that can, and should, inform discussion about the social determinants of health and wellbeing for Māori children.

A universal worldview, for example, is that **Te Ao Tawhito**[7] (the world in which our ancestors lived, the past) contains key messages, knowledge, hoa haere, take pū, processes which not only explain and inform the purpose of our existence but also influence the quality of life we experience in **Te Aronui/Te Ao Hurihuri**[8] (the here and now, the present, the world in which we human beings reside). The way in which these hoa haere and take pū are utilised, acknowledged, operationalised within Te Ao Hurihuri determines our capacity to overcome inevitable adversities and realise our potential in **Te Ao Hou**[9] (the world we are striving towards, the future). Some of the key messages that could help deliberations about the social determinants of health and wellbeing for Māori children include the notions of ongoing process, connectedness and hierarchy or stages of development.

ongoing process, journey	connectedness	hierarchy, levels, stages, capacity to measure/identify points of difference
I te Kore, ki te Pō, ki te Ao Mārama	honoa te ira ātua/te ira tangata	rangi tūhāhā / poutama
pā harakeke	te tuakiritanga	kōmata o te rangi
te tauranga waka	pāhekoheko	tikitiki-o-rangi / toi-o-ngā rangi
whakapapa	Papa-tū-ā-nuku	pā whakawairua
	manaakitanga	kauwae runga - kauwae raro
	tūpuna - mokopuna	te wā o te korekore
	waiora	te kukunetanga o te whakaaro
	iho nui	
	co-existing realms - uru matua, uru rangi, uru tau	

Table 1: Key messages that have relevance for the Māori Affairs Select Committee TOR

Within Te Ao Tawhito, there is continual reference to notions of movement, ongoing process, transition and progression … i te Kore, ki te Pō, ki te Ao Mārama … from chaos and nothingness towards the light … and the journey is always perilous, full of danger, risks and challenges that must be navigated and traversed to ensure survival. The ancestors applied this imagery to matters of life and death such as te timatanga o te Ao, a baby's journey down the birth canal and the search for wisdom in times of dire strife or need. As a bare minimum, the preparations for mitigating risks involved consolidation of relevant knowledge and skillsets; scoping pathways, options and alternatives and gathering essential provisions.

[7] also called Te Onamata, Te Ao Kōhatu, Iho Matua, Ngā Taonga Tuku Iho, I te Wā o Mua
[8] also called Te Ahorangi, Te Aorangi, Te Ao I Kitea, Te Ao Mārama
[9] also called Te Anamata

In this day and age, we are more used to the concept of Te Ao Mārama being invoked within the context of education and personal development and/or whenever a new programme or initiative is launched[10]. However, a search for the social determinants that are essential for healthy growth and development and, therefore, the survival of Māori children will undoubtedly be perilous, and a journey that is known to be fraught with risks. The likelihood of success, and progression from chaos to enlightenment, will clearly depend on leadership skills and capacity to overcome an inevitable raft of complex challenges. The preparations for this journey would include:

- clarifying the Select Committee's definition of a social determinant[11], eg – are we looking for risk factors, protective factors, indicators that help to measure progress towards a desired outcome, numerical variables that can be correlated to identify statistically significant causal relationships?
- defining the meaning of a child, eg – CYF Act definition is <14 years, Census definition is < 15 yrs, child support definition is <19 years, NZ Children's Social Health Monitor definition is <17 yrs, CYMRC definition is <24 yrs
- mustering appropriate wisdom, knowledge and skillsets
- sifting through the quagmire of information that is already collected about the growth and development of Māori children to identify variables that could be of use in a social determinants framework
- becoming familiar with frameworks, paradigms and techniques that are currently used to measure and/or monitor social determinants associated with the health and wellbeing of children, both nationally and internationally
- understanding how New Zealand data is collected, analysed and reported as well as where it is held, whether it informs social policy and if particular variables can be extrapolated to other datasets (such as the imminent social determinants framework)
- designing a robust methodology for testing and implementing the social determinants framework, including capacity to measure progress against benchmarks
- demonstrating the feasibility and cost effectiveness of this approach
- developing contingency strategies for managing risks and unforeseen limitations.

The call for public submissions is obviously a preparatory technique for generating knowledge, identifying options and canvassing views about worthwhile directions for Select Committee consideration. Furthermore, Te Ao Tawhito offers valuable insights on the essential skillsets and specific pathways that need to be navigated and explored if we wish to build on ancestral knowledge about social determinants that have relevance for Māori.

The tūpuna were experts in discerning and describing differences and relationships between all types of phenomena from the origins of consciousness to the stages of human development, states of existence, hierarchies of knowledge, inter-personal interactions and structure of the universe. This is demonstrated in numerous repositories of mātauranga Māori such as kura wānanga, karakia, mōteatea, whare whakairo, te timatanga o te Ao, ngā rangi tūhā hā, pā whakawairua, te wā o te korekore, he oriori mō Tūteremoana, te kukunetanga, kauwae runga and the many, many attributes that have been ascribed to Io-

[10] such as the recently established Māori Dental Association - see http://www.teaomarama.org.nz/ available on 14 March 2012

[11] see NHS (2007) Report to the World Health Organisation Commission on the Social Determinants of Health available at http://www.who.int/social_determinants/resources/mekn_final_report_102007.pdf on 16 March 2012

Matua Kore, Tane-nui-a-Rangi and other ātua. Capacity and proficiency in the skillsets associated with meticulous measurement and description of relative relationships was highly valued and Māori models of wellbeing provide a powerful example of the way in which this epistemology was cognizant of connectedness and, so-called, social determinants.

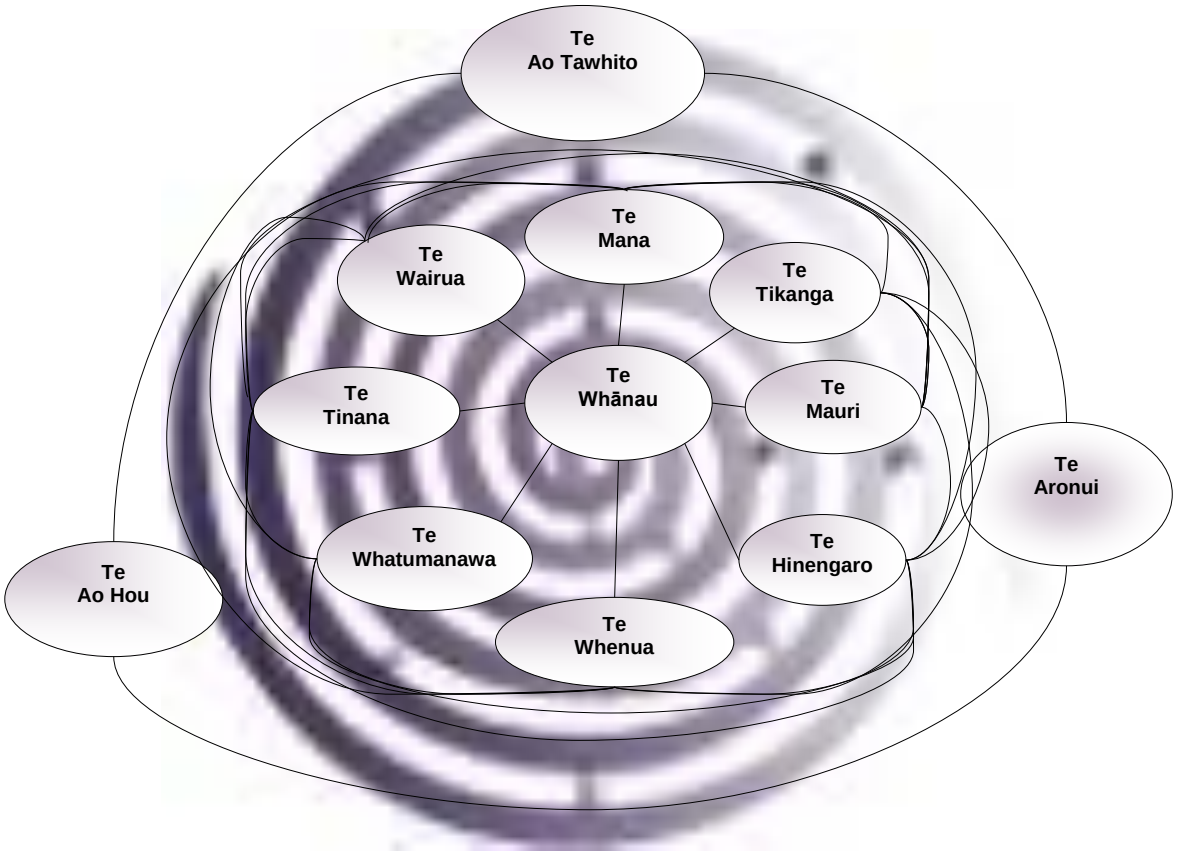


Figure 1: A Māori model of wellbeing[12]

Dr Rose Pere uses the metaphor of a river to describe the intrinsic connectedness within the elements and components identified in Māori models of wellbeing. Waiora is said to be a sacred river of life-giving qualities which mix and mingle to sustain and nurture wellbeing within the ebb and flow of day-to-day life and wider context of inter-generational survival. For example, the phenomenon of te mana is embedded within us but cannot be activated unless it is recognised by others. The expression of mana is, therefore, dependent on inter-personal relationships and the integrity of relationships is, in turn determined by interaction between and within a number of elements, such as te hinengaro, te whatumanawa, te tikanga and te whānau. Similarly, the deeper meanings behind te whenua show that human health and wellbeing springs from an intimate relationship with the earth. However, the concept of te mauri is a very pertinent example of the connectedness that was felt to exist between social, physical, spiritual and environmental phenomena. Indeed, te mauri is said to be an ancestral template for critical analysis of reciprocal relationships and measuring the integrity of respective contributions to social wellbeing. Te mauri is a positive, unifying life force that binds and connects all things. Within Rose Pere's concept of waiora, te whānau is the driver and enabler of wellbeing

The particular skillset that is needed to explore and strengthen ancestral knowledge about the social determinants of health and wellbeing is information technology. Specifically, the capacity to capture and measure Māori conceptual paradigms and generate an evidence

[12] primarily based on the waiora model of wellbeing presented by Pere, R (1982) ibid

base that has the capacity to inform, and transform, the implementation of policy. In Te Aronui, the development of frameworks for measuring the social determinants of health and wellbeing for Māori children is all about datasets. Ancestral competency in meticulous discernment and description translates into data collection, data analysis, evaluation, reporting and accumulation of evidence.

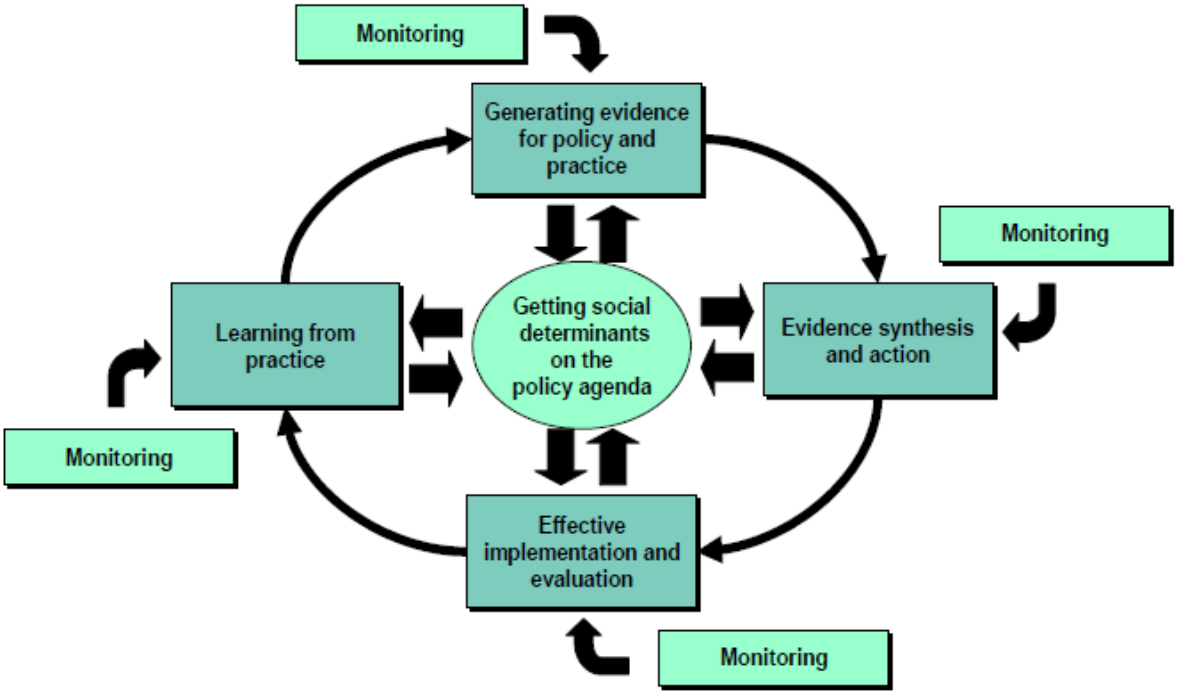


Figure 2: WHO framework for political action on social determinants[13]

Māori are well aware of the risks and challenges of this approach when working with mātauranga Māori concepts of health and wellbeing, specifically the:

- inability to capture, measure and collect data about Māori perspectives of wellbeing, lack of capacity for data analysis and inability to generate an evidence-base which informs social policy and practice
- inadequacy of existing datasets
- self-perpetuating use of non-Māori/mainstream frameworks and conceptual paradigms for gathering data, generating evidence, evaluation of policy and identification of social determinants
- implementation of policies which contradict, undermine and incapacitate the potential effectiveness of social determinants that are more responsive to the needs of Māori.

Global actions on the social determinants of health & wellbeing

In 2011, the World Health Organisation invited delegates from around the world to sign the Rio Declaration on the Social Determinants of Health[14]. The Declaration expresses an international commitment to achieve social and health equity through action on the social determinants of health and wellbeing. In particular, the delegates were asked to ensure their respective countries invested in actions that would:

- improve daily living conditions

[13] NHS (2007) ibid.

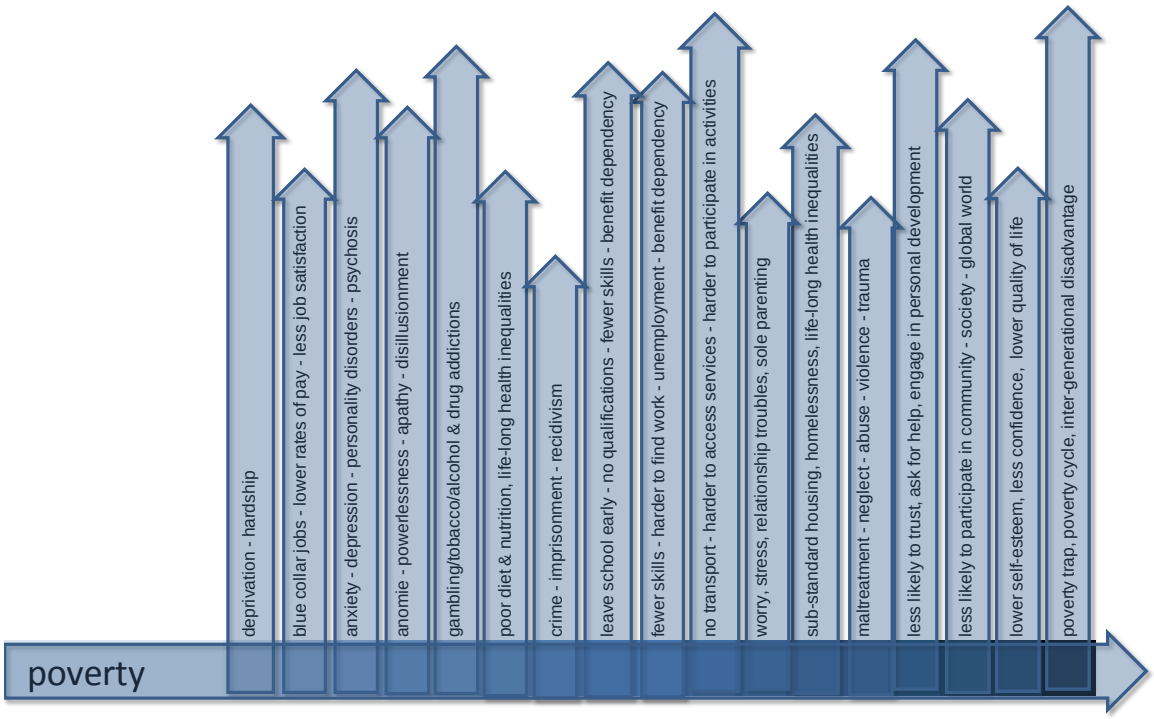
[14] Available at http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf on 16 March 2012

- tackle inequitable distribution of power, money and resources
- measure and understand the problem and assess the impacts of action.

However, numerous delegates were concerned these actions would not address the underlying social determinants of health inequities. They, therefore, developed and signed an Alternative Rio Declaration[15] that called for actions to reduce and eliminate:

- global poverty
- biodiversity loss
- climate change
- unfair trade practices

The underlying tension that erupted at this Conference reflects widespread concerns about political unwillingness to genuinely acknowledge or address the social determinants of health and wellbeing inequalities. A burgeoning international evidence-base can show that poverty is the single-most important social determinant of inequalities.



Frameworks for collecting data about social determinants in NZ

A number of frameworks are gathering information about child poverty and the social determinants of health and wellbeing in New Zealand. In particular:

- the NZ Child Social Health Monitor (Appendix 1) reports on the number of children living below the poverty line, medical conditions and hospital admissions with a social gradient, living standards and economising behaviours in the home
- MSD has also developed a framework for reporting on the social indicators of child and youth wellbeing (Appendix 2)

[15] Available at http://wfphainrio.blogspot.co.nz/2011/10/alternative-rio-declaration.html on 16 March 2012

- MoH has invested in the Tātau Kahukura framework mainly gathers information about the health status of Māori but also looks at risk and protective factors and some socio-economic determinants (Appendix 3)
- The NZ Council of Christian Services has also been monitoring indicators of economic and social hardship since June 2009. Their quarterly Vulnerability Reports present alarming evidence of widespread housing shortages, job losses, long-term joblessness, exhorbitant house rentals and increasing use of food banks to provide some relief for the many, many whānau that cannot afford basic living costs like food, power, phone and bus fares. Petrol is fast becoming a luxury item.

Reports produced by the NZ Child Social Health Monitor, MSD and NZCCS confirm the day-to-day observations of social workers – that Māori children and families are more likely to experience extreme hardship and poverty, impoverished living conditions and alarming inequities in the use of services.

However, the Select Committee needs to ask whether these reporting frameworks will produce the kind of evidence that is needed to inform the social determinants of healthy growth and development for Māori children. Perhaps another approach is needed such as combining Te Hoe Nuku Roa (Appendix 4) and the Whānau Ora Outcomes Framework (Appendix 5). In 1992, Professor Mason Durie developed a methodology for gathering information about the socio-economic determinants of Māori wellbeing (Appendix 4). Te Hoe Nuku Roa is a longitudinal study that collects triennial information about the relationships, identity, changes in household dynamics and socio-economic circumstances of 550 Māori families. The reporting framework that is developed by the Select Committee should draw on data that is routinely collected by government and NGO sectors.

The significance of whānau

> Articles Two and Three, of the Treaty of Waitangi, Māori children the right to be raised as a "Māori" child, within an environment that fosters and enables equal opportunities to learn and speak the Māori language, participate in Māori cultural activities and develop a Māori identity.

In our experience, policies which enable social workers to support whānau, strengthen cultural identity and foster self-determination are most effective when working with Māori children. For example, the latest Kā Hikitia report contains an interesting statistic which shows that enrolment in Māori immersion and bilingual schools may have a protective function and be an enabler of wellbeing for Māori. In comparison with non-Māori school-leavers from English medium schools, Māori school-leavers from Māori immersion/bilingual schools were more like to have qualifications that would enable them to attend university. We would like to see a Māori social determinants framework that enables more of this type of data to be captured.

Unfortunately, Kā Hikitia data suggests very few Māori are participating in Te Ao Māori education pathways, only 6% are learning Te Reo Rangatira and the proportion of students receiving Māori language education is declining. Similarly, ANZASW's submission on the mental health service development plan has demonstrated little knowledge about the effectiveness of services which treat more than 17,000 Māori children a year and 99% of the Māori children who accessed mental health and addiction services in 2009-2011, were seen by mainstream service providers. Both the Auditor General[16] and Dr Dale Bramely[17] have

[16] See Pānui (9 March 2012) Omnibus Briefing on Policy Matters, edition 7/2012

recently expressed serious concerns about the quality of DHB reporting and capacity to measure the effectiveness of health services in New Zealand.

ANZASW is among the global citizens that have challenged governments to genuinely reduce health inequalities by taking steps that will reverse the devastating trickle-down effects of global recession, diminishing job markets, rising unemployment, entrenched poverty and rapidly escalating costs of living. Instead, we are seeing a Government that is hellbent on legislation and policy pathways that will exacerbate the hardship whānau are experiencing and seriously undermine any long-term prospects of a sustainable local economy. In our opinion, the lastest round of welfare reforms was unwarranted, punitive and unduly harsh. The government's agenda of state asset sales, privatisation of industry, free trade agreements and Family Court review will also be bad for whānau. Furthermore, the Green Paper and associated legislation is poised to introduce a draconian, deficit-based regime of nanny state parenting, mandatory reporting and information sharing that will seriously undermine the ihi, mana and rangatiratanga of all whānau, irrespective of whether or not their children are at risk of abuse

In our experience, the healthy growth and development of Māori children is nutured by policies that strengthen and encourage families and communities to be self-sufficient, vibrant and culturally safe. ot just about participation in society

Retention of identity

Maori knowledge, skills, leadership

Violence free

Realisation of potential

[17] See www.thelancet.com vol 378, Nov 12 (2011) NZ's Bold Strategy for Reducing Health Disparities

APPENDIX 1

NZ Children's Social Health Monitor	
child	living below poverty line (<50% of median) age deprivation medical conditions with a social gradient injury admissions arising from assault/neglect other injury admissions mortality with social gradient (SUDI/Infant)
whānau	number of children in household sole-parent work status of adults in household
restrictions	friends at birthday party waterproof coat separate bed separate bedroom for children of opposite sex complete school uniform worn out shoes/clothes postponed visit to doctor did not pick up prescription unable to pay for school trip no leisure activities less involvement in sports
living standards	internet access home computer holiday away from home in last year did without fresh fruit/vegetables able to keep main rooms warm meat with meat/chicken/fish each 2nd day

APPENDIX 2

MSD - Social Indicators of Child & Youth Wellbeing (2008)	
health	low birthweight births
	infant mortality
	immunisation
	hearing test failure at school entry
	oral health
	obesity
	physical activity
	cigarette smoking at 14-15 years
	youth suicide
care & support	positive relationships with parents
	witnessing violence in the home
	early childbearing
education	children of parents with educational qualifications
	participation in early childhood education
	school truancy
	reading literacy at age 15
	scientific literacy at age 15
	mathematical literacy at age 15
	retention of students in senior secondary schools
	school leavers with higher qualifications
	participation in tertiary education
	tertiary qualification completion
economic security	without a parent in paid work
	low-income households
	unemployment
	employment
	median hourly earnings
safety	unintentional injury mortality
	assault mortality
	bullying at school
	criminal victimisation
	fear of crime
	road casualties
civil & political rights	voter turnout
justice	police apprehensions of 14-15 year olds
	cases proved in the Youth Court
cultural identity	te reo Māori speakers
	language retention
social connectedness	telephone/mobile access in the home
environment	children living with a parent who smokes
	household crowding

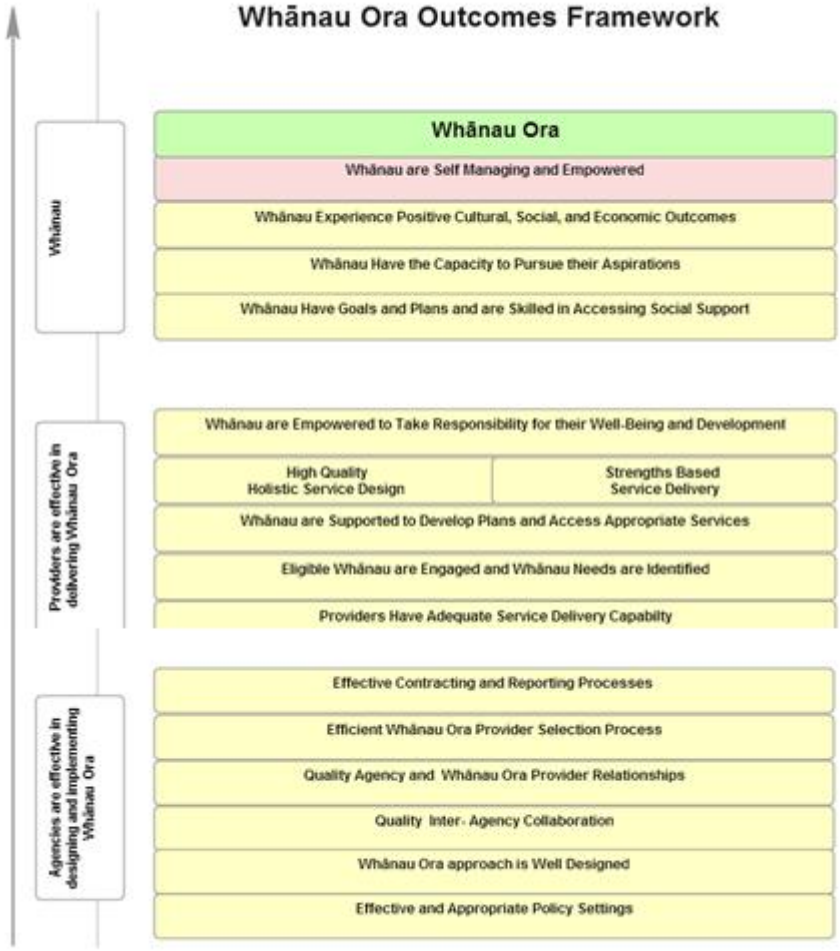
APPENDIX 3

MoH - Tātau Kahukura - Socio-economic determinants of Māori Health	
Socio-economic factors (2006)	deprivation education employment income levels home ownership household crowding living without telephone and/or car health literacy
risk & protective factors	tobacco smoking (2009) alcohol & drug use (2009) 3+ servings of vegetables 2+ servings of fruit underweight overweight obese self-reported regular physical activity
health status (2004-06)	life expectancy disability rates major causes of death self-reported physical & mental health (2006-07) cardio-vascular disease cancer indicators respiratory disease diabetes arthritis, spinal disorders, osteoporosis infectious diseases suicide & intentional self-harm mental health dementia inter-personal violence oral health infant health unintentional injury
health system indicators	avoidable mortality & hospitalisation (2004-2008) amenable mortality/ambulatory-sensitive hospitalisation
education	yr 11-13 participation/attainment in science subjects enrolment in health related tertiary study

APPENDIX 4

Te Hoe Nuku Roa (1992-present)		
Nā Pūtake (Axes)	Ngā Peka (subsets)	Ngā Rau (indicators)
Paihere Tangata (human relationships)	Individual Family Household Whānau	household roles & relationships whānu cohesion inter-dependence
Te Ao Māori (Māori identity)	Mana ake (personal identity) Taonga tuku iho (cultural heritage) Ngā rawe a Rangi raua ko Papa (natural resources) Whakanohohanga Māori (Māori institutions)	ethnic affiliation language retention tikanga land fisheries forests environment marae hapū activities iwi links
Ngā ahuatanga noho a tangata (socio-economic circumstances)	Oranga tangata (well being) Whai taonga (societal standing) Whai Huanga (economic position)	health education housing employment lifestyles income
Ngā Whaka-nekeneketanga (change over time)	changing household dynamics wider interactions shift in cultural identity altered circumstances	mobility stability realisation of aspirations vulnerability impact of external factors new groupings

APPENDIX 5


Whānau Ora Outcomes Framework
Whānau
Whānau Ora
Whānau are Self Managing and Empowered
Whānau Experience Positive Cultural, Social, and Economic Outcomes
Whānau Have the Capacity to Pursue their Aspirations
Whānau Have Goals and Plans and are Skilled in Accessing Social Support
Providers are effective in delivering Whānau Ora
Whānau are Empowered to Take Responsibility for their Well-Being and Development
High Quality Holistic Service Design
Strengths Based Service Delivery
Whānau are Supported to Develop Plans and Access Appropriate Services
Eligible Whānau are Engaged and Whānau Needs are Identified
Providers Have Adequate Service Delivery Capabilty
Agencies are effective in designing and implementing Whānau Ora
Effective Contracting and Reporting Processes
Efficient Whānau Ora Provider Selection Process
Quality Agency and Whānau Ora Provider Relationships
Quality Inter- Agency Collaboration
Whānau Ora approach is Well Designed
Effective and Appropriate Policy Settings