



TE PUAWAITANGA O NGĀ WHĀNAU

Six Markers of Flourishing Whānau

A Discussion Document

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CONTENTS

Executive summary	4
Introduction	6
Approach	6
Defining Flourishing	8
The Broader Context	10
Health Outcome Measurement	10
Wraparound Milwaukee	11
Gross National Happiness Scale (GNH)	12
Sovereign Wellbeing Index	12
Cultural Measures	13
He Oranga Hapori	13
Te Ngahuru	15
The KORS	19
Hua Oranga	19
A Māori Alcohol and Drug Measure	19
Māori Cultural Related Need (MaCRN)	20
Homai te Waiora ki Ahau	20
The Mauri Model	20
The Māori Disability Information (MDI) Framework	21
He Anga Whakamana	24
He Taura Tieke	26
The CHI Audit Model	27
Measures for Traditional Healing	27
Te Pae Mahutonga	29
Measuring Performance and Effectiveness for Māori	30
Flourishing in the Context of Te Puawaitanga o Ngā Whānau	31
The Wider Focus	31
The Māori Dimension	32
The Collective Dimension	33
Six Markers	35
Whānau Heritage	35
Whānau Wealth	35
Whānau Capacities	36
Whānau Cohesion	36
Whānau Connectedness	36
Whānau Resilience	36
Markers of Flourishing Whānau	36
References	38
Appendices	41
Formal Presentation Schedule	42



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EXECUTIVE SUMMARY

1. Markers of Flourishing Whānau is the first of a series of research papers from the Te Puawaitanga o te Whānau: Flourishing Whānau project. It was prepared for Ngā Pae o te Māramatanga and forms part of the 'Fostering Te Pā Harakeke: Advancing Healthy and Prosperous Families of Mana' research initiative.
2. The overall research question for the wider study relates to the ways in which whānau can flourish and the factors that will accelerate flourishing. A subsidiary question concerns the notion and features of flourishing and the relevance of flourishing to whānau.
3. This paper considers that latter question and attempts to clarify the concept of 'flourishing' – its characteristics, application to whānau, and significance for flourishing whānau. Further papers will explore the determinants of flourishing and the factors that impact on the characteristics of flourishing described in this paper.
4. Markers of Flourishing is a framework developed as part of this research. It highlights the growing interest in flourishing, both nationally and internationally, and the various ways in which the term has been used to inform service delivery, evaluation, and the identification of more sophisticated measures of progress. But the key research question for this particular phase of the study has been 'What are the markers of flourishing, as applied to whānau?'
5. A review of literature and series of key-informant interviews were used to inform the paper and to provide a better understanding of the several parameters of flourishing. A series of public presentations were also undertaken during the course of the project and provided an opportunity to test key concepts, potential challenges and opportunities.
6. Arising from this work, six markers of 'flourishing whānau' have been identified. The markers reflect high level overlapping domains relevant to whānau. Each marker contains multiple elements that contribute to flourishing and incorporates a number of indicators that can be used to quantify 'flourishing'.

The six markers are:

- Whānau heritage
- Whānau wealth
- Whānau capacities
- Whānau cohesion
- Whānau connectedness
- Whānau resilience.

A brief description of each marker follows.

1. WHĀNAU HERITAGE:

Whānau heritage includes: whānau whakapapa connections; whānau access to cultural skills and knowledge such as waiata and te reo Māori; whānau links to customary land; whānau presence on marae; whānau associations with Māori organisations; whānau access to urupa; whānau taonga.

2. WHĀNAU WEALTH

Whānau wealth includes: whānau assets such as land, buildings, motor vehicles; whānau incomes; whānau financial reserves; whānau housing and home ownership, whānau access to Māori trust funds and whānau investment portfolios.

3. WHĀNAU CAPACITIES

Whānau Capacities include whānau educational achievements, whānau lifestyles; whānau management of health; whānau employment; whānau utilisation of communication technologies; whānau transport.

4. WHĀNAU COHESION

Whānau cohesion includes: the quality of relationships within households and within the wider whānau; the use of on-line communication systems; opportunities for whānau living elsewhere to participate in whānau life; whānau leadership; whānau events and participation in those events; involvement in whānau 'traditions'; whānau wānanga.

5. WHĀNAU CONNECTEDNESS

Whānau Connectedness includes: whānau utilisation of societal institutions (e.g. schools, health care) and facilities (e.g. sport grounds, gymnasium), whānau participation in sport and/or recreation; whānau engagement in community affairs; whānau exercise of citizenship rights; whānau utilisation of banking and other financial institutions; whānau contributions to community committees, boards, voluntary efforts.

6. WHĀNAU RESILIENCE

Whānau resilience includes: whānau futures planning; evidence of positive whānau change over time; opportunities for the transmission of values and knowledge between generations; a capacity to retain heritage while participating fully in modern society; strong whānau leadership.

The markers of flourishing identified in this document are tentative; research findings may warrant modifications or the inclusion of other dimensions. But they have been identified at this stage as a starting point so that the concept of flourishing as applied to whānau may be better understood and used to measure progress towards whānau 'success'.



INTRODUCTION

The overall aim of Te Puawaitanga o Ngā Whānau, Flourishing Whānau is to identify the ways in which whānau can flourish and the factors that will accelerate flourishing. This paper examines the concept of “flourishing” – definitions, criteria and applications, but in particular its implications for Māori and positive whānau development.

APPROACH

A range of research methods were used to inform this paper. These were largely qualitative in nature and involved reviews of literature, interviews with selected experts, group and formal presentations. The review of literature had a primary focus on unravelling the characteristics and features of “flourishing” – how the concept is defined and applied and importantly the implications for family and whānau development. Much of the information was derived from international studies. While these were not always focused on flourishing, they did offer a useful perspective on key concepts, broader cultural considerations and measurement challenges. Importantly, the review provided an opportunity to consider the current discourse, to identify key gaps and issues and to examine the overall relevance and utility of flourishing to Māori whānau.

As a complement to the review of literature, a targeted set of key-informant interviews were undertaken. Those spoken to had an interest in family or whānau development and were able to offer a particular perspective on flourishing as it applied to Māori. The group included cultural advisors, identity researchers, a psychiatrist, mental health professionals, whānau researchers, public health and resilience experts. This group was interviewed following the review of literature and helped formulate some of the key concepts and conclusions. These discussions were used to collect information on five broad areas.

1. Definitions of flourishing whānau
2. Promoting flourishing whānau
3. Impediments to flourishing whānau
4. Characteristics unique to Māori whānau
5. Implications for whānau development

Presentations by various members of the research team were also given. These allowed direct feedback on aspects of the research to be collected and to discuss key issues and concerns. While many of these presentations were not specifically focused on flourishing, they were all linked to whānau or Māori development and offered considerable insight into key cultural considerations. Detail on the presentations is provided in the Appendix.

Information from the interviews, presentations and reviews of literatures was considered by the research team. Key themes and issues were extracted, assessed for relevance and used to shape the development of this paper.



DEFINING FLOURISHING

Discussions with key informants and the review of literature revealed an inconsistent approach to the use of the term 'Flourishing'. Its application was often context dependent, with definitions and criteria that have been equally diverse. The health sector, and in particular mental health, has been most active in terms of its use and in attempting to unravelling how the concept might inform the lives of individuals or populations.

Keyes¹, in a seminal discussion on the application of flourishing to mental health, highlights the distinction between optimal mental health and the absence of illness or disease. To flourish is to 'be filled with positive emotion and to be functioning well psychologically and socially'. Flourishing is described as a positive psychological construct, a measure of overall life well-being, and consistent with the broader idea of happiness. Flourishing is therefore an umbrella concept because it includes and incorporates many other aspects within the field of positive psychology - such as cultivating strengths, subjective well-being, and positive work spaces.

Keyes and Haidt further state that:

'Flourishing...exemplifies mental health. Not only are flourishing individuals free of mental illness, they are also filled with emotional vitality and they are functioning positively in the private and social realms of their lives...Flourishing individuals are truly living rather than merely existing'.²

For Keyes, mental health is a complete state in which there is both the absence of mental illness and the presence of flourishing. Curing illness alone will not guarantee a mentally healthy population.³ Keyes also conceptualizes mental health and mental illness as existing on separate continua. The mental health continuum moves from the absence of mental health ('languishing') to optimal mental health ('flourishing'). People who are languishing are not necessarily mentally ill or mentally healthy; rather, they are living lives of despair, 'running on empty', feeling 'hollow' or devoid of positive emotions toward life.⁴

1. Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207-222.

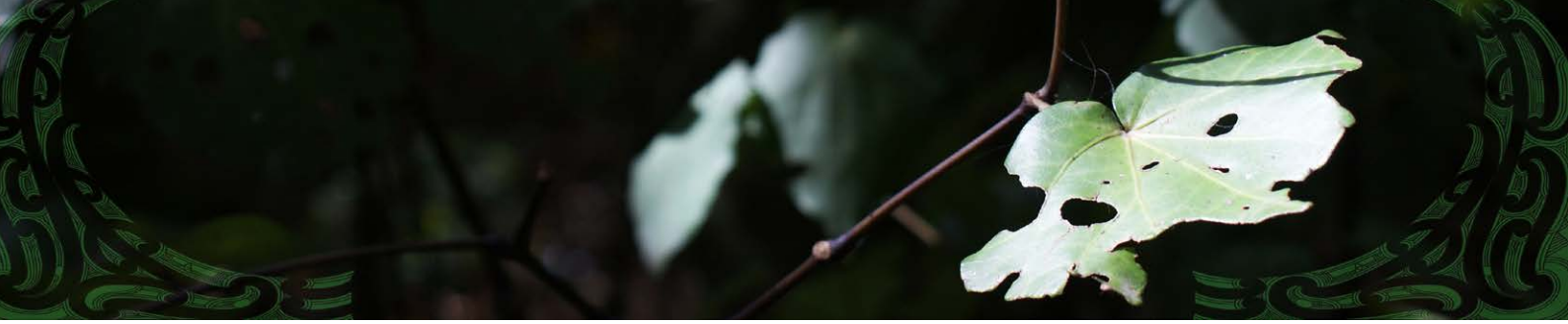
2. Keyes, C. L., & Haidt, J. (2003) Introduction: Human flourishing –the study of that which makes life worthwhile. In C. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived*. Washington: American Psychological Association, 3–12.

3. Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. *American Psychologist*, 62(2): 95–108. And: Keyes, C. L. (2007). Guest editorial. Towards a mentally flourishing society: mental health promotion, not cure. *Journal of Public Mental Health*, 6(2): 6–9.

4. Keyes, C. L., & Haidt, J. (2003) Introduction: Human flourishing –the study of that which makes life worthwhile. In C. Keyes & J. Haidt (Eds.), *Flourishing: Positive psychology and the life well-lived*. Washington: American Psychological Association, 3–12.

The simple schema below is used to illustrate flourishing and languishing and especially as it relates to mental health and well-being. It reveals that the absence of mental disease does not necessarily equate with an enhanced life, a positive outcome, or vitality. Equally, a mental disorder is not a proxy for languishing or in fact a negative outcome - to this end, it suggests that a more sophisticated understanding of what contributes to a 'flourishing life' is required.

Measures or definitions which have a narrow range of criteria or which are unable to capture concepts such as vitality or happiness are therefore likely to be incomplete. The broader implication is that measures of flourishing whānau will necessarily include both quantitative and qualitative measures - information which is readily available and which can be collected through conventional means, as well as data which is more abstract and which offer an impression of less tangible constructs.



THE BROADER CONTEXT

While the idea of flourishing is relatively new, the notion of developing more sophisticated ways of measuring progress, development, or well-being, is not. Conflicting definitions of what constitutes “growth”, “development”, “health and wellbeing”, have often prevented the development of meaningful measures or tools, but have likewise reinforced the need to carefully consider how progress (however defined) is measured. The following section examines measurement of progress from a range of sectors, the types of mechanisms used, and considers the broader implications for flourishing whānau.

HEALTH OUTCOME MEASUREMENT

Health researchers have grappled with the issue of effective measurement for several decades and have spawned new fields of inquiry focused on outcome measurement and psychometrics.⁵ As a result, a relatively extensive discourse on the theory and practice of health outcome measurement has emerged alongside various measurement criteria and considerations. A critical factor here (as with flourishing) is how “health or wellbeing” is defined and how these perspectives can vary according to cultural, social, clinical, or environmental concerns. The implications are that without a universal definition of health, a single measure of health outcome is not possible. This quandary has ultimately led to the development of several hundred health outcome measures or tools – each designed to function within specific clinical settings, or to account for any number of aligned variables (such as age, gender, or socio-economic status).

Due in part to these issues, a number of different methods have been developed to measure outcomes in health. As a general rule, tools are applied after an intervention and designed to consider the extent to which this has contributed to a positive result. A simple example of a health outcome measure is an x-ray following a surgical procedure. Here information on the success or otherwise can be determined with a relatively high degree of accuracy and based on a considered interpretation of visual information. Often however, more sophisticated tools are needed and which typically require additional approaches to information collection and less certain methods of interpretation.

5. J.T.Hudson (2013), A Framework for Measuring Iwi Outcomes, Unpublished Phd Thesis, Massey University, Auckland

For example, the most common method of outcome measurement within the mental health is the use of schedules or questionnaires. These are typically applied before treatment (to establish a baseline) and following a period of care (to determine progress). For each particular type of condition (for example depression, or anxiety) a targeted questionnaire is used which is designed to elicit the patient's mental health status and the presence or absence of symptoms. A system of scoring is usually provided which will often result in the identification of an outcome score from which an assessment of progress will be made. The application and interpretation of these types of measures can be more cumbersome (when compared to other methods) as the collection of information is more involved and the analysis more open to interpretation.

In any regard, the interest in outcome measurement, particularly within health, is reflective of an overall trend to measure "outcomes" above "outputs". That greater emphasis should be placed on what has been achieved as opposed to what has been initiated or implemented. Within the context of this paper, outcome measures further point at the need to carefully define what is being measured and to develop appropriate and valid ways in which this can be done.⁶

WRAPAROUND MILWAUKEE

Community based measures of progress have also been developed which likewise focus on the impact of an intervention and how appropriate measures of progress might be developed. Wraparound Milwaukee was developed as a system of care for children, adolescents and their families with serious emotional, behavioural and mental health needs.⁷ The programme is currently operating in Milwaukee County (Wisconsin, USA) and serves approximately 1400 families annually. The initiative offers a comprehensive array of mental health and supportive services which are organized into coordinated networks across child serving systems - such as child welfare, juvenile justice, special education, mental health, public health, and to meet the complex needs of children with serious mental health issues. The overall approach is designed to reduce fragmentation, to better coordinate care, and to do so within a more holistic and comprehensive manner. Following on from this, is a more efficient use of resources, greater coverage, and improved outcomes across a range of social markers and indices.

In a similar way to Whānau Ora, care is focused on family circumstance and family strengths. While a child in crisis may have been the catalyst for an intervention, the role of families in promoting a positive outcome is rooted at the core of the initiative. As a result, the unique aspirations of each family are accounted for when plans are developed and outcomes identified. While no particular emphasis is placed on flourishing, the approach does suggest the need for targeted interventions, to build on strengths, and a recognition that family circumstance will ultimately dictate what goals are appropriate.

6. Te K.R.Kingi and M.H.Durie, (2004), Hua Oranga: Service Application and Guidelines, School of Māori Studies, Massey University, Wellington.

7. B Kamradt, (2001) Wraparound Milwaukee: Aiding Youth with Mental Health Needs.: Office of Juvenile Justice and Delinquency Prevention (OJJDP), Washington, DC

GROSS NATIONAL HAPPINESS SCALE (GNH)

The Gross National Happiness Scale offers an even broader perspective on how positive growth and development might be measured. The GNH was developed by the Kingdom of Bhutan in the early 1970s and is perhaps one of the more widely considered holistic measures of national progress.⁸ The Scale was an early attempt at moving away from the more usual measures of national growth (such as GDP) and towards a metric that was more holistic which could discern social progress and quality of life. The index, while difficult to measure and calculate, was originally constructed around four broad domains or “pillars” - the promotion of sustainable development, preservation and promotion of cultural values, conservation of the natural environment, and establishment of good governance.

As with the examples described previously, providing accurate definitions and measures for these domains has been difficult with both qualitative (for example, perceived happiness) and quantitative (for example, rates of infant mortality) indicators having been used at various times to determine relative progress. While the aggregation of data (both qualitative and quantitative) has been criticised due to their perceived lack of validity and precision, interest in the Scale and the concept of measuring the broader aspects of national development, has been significant. Present again however is the difficulty of locating an accurate concept definition, a reliable and valid way in which this can be measured, and an agreed form of analysis. Added to this, is the idea that certain constructs or domains (or in this instance pillars) are useful in locating the broad framework upon which any measures or definitions sit.⁹

SOVEREIGN WELLBEING INDEX

Published in March 2013, the Sovereign Wellbeing Index is based on a survey of New Zealand adults in late 2012 and has a similar emphasis to the Gross National Happiness Scale.¹⁰ The survey however provides a representation of how New Zealanders are faring on personal and social indices and offers a more sophisticated understanding of how New Zealanders are coping with current economic conditions. Significantly, the report provides the most recent, and possibly most comprehensive, analysis of flourishing and how it might apply to the local environment.

The report notes that national growth and development has typically been determined through economic indicators, such as GDP, but that these measures often fail to capture how society is functioning as a whole, and fail to reflect whether peoples’ lives are prospering as a consequence. It further highlights that the drive to improve national economic measures may be negatively impacting people’s lives through longer working hours, decreased social connections, negative environmental impacts, and rising levels of indebtedness. As a result, there is emerging interest in assessing the wellbeing of individuals and of the population generally.¹¹

8. K. Ura et al, (2012) A Short Guide to Gross National Happiness Index, The Centre for Bhutan Studies, Thimphu, Bhutan

9. Ibid

10. Human Potential Centre. 2013. Sovereign Wellbeing Index: Executive Report. Auckland: Auckland University of Technology

11. Ibid

The report offers a useful perspective on measuring wellbeing and how this might be defined. It notes that considerable progress has been made in the development wellbeing measures and some of its core components or criteria. For example, curiosity, strengths, positive emotions, physical health, and social connections. The concept of flourishing is also considered and forms part of the data analysis. That is, a number of indices collected from the survey were used to develop a local flourishing profile. In developing this profile, the researchers draw on the work of Fredrickson¹² who describes flourishing as being able to “live within an optimal range of human functioning, one that connotes goodness, growth, and resilience”. They further note that “people that are flourishing have supportive and rewarding relationships, actively contribute to the happiness of others, lead purposeful and meaningful lives, and are engaged and interested in their activities”.¹³

While the report does not specifically consider flourishing within the context of whānau, importantly, it makes the point that definitions and measures of flourishing are possible. Moreover, that quantitative data can inform this process and be used to construct a flourishing profile or index. The salient issue being how flourishing is defined, what constructs are important, and what information or proxies are used.

CULTURAL MEASURES

While measures of progress (however defined) have been in development for some time, relatively little attention has been given to cultural views and perspectives and how these might differ from conventional methods. The review of literature revealed a relative dearth of international research specifically focused on the measurement of cultural domains or outcomes. However, an analysis of local research proved to be more fruitful and uncovered a number of interesting measures, frameworks, and models.¹⁴ As expected, none were specifically focused on flourishing whānau, but provided valuable insight into Māori thinking, Māori perspectives, and key cultural considerations. Many of these tools and frameworks have been in development for several years. Some have been applied with a degree of success, while others are more conceptual and merely designed to prompt debate and wider discussion.

HE ORANGA HAPORI

Released in late 2011, He Oranga Hapori: A Model for Raising Māori Community Wellbeing was driven by the need to better understand how Māori communities could address the impacts of a global recession.¹⁵ The report noted that Māori were more likely to experience the negative impacts of global forces and required more active and appropriate ways to deal with these. The report set out a method for measuring Māori community wellbeing and offered a description of how Māori growth and development indicators might differ from conventional mechanisms. In many ways the genesis of this work was prompted by a similar range of concerns which informed the development of the Gross National Happiness Scale. That is, the need for more comprehensive and qualitative indicators of progress.

12. Fredrickson, B. L., & Losada, M. F. (2005). Positive affect and complex dynamics of human flourishing. *American Psychologist*, 60, p678.

13. Human Potential Centre. 2013. Sovereign Wellbeing Index: Executive Report. Auckland: Auckland University of Technology.p14.

14. See: J.T.Hudson (2013), Te Paewai o te Rangī: A Framework for Measuring Iwi Outcomes, Unpublished Phd Thesis, Massey University, Auckland

15. Māori Economic Taskforce, (2012), He Oranga Hapori: A Model for Raising Māori Community Wellbeing, Māori Economic Taskforce, Wellington

Key features of the He Oranga Hapori are detailed in the table below:

TABLE 1: HE ORANGA HAPORI

KAUPAPA	BRIEF DESCRIPTION²⁴
KAITIAKITANGA	Caring for creation including natural resources, inherited treasures, other forms of wealth and communities, including Māori as a people
KOTAHITANGA	Pursuing a unity of purpose and direction where all are able and encouraged to contribute
MANAAKITANGA	Behaviour featuring generosity, care, respect and reciprocity towards others ²⁵
PŪKENGATANGA	Processing knowledge creation, dissemination and maintenance that leads to scholarship and contributes to the mātauranga (knowledge) continuum of Māori
RANGATIRATANGA	Reflecting chiefly attributes, seen as “walking the talk”, integrity, humility and honesty
WHĀNAUNGATANGA	Expressing relationships built on common ancestry and featuring interdependence, reciprocal obligations, support and guidance within rūpū tuku iho ²⁶
WHAKAPAPA	The inter-relationships of all living things by virtue of descent from Papatūanuku and Ranginui
WAIRUATANGA	The recognition of the intimate spiritual connections that link atua, humankind and nature in the past, present and future
TE REO	The acknowledgement that the preservation of Te Reo is crucial to our survival as Māori; the responsibility to ensure the transmission of Te Reo to future generations
ŪKAIPŌTANGA	The importance of tūrangawaewae, a place where one belongs, feels valued and is able to contribute

The table reveals a range of items or domains which are not typically considered within conventional progress or growth indicators. The items are firmly rooted within a Māori world-view and describe high-level cultural concepts which are important to the measurement of community progress. The report does not reject the need for conventional measures of progress, however, it draws attention to cultural constructs and aspirations and which are more likely to feature as part of the outcomes desired by Māori communities. Again, emphasis is placed on the need for more comprehensive measures and those which are able to better reflect the cultural needs and expectations of Māori.¹⁶

16. Ibid

TE NGAHURU

Māori Specific Outcome Indicators and Targets was a report prepared in 2002 for Te Puni Kōkiri and which highlighted a range of culturally specific indicators of effectiveness.¹⁷ The report introduced a conceptual framework for measurement, Te Ngahuru, which was broadly focused on social service delivery and built around a six-part schema:

1. Five principles
2. Two major outcome domains
3. Four outcome classes
4. Outcome goals
5. Outcome targets, and;
6. Outcome indicators

The five principles (part one) were used to highlight the application of outcome measures and the broad parameters under which they operate. The first two principles, Outcome Interconnectedness and Outcomes Specificity, considered the limitations of existing measures and the idea that these types of measures, while useful, are not perfect in that they require considered interpretation and alignment with both input and process indicators. The last three principles, Māori Focused Outcomes, Māori Commonality, and Contemporary Relevance, consider the Māori population diversity, characteristics, and distinctiveness. These five principles are described in the framework below.

TABLE 2: FIVE PRINCIPLES

PRINCIPLE	CHARACTERISTICS
OUTCOME INTERCONNECTEDNESS	The notion that Māori and non-Māori outcomes, while different, are the same on many levels. Generic measures of outcome will therefore be of relevance.
OUTCOME SPECIFICITY	Outcomes often have multiple determinants and it is frequently difficult to identify what these are. However, it is important that as far as practical an outcome determinant or cause is identified.
MĀORI FOCUSED OUTCOMES	Māori outcomes need to be based on Māori goals and aspirations rather than with comparisons with non-Māori.
MĀORI COMMONALITY	While the Māori population is diverse (culturally, demographically, and socio-economically) there are outcome aspirations which are held in common and which assist with the identification of Māori specific outcomes.
CONTEMPORARY RELEVANCE	Although cultural outcomes are often shaped by traditional and historical constructs, these will need to be placed and considered within a contemporary context, one which brings relevance to the current environment, structures, and interactions.

17. Durie, M.H. et al, (2002), Māori Specific Outcomes and Indicators, School of Māori Studies, Massey University, Palmerston Nth.

Part two identified Two Major Outcome Domains - Human Capacity and Resource Capacity. Human Capacity considers the rights of Māori to participate positively within society (both nationally and internationally). It highlights that positive Māori participation levels in society are currently low and this is reflected in high rates of unemployment, incarceration, educational underachievement, and income disparities.¹⁸ Resource Capacity considers Māori cultural, intellectual and physical resources. A positive outcome is where Māori resources are plentiful, sustainable and in a development mode.

Outcome Classes (part three) arise out of the Outcome Domains and include four distinct components. The first two are linked to the human dimension, Te Manawa (a secure cultural identity) and Te Kahui (collective Māori synergies). The last two consider resource issues, Te Kete Puawai (Māori cultural and intellectual resources) and Te Ao Turoa (the Māori estate). Collectively the four components are referred to as Te Ao Māori (the Māori world). The four Outcome Classes recognize the relationship between people and the land – they are further described in the framework below:

TABLE 3: OUTCOME CLASSES

OUTCOME CLASSES	CHARACTERISTICS
<p style="text-align: center;">TE MANAWA (A SECURE MĀORI CULTURAL IDENTITY)</p>	<p>The ability of an individual to access the Māori world to participate in Māori institutions, activities and systems.</p>
<p style="text-align: center;">TE KAHUI (COLLECTIVE MĀORI SYNERGIES)</p>	<p>An outcome that is focused on collective well-being, group synergy, interaction, and collaboration.</p>
<p style="text-align: center;">TE KETE PUAWAI (MĀORI CULTURAL AND INTELLECTUAL RESOURCES)</p>	<p>The need to consider and measure Māori cultural resources such as language, values, arts, culture, and knowledge.</p>
<p style="text-align: center;">TE AO TUROA (THE MĀORI ESTATE)</p>	<p>The need to consider the extent to which physical resources accrues so that future generations can enjoy an expanded Māori estate.</p>

18. Aiomanu, K. (2011) confirmed that lower Māori participation rate or generally lower outcomes for Māori vis-à-vis Europeans is a systemic and long standing issue.

The four Outcome Classes give rise to a list of ten Outcome Goals (part four). Two are linked to a secure cultural identity, three to collective Māori synergies, two to Māori cultural and intellectual resources, and three to the Māori estate. These are likewise detailed in the framework below:

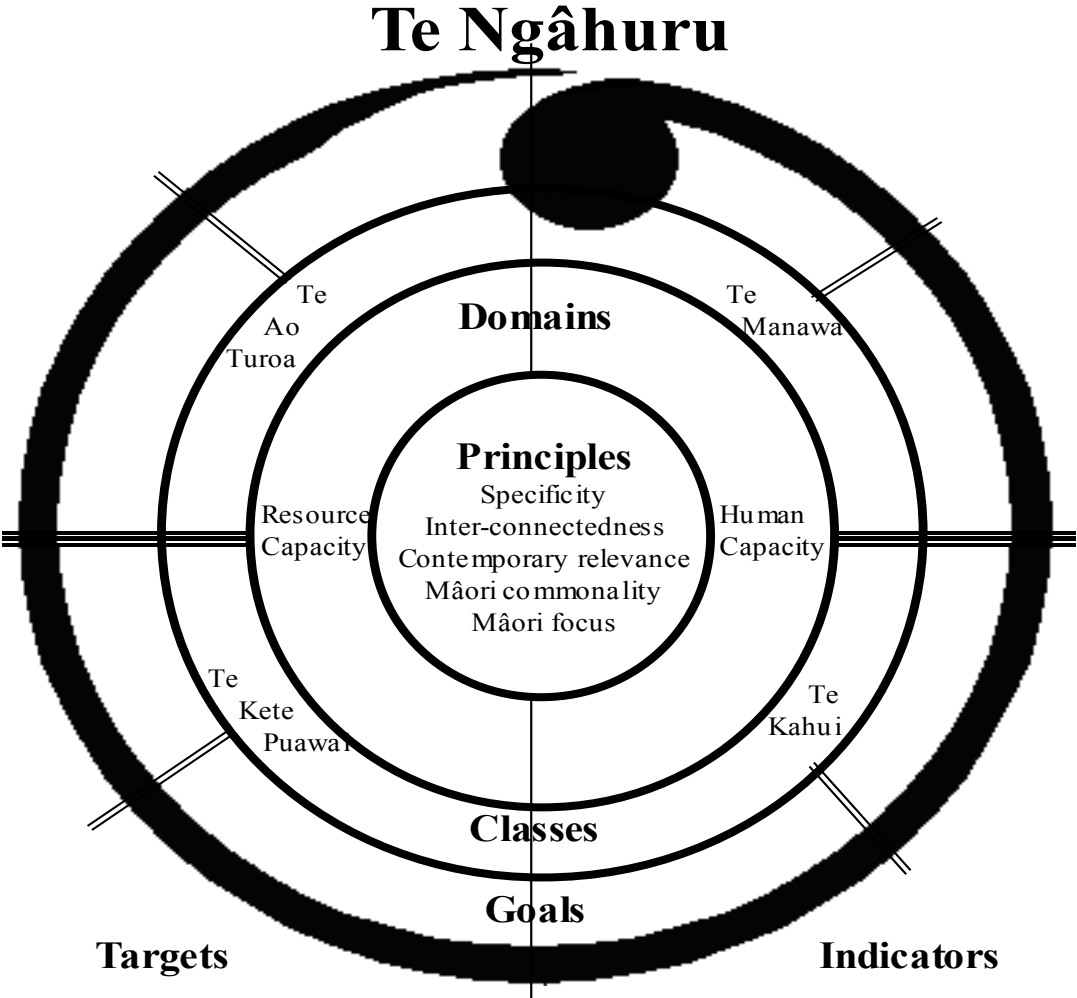
TABLE 4: OUTCOME GOALS

OUTCOME GOALS	FEATURES
PARTICIPATION AS MĀORI	Māori are more able to participate in society as Māori if they have a secure cultural identity. Indicators might include enrolment on the Māori electoral roll, employment in Māori designated positions, participation in Māori affirmative action programmes, and involvement in Māori cultural and sporting teams.
PARTICIPATION IN TE AO MĀORI	It is now accepted that Māori well-being depends not only on participation and achievement in wider society but also participation and achievement in Māori society. Indicators may include marae participation, involvement in Māori networks, participation at Māori land owners meetings, and knowledge of whakapapa.
VIBRANT MĀORI COMMUNITIES	An important outcome for Māori is measured by the vibrancy of a Māori community. It reflects the way a community is organised and the positive attributions that can result to the population involved. Indicators of a vibrant Māori community could be based on the number of institutions, kapa haka teams, Marae that are well used by the community, sports clubs, Māori committees, radio stations, and the relationships between organisations. Moreover an assessment of how these contribute to a vibrant community.
ENHANCED WHĀNAU CAPACITIES	A well-functioning whānau has the potential to point its own members towards good outcomes in both generic and Māori senses. Because the whānau is a foundation Māori institution its performance warrants close monitoring. Indicators could include, whānau land or education trusts.
AUTONOMY	A “by Māori for Māori” approach to development. Indicators could include Māori provider organisations, marae committees, Māori boards.
TE REO MĀORI	Māori language is a major indicator of “being Māori”. There are two important aspects, language use (extent), and the number of situations where it can be spoken (settings).
CULTURE, VALUES, AND KNOWLEDGE	The practice of Māori culture, knowledge and values constitutes an important outcome goal. The emphasis on culture, knowledge and values is intended to construct an outcome goal relevant to all Māori and in a manner consistent with diverse Māori realities.
REGENERATED LAND BASE	A regenerated Māori land base refers to a three dimensional shift: an expanded land base, a land base that is of greater economic value, and a land base that is more widely accessible to Māori.
THE ENVIRONMENT	An important Māori outcome is access to clean and sustainable environmental resources.
RESOURCE SUSTAINABILITY	The resource sustainability outcome goal is defined by sustainable harvesting practices, an expanding resource, and wide Māori access to the resource.

The Outcome Goals are designed to represent relatively undifferentiated outcomes. In order to achieve a higher level of specificity, and to give more precise focus, the report suggested the need to develop more focused outcome related targets. Outcome Targets for each goal (part five) could be decided according to the area under examination and in association with key participants. Furthermore, the targets would need to be relatively specific and measurable. Examples were given in that the Autonomy goal could be to establish an additional (and specific) number of Māori health providers. A target for the Te Reo Māori goal could be to ensure that at least one new domain where Māori can be spoken and heard is developed each year. A target for the Positive Māori Participation in Māori Society goal could be to establish a specified number of Māori designated positions within a certain sector. Targets would require agreement as to the best indicators (part six).

The intent of Māori Specific Outcome Indicators and Targets was to raise issues of interest, promote discussion, and to provide a mechanism through which more specific and pragmatic indicators could be developed. It did not provide detail on flourishing indicators but provided a basis upon which more sophisticated indicators could be identified. The schema below draws together the various frameworks and discussion points.

TABLE 5: TE NGAHURU



THE KORS

While the usual approach has been to construct novel or unique measures derived from Māori concepts, attempts have also been made to modify existing tools. Nick Drury, a clinical psychologist, successfully reinterpreted the ORS (Outcome Rating Scale) to better reflect the expectations of Māori mental health patients. The ORS is a questionnaire based survey used to assess individual, relational, and social functioning.¹⁹ The Māori measure, referred to as the KORS (Kaupapa Outcome Rating Scale), reinterprets the three domains of the ORS from a Māori perspective and in ways which better resonate with the cultural expectations of Māori. A facsimile of the KORS measure is attached.

HUA ORANGA

Like the KORS, Hua Oranga was designed to assess the effectiveness of mental health treatment and care.²⁰ It too is questionnaire based and poses specific questions of the patient, clinician, and a nominated family member. The questions and constructs are shaped around a Māori model of health, Te Whare Tapa Whā, and are designed to reflect Māori health perspectives and aspirations. The tool has a very narrow focus on Māori mental health, but offers useful clues as to how outcomes for Māori can be identified and measured, moreover some of the key issues and cultural considerations. A facsimile of Hua Oranga is also attached.

A MĀORI ALCOHOL AND DRUG MEASURE

Consistent with the desire for a range of outcome instruments, the ADOPT (Alcohol and Drug Outcomes Project) was commissioned by the Ministry of Health (through the Mental Health Research and Development Strategy) to investigate the feasibility of introducing national routine treatment outcome measurement for alcohol and drug services. The ADOM, Alcohol and Drug Outcome Measure, was produced as part of this process and to provide a routine mechanism through which clinicians could monitor the progress of patients receiving treatment for addiction. While the tool was designed for general application, over the course of its development steps were taken to ensure resonance with the aspirations of Māori through the establishment of a Project Reference Group and a Māori Expert Advisory Group.²¹ A significant finding from this process was that Māori and non-Māori views effectiveness or outcome were not necessarily inconsistent or at odds with each other.

19. See: <http://www.dmba.com/nsc/provider/pdf/EI-01B.pdf>

20. Kingi, T., & Durie, M.H. (2000). Hua Oranga: A Māori Measure of Mental Health Outcomes, Palmerston North: Te Pūmanawa Hauora, School of Māori Studies, Massey University.

21. P. Robertson, (2003), Summary of Alcohol and Drug Outcome Project (ADOPT) and Take for Māori Expert Advisory Group, Unpublished Information Paper.

MĀORI CULTURAL RELATED NEED (MACRN)

The MaCRN was developed by the Department of Corrections and designed to complement the generic Criminogenic Needs Inventory (CNI).²² The CNI is not a measure of outcome, progress, or flourishing in the strictest sense. Rather, the Department's main tool for assessing offenders and the systematic gathering of information pertaining to offending behavior. The information is used to make improved decisions about the offender - pre and post sentencing. The MaCRN aims to gather better information on Māori needs; the purpose being to determine how aspects of Māori culture can encourage individuals to address their offending behavior.

Like Hua Oranga the MaCRN considers issues of cultural significance and further links this to the identification of more meaningful approaches, strategies, and interventions for Māori. Significantly, it is also designed to complement other existing tools and to be used in unison with these.

HOMAI TE WAIORA KI AHAU

Developed by Dr Stephanie Palmer, Homai te Waiora ki Ahau is a 12 item measure of Māori well-being²³ and is based on four models of health - Te Whare Tapa Whā, Te Wheke, Ngā Pou Mana and te Roopu Awhina o Tokanui. Its application is structured around a series of pictures and informed by a 13 point likert based scale. The tool is self-administered and considers taha whānau (family), hinengaro (mental), tinana (physical), wairua (spiritual), mauri (lifeforce), whenua (land), mana (prestige), whatumanawa (emotions), tikanga Māori (Māori culture), tikanga Pākehā (Western culture), te ao tawhito (the old world), te ao hou (the new world) and waiora (complete health). The content domains for each item were obtained from literature, informal discussions with a range of experts, and Dr Palmer's own personal experience.

The approach to the tools design is possibly more relevant than the tool itself in that it suggests that utilising existing discourse (derived from literature) may provide an appropriate research base when combined with expert consultations and considered modifications.

THE MAURI MODEL

Developed by Te Kepa Morgan, The Mauri Model proposes an alternative means through which environmental concerns can be considered from a uniquely Māori perspective.²⁴ As part of its design, the model locates four Māori specific assessment domains or constructs;

1. Mauri of the Hapu/Band
2. Mauri of the Community
3. Mauri of the Family
4. Mauri of the Ecosystem

22. Maynard, K., (1999), 'Kimihia: Māori Culture Related Need – Seeking More Effective ways to Assess and Address Māori Re-offending', in He Pukenga Kōrero, vol. 5, no. 1, Department of Māori Studies, Massey University, Palmerston North.

23. S. Palmer, (2007), Homai te Waiora ki Ahau, Tumana Research, 2007.

24. Morgan, T., (2004), A Tangata Whenua Perspective on Sustainability using the Mauri Model, A Paper presented at the International Conference on Sustainability Engineering and Science 7 – 9 July 2004, Auckland, New Zealand

Various indicators are attached to each construct and allow environmental impacts to be assessed in ways which are more meaningful to Māori and more consistent with their cultural aspirations.

THE MĀORI DISABILITY INFORMATION (MDI) FRAMEWORK

The MDI Framework 25 identifies information useful to Māori communities, but not normally collected through other means. It includes three principles, four Māori specific data sets, and four considerations for the generation and transfer of data.

The three principles are the Treaty of Waitangi, confidentiality and guardianship, and purposefulness and consistency. The Treaty of Waitangi, as the first principle, provides an overall guide for the framework and is said to be consistent with Māori desires for greater control, equity, partnership, participation, and active protection. The principle of confidentiality and partnership reflects the need to ensure that information is obtained in a secure way and in line with privacy provisions. The last principle (purposefulness and consistency) highlights the requirement to collect information that is both useful and consistent, allowing for comparisons and projections to be made (e.g. service planning, monitoring of quality requirements and service delivery).

25. Te Pūmanawa Hauora, (1994), The MDI Framework: A Report Prepared for the Ministry of Health, Department of Māori Studies, Massey University, Palmerston North.

TABLE 6: MDI FRAMEWORK - PRINCIPLES

CATEGORY	COMPONENTS	GUIDELINES
PRINCIPLES	Treaty of Waitangi	The dual-focused framework: <ul style="list-style-type: none"> • Kāwanatanga • Tino Rangatiratanga • Oritetanga • Partnership • Participation • Active Protection²⁶
	Confidentiality and Guardianship	<ul style="list-style-type: none"> • Privacy Act 1993²⁷
	Purposefulness and Consistency	<ul style="list-style-type: none"> • Relevance and Use • Uniformity of Information

The four Māori specific data sets include ethnicity, cultural, circumstance, and disability data. The first component calls for a more consistent approach to which ethnicity data is collected and proposes that contemporary definitions be used as a guide – for example those developed by Statistics New Zealand. The second component highlights the importance of collecting culturally specific data – such as iwi and hapū information, as well as an individual’s capacity to access Māori networks. The third component, circumstance, is broadly linked to the requirement to collect information that considers an individual’s socio-economic position and access to whānau support networks. By collecting this type of data a more comprehensive indication of individual needs can be formulated.

The final component, disability data, states that the collection of Māori-specific data needs to be consistent with the more usual or conventional data collection mechanisms – moreover that both data sets should ultimately complement each other.

26. M. H. Durie, (1994), The CHI Model: A Culturally Appropriate Auditing Model, Public Health Commission, Wellington.

27. Including the Health Information Privacy Code 1994.

TABLE 7: MDI FRAMEWORK - SPECIFIC DATA

CATEGORY	COMPONENTS	GUIDELINES
MĀORI SPECIFIC DATA	Ethnicity	<ul style="list-style-type: none"> • Māori Affairs Amendment Act 1974 definition • Descent and self-identification • Census Questions 1991
	Cultural	<ul style="list-style-type: none"> • Hapū and Iwi²⁸ • Māori networks • Māori affirmation
	Circumstance	<ul style="list-style-type: none"> • Whānau support • Economic position • Other social indicators
	Disability Data	<ul style="list-style-type: none"> • Same as mainstream • Correlation of disability (multiple disabilities)

The final category, generation and transfer of data, is more technically focused and considers the practical issues associated with the collection of accurate and meaningful data. It highlights the need for systemic development – data and technology systems that are compatible and transferable; the need to ensure that issues of cultural safety are considered (e.g., how information is collected, stored, and applied); consideration of the methods of data collection (what information is collected and why); and lastly, data processing issues, to ensure that clear procedures are in place, that information is safe and secure, and that those gathering the data have some form of accountability to those from whom it is collected.

TABLE 8: MDI FRAMEWORK - DATA TRANSFER

CATEGORY	COMPONENTS	GUIDELINES
GENERATION AND TRANSFER OF DATA	Data and Technology	<ul style="list-style-type: none"> • Compatibility • Transferability
	Cultural safety	<ul style="list-style-type: none"> • Cultural safety issues²⁹
	Methods of collection	<ul style="list-style-type: none"> • Physical recording • Completed details
	Data processing	<ul style="list-style-type: none"> • Clear procedures • Accountabilities • Guardianship and security

28. Department of Statistics Iwi Classification.

29. I. Ramsden, (1990), Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa, Ministry of Education, Wellington.

The MDI Framework represented a new approach to the collection, analysis and retention of disability data. It was aimed at a national policy level and was broad enough to meet the diverse requirements of each provider organisation. Importantly, it highlighted the need to consider cultural factors within existing data collection mechanisms – moreover, that the two types of collections should work in unison.

HE ANGA WHAKAMANA

He Anga Whakamana, has been used to help develop services for the disabled.³⁰ Six key principles feature: whakapiki (enablement), whai wāhi (participation), whakaruruhau (safety), tōtika (effectiveness), putanga (accessibility), and whakawhānaungatanga (integration).³¹ The principles reflect Māori values and emphasise the need for disability services to adopt a fundamental philosophy consistent with Māori views and perspectives.

The framework identifies specific service implications for each of these principles and further provides indicators through which these implications can be assessed. The indicators are not intended as rigid markers but are used as broad guidelines through which generic service plans could be developed.

30. Ratima, M. M., Durie, M. H., Allan, G. R., Morrison, P. S., Gillies, A., Waldon, J. A., (1995), He Anga Whakamana: A Framework for the Delivery of Disability Support Services for Māori, Te Pūmanawa Hauora, Department of Māori Studies, Massey University, Palmerston North.

31. M. M. Ratima, M. H. Durie, G. R. Allan, P. S. Morrison, A. Gillies, and J. A. Waldon, (1995), He Anga Whakamana: A Framework for the Delivery of Disability Support Services for Māori, Te Pūmanawa Hauora, Department of Māori Studies, Massey University, Palmerston North.

TABLE 9: HE ANGA WHAKAMANA: A FRAMEWORK FOR THE DELIVERY OF DISABILITY SUPPORT SERVICES TO MĀORI

PRINCIPLES	SERVICE IMPLICATIONS	INDICATORS
WHAKAPIKI ENABLEMENT	Client input and choice at all levels of decision making Observation of Māori cultural requirements Provision of Māori focused services by Māori, Least intrusive service options	Quality information and collection Client participation
WHAI WĀHI PARTICIPATION	Active client participation, Active whānau involvement Links forged with Māori institutions	Caregiver/case manager participation Whānau participation
WHAKARURUHAU SAFETY	Cultural safety, including cultural enhancement of mainstream services Professionally qualified services with representative staff, Raised community awareness of disability	 Appropriate use of Māori language
TŌTIKA EFFECTIVENESS	Improved health status and health gains for Māori, Representative workforce, Community contribution	Links with Māori institutions Consistency
PUTANGA ACCESSIBILITY	Quality information, Timelessness, Availability of culturally and professionally safe services, Environment	Workforce composition and sensitivity
WHAKA – WHĀNAUNGATANGA INTEGRATION	Links with Māori institutions, Links with other service providers, Networking with Māori	Assessment procedures Consultation Māori specific factors

HE TAURA TIEKE

He Taura Tieke, sets out parameters for health service effectiveness. Its key dimensions are technical (or clinical) competence, structural and systemic responsiveness, and consumer satisfaction.³² The framework identifies those key health service attributes or components required to meet the needs and expectations of Māori consumers. In doing so, He Taura Tieke proves a simple 'checklist' through which service plans can be designed and operationalised.

TABLE 10: HE TAURA TIEKE

<p>TECHNICAL AND CLINICAL COMPETENCE</p>	<ul style="list-style-type: none"> • competence and safety • health framework
<p>STRUCTURAL AND SYSTEMIC RESPONSIVENESS</p>	<ul style="list-style-type: none"> • Māori development • Māori workforce development • preferred providers
<p>CONSUMER SATISFACTION</p>	<ul style="list-style-type: none"> • access • information • informed choice • trust and respect • participation • seamlessness

The components of the technical and clinical competence dimension (competence and safety and health frameworks) require safe, appropriate and timely services. This is based on the fundamental understanding that consumers need services that are technically/clinically competent, monitored, evaluated, and able to meet the legal and regulatory standards established by Government and other professional bodies.

Structural and technical responsiveness has three components (Māori development, Māori workforce development, and preferred providers). This dimension considers the expectations of Māori and that health services should contribute to broader Māori objectives, be aware of the particular needs of Māori, and employ relevant frameworks and philosophies (e.g. The Treaty of Waitangi, Whare Tapa Whā, and the Ottawa Charter). This dimension also calls for formal monitoring mechanisms through which the needs of Māori can be assessed.

32. C. Cunningham, (1996), He Taura Tieke: Measuring Effective Health Services for Māori, Ministry of Health, Wellington.

The third dimension (consumer satisfaction) is based on the simple premise that consumer needs and preferences should be met. To improve access to, and use of health services, Māori preferences, choices and decisions must be fully considered. The components of this dimension (access, information, informed choice, trust and respect, and participation) are broadly designed to facilitate improved Māori access, participation, and outcomes. Like He Anga Whakamana, He Taura Tieke was designed to account for the diverse needs of service providers, including both cultural and clinical requirements. In this regard, it further emphasises the interplay between cultural and universal measures.

THE CHI AUDIT MODEL

Following the Health Reforms of 1993, when contracting for health services became a regular aspect of service delivery, a guide for public health contracting with Māori providers was adopted by the Public Health Commission. The CHI ³³ framework³⁴ provided a basis on which provider contracts could be audited for cultural appropriateness and health gains for Māori. The model adopts a holistic approach and again demonstrates the value of including cultural measures alongside more conventional indicators.

TABLE 11: CHI AUDIT MODEL

PRINCIPLES	IMPLICATIONS
CULTURAL INTEGRITY	<ul style="list-style-type: none"> Care is culturally bound and reliant on cultural credibility (language, concepts and treatment)
MEDICAL PLURALISM	<ul style="list-style-type: none"> traditional approaches to care are not necessarily inconsistent with more contemporary methods – the objective is “health”
SELF-DETERMINATION	<ul style="list-style-type: none"> the capacity to exercise some control over how practices are implemented and applied

MEASURES FOR TRADITIONAL HEALING

The 1993 Health Reforms also took tentative steps toward recognising Māori traditional healing as a legitimate health service that qualified for funding. However, a framework within which traditional healing could be conceptualised was required. Important to that task was the link between healing and culture and the recognition that quite different bodies of knowledge could exist, side by side, without needing to be interpreted according to the standards and norms of the other. In other words, mātauranga Māori (Māori knowledge) was itself a legitimate body of knowledge that gave rise to distinct views on health and remedies for health problems.

33. The key feature of the model is that it Consolidates (C) previous work, adopts a holistic (H) framework and seeks to be interactive (I)
 34. M. H. Durie, (1993), A Culturally Appropriate Auditing Model: The C.H.I Audit Model, Public Health Commission, Wellington.

The challenge was to reconcile that approach with more conventional approaches without distorting the underlying rationale. The framework for purchasing traditional healing services attempted to address these challenges. It emphasised the adaptive and often context dependent nature of culturally derived healing but also stressed the principle of cultural integrity. Traditional healing was distinguished from other 'alternative' therapies on the basis of its longstanding cultural significance and its foundation of Māori values and a Māori philosophical outlook. Importantly, the framework provided the basis for Ministry of Health policy as well as a rationale which stressed the value of cultural domains.³⁵

TABLE 12: A FRAMEWORK FOR PURCHASING TRADITIONAL HEALTH SERVICES

ITEM	CHARACTERISTICS
TRADITIONAL BASIS	<ul style="list-style-type: none"> evidence that the approach does have a traditional foundation
RELEVANCE TO TODAY	<ul style="list-style-type: none"> approaches are able to meet and deal with contemporary needs
ACCESSIBILITY	<ul style="list-style-type: none"> cost, geography, insufficient information, may impede access
DEMAND	<ul style="list-style-type: none"> an awareness of how demand is measured
BASED ON AN INTEGRATED BODY OF KNOWLEDGE	<ul style="list-style-type: none"> traditional treatment and care may draw from a range of sources in order to make a diagnosis or assign treatment
TRAINING FOR PRACTITIONERS	<ul style="list-style-type: none"> often difficult to determine individual level of skill (ability not determined by formal qualifications)
INTERNAL ARRANGEMENTS TO ENSURE STANDARDS	<ul style="list-style-type: none"> the capacity to monitor and set standards
AN OPENNESS TO OTHER APPROACHES	<ul style="list-style-type: none"> linked to the notion of medical pluralism but highlights the need for both approaches to accept the benefits the other may provide
NOT HARMFUL	<ul style="list-style-type: none"> the objective is 'health'
ACCOUNTABLE	<ul style="list-style-type: none"> to patients, funders, and communities
LIAISON	<ul style="list-style-type: none"> the need to liaise with other sectors – a holistic, and integrated approach to health

35. M. H. Durie, (1996), 'A Framework for Purchasing Traditional Healing Services', a report prepared for the Ministry of Health, Department of Māori Studies, Massey University, Palmerston North.

TE PAE MAHUTONGA

More strategic frameworks for Māori health have also been developed and which similarly highlight cultural perspectives and outcomes. Te Pae Mahutonga was originally used as a guide to health promotion, but has subsequently been applied to other sectors including mental health.³⁶ It uses the symbolism of the constellation of stars known as the Southern Cross (Te Pae Mahutonga); the four stars making up the cross represent mauri-ora (identity, access to te ao Māori), wai-ora (environmental integrity), toi-ora (healthy life-styles) and te oranga (well-being). The two 'pointers' represent ngā manukura (leadership) and te mana whakahaere (autonomy). The key features of each component are described below:

MAURIORA: ACCESS TO TE AO MĀORI - access to language and knowledge, access to culture and cultural institutions such as marae, access to Māori economic resources such as land, forests, fisheries, access to social resources such as whānau, Māori services, networks, access to societal domains where being Māori is facilitated not hindered.

WAIORA: ENVIRONMENTAL PROTECTION - water free from pollutants, clean air, earth abundant in vegetation, healthy noise levels, opportunities to experience the natural environment.

TOIORA: HEALTHY LIFESTYLES - harm minimisation, targeted interventions, risk management, cultural relevance, positive development.

TE ORANGA: PARTICIPATION - participation in the economy, participation in education, participation in employment, participation in the knowledge society, participation in decision making.

NGĀ MANUKURA: LEADERSHIP - community leadership, health leadership, tribal leadership, communication, alliances between leaders and groups.

TE MANA WHAKAHAERE: AUTONOMY – control, recognition of group aspirations, relevant processes, sensible measures and indicators, the capacity for self governance.

The framework has become widely used in New Zealand as a health promotion framework and has been especially welcomed by Māori health workers for whom the imagery has particular meaning and significance. Moreover, by adopting a celestial analogy, the subject is elevated to a broader level of conceptualisation, consistent with Māori preferences for looking at the 'larger picture' to give context and allow for relationships to be explored. As a strategic measure of effectiveness Te Pae Mahutonga stresses the need for measures which are able to capture cultural values as distinct from more conventional aspirations. Furthermore, a broad framework such as this allows for a degree of flexibility in terms of how the framework is interpreted and applied.

36. M. H. Durie, (2000), Te Pae Mahutonga: A Model for Māori Health Promotion, Department of Māori Studies, Massey University, Palmerston North.

MEASURING PERFORMANCE AND EFFECTIVENESS FOR MĀORI

Released in April 2013, *Measuring Performance and Effectiveness for Māori*³⁷ was developed by Te Puni Kōkiri to identify key themes on measuring and reporting on the performance of government services in relation to Māori. It provided illustrative examples particularly in relation to employment services, but looked more broadly at measuring the performance of all government services that are provided to Māori.

The report noted the relative dearth of literature about measuring or reporting on the performance of government services in relation to Māori or indeed any indigenous populations. However, it noted the larger body of domestic literature addressing the problem of measuring overall Māori wellbeing (as opposed to the performance of particular services). While a range of issues were discussed within the report, attention was drawn towards two key measurement approaches.

1. comparative measurement, comparing ethnic differences in universal or generic performance (e.g. the total rate of people exiting from the benefit system into employment, compared with the exit rate for Māori clients); and
2. Māori-specific measurement, which is attuned to Māori realities and world views, and which aims to assess performance against Māori norms.

It was noted that Māori-specific measures might seek to capture results at the level of collectives rather than individuals – including whānau levels. Capturing the perspectives of the individual Māori client, the client's whānau, and the service provider could provide a robust perspective of what the service has achieved. It further suggested that there were a number of ways in which Te Ao Māori or cultural perspectives might be reflected in agencies' performance measurement. For example, a measure of adequate housing might take into account the provision for extended families and manuhiri.

It was stressed that there was no single, or universal 'Māori view' of what is important in service performance or overall Māori wellbeing, but, that there are some commonly-held views within Māori society. Within the context of this report, it suggests that consideration needs to be given to Māori cultural diversity and that any discussion on Māori or whānau perspectives of flourishing must take into account the heterogeneous nature of contemporary Māori society.

37. Te Puni Kōkiri, (2013), *Measuring Performance and Effectiveness for Māori*, Te Puni Kōkiri, Wellington



FLOURISHING IN THE CONTEXT OF TE PUAWAITANGA O NGĀ WHĀNAU

The paper, so-far, has discussed a range of diverse issues, models and approaches - this is partly due to the lack of aligned discourse (specific to this paper) and the need to draw information from multiple sectors. While the dearth of literature (specific to flourishing whānau) has created additional challenges, the examination of aligned research has nevertheless guided the identification of key issues, potential approaches, and possible measures. By carefully selecting and reviewing the literature, and through targeted conversations with local experts, a better understanding of flourishing within the context of Te Puawaitanga o Ngā Whānau has been developed.

THE WIDER FOCUS

The emphasis on emotional, psychological, and social wellbeing has featured both within the discourse and expert interviews. However, these concepts need to be expanded to include dimensions that are known to impact on whānau resilience and adaptability such as economic surety, cultural affirmation, societal inclusion, healthy and safe environments, physical fitness, and intergenerational transfers. Many of those interviewed as part of the development of this paper highlighted the utility of using flourishing as a general frame and the generic manner in which many of the concepts could be applied to both Māori and whānau. However, it was suggested that a broader, more focused lens, be applied and that the unique and wider context within which Māori whānau sit be considered. The wider focus does not exclude concepts relevant to conventional approaches and definitions but also includes many of the known determinants that underpin whānau wellbeing. The various models examined as part of the review reinforced this point and the idea Māori and conventional concepts are not necessarily inconsistent and should ideally work in harmony.

It was revealed that the economic dimension was especially important given the increasing recognition of poverty as a major obstacle to good health, educational success, full participation in society, and participation in te ao Māori. The work developed by the New Zealand Treasury 2025 Taskforce report³⁸ was especially adamant in this regard as was the notion that a flourishing whānau would have a broad and diverse range of interests.

38. www.2025taskforce.govt.nz

The environmental dimension is also important; it is the physical space within which people live and work. A healthy environment contributes to flourishing whānau while unsafe or toxic environments can lead to languishing. Many Māori also regard land as an extension of human identity so that flourishing is not possible if the natural environment is contaminated or denied.

In brief, when the concept of flourishing is applied to Māori in contemporary society, it needs to reflect the realities that impact on whānau. Those realities include economic, social, cultural and environmental factors. Moreover, that these are interdependent, mutually inclusive, and inter-reliant.

THE MĀORI DIMENSION

Early work on flourishing and languishing was based on USA populations. While many of the characteristics of flourishing have universal relevance, there is also abundant research to indicate that different populations have different views on wellbeing, consistent with their own cultural values. This notion was also supported by the examination of cultural measures of outcome and progress.

Te Puawaitanga o Ngā Whānau has a particular focus on the Māori population. Although not all Māori share the same understandings of culture or live lifestyles that reflect a distinctive Māori culture, nonetheless many whānau hold world views that are distinctively Māori. It is important therefore that Māori cultural views on flourishing are taken into account.

The Hua Oranga framework provides an example of an outcome measure that is premised on a widely recognised Māori health perspective – Te Whare Tapa Wha. As noted previously, Hua Oranga was originally constructed as an additional outcome measure for use in mental health services. It has since been used in a wide range of services in health, education, and social work. The framework has four major areas of inquiry: wairua, hinengaro, tinana, whānau. For each area, a set of questions have been developed to ascertain the impact of a specific intervention, ranked along a five point scale. A further feature of the framework is the ability to compare responses from patients, clinicians, and whānau members.

Another cultural framework relevant to understanding flourishing is being used for the Kawa Oranga programme at Te Wānanga o Raukawa.³⁹ The framework equates flourishing with Mauri Ora – spiritual robustness, cultural engagement, emotional vitality, positive thinking, high levels of energy, participation in activities and events and an ability to enter into sustainable and rewarding relationships. In contrast, languishing, (Mauri Noho), is associated with cultural and spiritual alienation, negative emotions, knowledge gaps, chronic pain, listlessness, negative relationships, and social isolation. Like Hua Oranga, the Mauri Ora framework recognises the four domains in Whare Tapa Wha (wairua, hinengaro, tinana, whānau). Importantly, these examples (as with those described previously) stress the need to measure cultural domains and how this can be achieved through the identification of key constructs or domains.

39. Durie, M. K. (2012), Mauri Ora, Mauri Noho, Kawa Oranga Programme, Te Wānanga o Raukawa, Otaki.

THE COLLECTIVE DIMENSION

Although the concepts of flourishing and languishing were often developed to measure mental wellbeing for individuals, they have also been applied to various collectives. In *Towards Flourishing for All, Mental Health Promotion and Mental Illness Prevention* (a policy paper prepared for a pan-Canadian steering committee on mental health promotion), the concept of flourishing was seen to have relevance beyond individuals. 'Given the right conditions and dynamics, individuals, groups, communities and societies, can flourish'.⁴⁰

Following that approach, and when considering the other examples provided, it is possible to see how flourishing can be relevant to the wellbeing of the whānau group.

Whānau wellbeing has been characterised by the capacities of whānau to undertake expected roles and functions. Whānau with high capacity reserves are more likely to be able to withstand adverse impacts whereas whānau who have low reserves will be more vulnerable to external influences and have reduced chances for favourable outcomes.

Three main types of capacities have been identified:⁴¹

- human capacity
- resource capacity
- functional capacity

Human capacity refers not only to the demographic characteristics of the whānau including age, location, and socio-economic circumstances, but also to levels of expertise, type of leadership and degree of connectedness. Whānau members contribute to whānau wellbeing if they themselves are flourishing. Although a flourishing whānau is more than the sum total of the individuals who make up the whānau, it would be difficult for a whānau to flourish if its members were languishing.

Resource capacity has two dimensions. It includes intangible resources such as intellectual and cultural resources, and tangible resources such as land, houses, motor vehicles and share-holdings. There is a great deal of unevenness in the resource capacity of whānau; some whānau have retained land, others are landless; some have access to environmental resources such as kaimoana, others have effectively lost that access. The situation is even more variable when intangible resources are considered. Many whānau are now virtually estranged from Māori intellectual knowledge including custom, while others are showing increasing awareness of cultural heritage and are enjoying increased opportunities to participate in te ao Māori.

40. GermAnn K., Ardiles, P. (2009), *Toward Flourishing for all, Mental Health Promotion Policy Background Paper*, Commissioned by the Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention, Ottawa.

41. Durie M, Black, T., Cunningham C., Durie A., Palmer F., Hawkins C. (2005), *The Parameters of Whānau Wellbeing, A Report Prepared for Te Puni Kokiri, Te Mata o te Tau, Massey University, Palmerston North*

Functional capacity reflects the key functions necessary for whānau wellbeing. It identifies the key collective tasks essential for whānau to flourish. Six primary capacities have been identified:⁴²

- the capacity to care;
- the capacity for guardianship;
- the capacity to empower;
- the capacity for long term planning,
- the capacity to endorse Māori culture, knowledge and values,
- the capacity for consensus.

It is possible to measure whānau capacities and to set targets that will enable whānau to gauge their own progress.⁴³

More recently whānau outcome measurement received special attention from the Taskforce on Whānau Centred Initiatives.⁴⁴ The Taskforce Report was adopted by Government as the basis for the Whānau Ora policy. Whānau Ora places high emphasis on working towards positive outcomes and has identified a set of outcome goals for whānau wellbeing:

- self-managing
- living healthy lifestyles
- participating fully in society
- confidently participating in te ao Māori
- economically secure and successfully involved in wealth creation
- cohesive, resilient and nurturing

42. Durie, M. (2001), *Mauri Ora The Dynamics of Māori Health*, Oxford University Press, Auckland.

43. Te Puni Kokiri (ed.), (2003), *Proceedings of Whakapūmau Whānau Whānau Development Hui 24 and 25 March 2003*, Ministry of Māori Development, Wellington

44. Taskforce on Whānau Centred Initiatives (2010), *Whānau Ora: Report Of The Taskforce On Whānau-Centred Initiatives to Hon Tariana Turia*, Wellington.



SIX MARKERS

Synthesising this information further, it is possible to construct a framework within which flourishing whānau can be considered. To this end, six markers of ‘flourishing whānau’ have been identified. The markers reflect high level overlapping domains relevant to whānau. Each marker contains multiple elements that contribute to flourishing and incorporates a number of indicators that can be used to quantify ‘flourishing’. The six makers are:

- Whānau heritage
- Whānau wealth
- Whānau capacities
- Whānau cohesion
- Whānau connectedness
- Whānau resilience

WHĀNAU HERITAGE

‘Whānau will flourish when they are strengthened by a distinctive heritage’. Whānau heritage includes: whānau whakapapa connections; whānau access to cultural skills and knowledge such as waiata and te reo Māori; whānau links to customary land; whānau presence on marae; whānau associations with Māori organisations; whānau access to urupa; whānau taonga.

WHĀNAU WEALTH

‘Whānau will flourish when they have sufficient wealth to enable high standards of living.’ Whānau wealth includes: whānau assets such as land, buildings, motor vehicles; whānau incomes; whānau financial reserves; whānau housing and home ownership, whānau access to Māori trust funds and whānau investment portfolios.

WHĀNAU CAPACITIES

'Whānau will flourish when they have the capacities needed to participate fully in society.' Whānau Capacities include whānau educational achievements, whānau lifestyles; whānau management of health; whānau employment; whānau utilisation of communication technologies; whānau transport.

WHĀNAU COHESION

'Whānau will flourish when they are cohesive, practice whānaungatanga, and are able to foster positive intergenerational transfers.' Whānau cohesion includes: the quality of relationships within households and within the wider whānau; the use of on-line communication systems; opportunities for whānau living elsewhere to participate in whānau life; whānau leadership; whānau events and participation in those events; involvement in whānau 'traditions'; whānau wānanga.

WHĀNAU CONNECTEDNESS

'Whānau will flourish when their connections beyond the whānau lead to empowerment.' Whānau Connectedness includes: whānau utilisation of societal institutions (e.g. schools, health care) and facilities (e.g. sport grounds, gymnasium), whānau participation in sport and/or recreation; whānau engagement in community affairs; whānau exercise of citizenship rights; whānau utilisation of banking and other financial institutions; whānau contributions to community committees, boards, voluntary efforts.

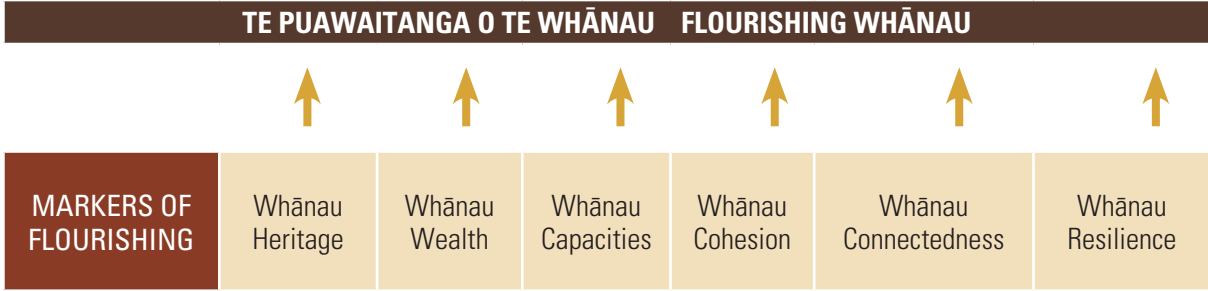
WHĀNAU RESILIENCE

'Whānau will flourish when they are able to overcome adversity and adapt to changing circumstances.' Whānau resilience includes: whānau futures planning; evidence of positive whānau change over time; opportunities for the transmission of values and knowledge between generations; a capacity to retain heritage while participating fully in modern society; strong whānau leadership.

MARKERS OF FLOURISHING WHĀNAU

The markers of flourishing whānau suggested here are tentative; research findings may warrant modifications or the inclusion of other dimensions. But they have been identified at this stage (and within the table below) as a starting point so that the concept of flourishing as applied to whānau may be better understood and used to measure progress towards whānau 'success'.

TABLE 13: MARKERS OF FLOURISHING



Two other research questions will be addressed in subsequent phases of the study: ‘What are the realities for whānau in contemporary New Zealand?’ and ‘How can whānau experience be transformed so that flourishing becomes a whānau norm?’ The first question (realities for whānau) will be informed by information collected from the Te Hoe Nuku Roa study, as well as other national and regional data sets.

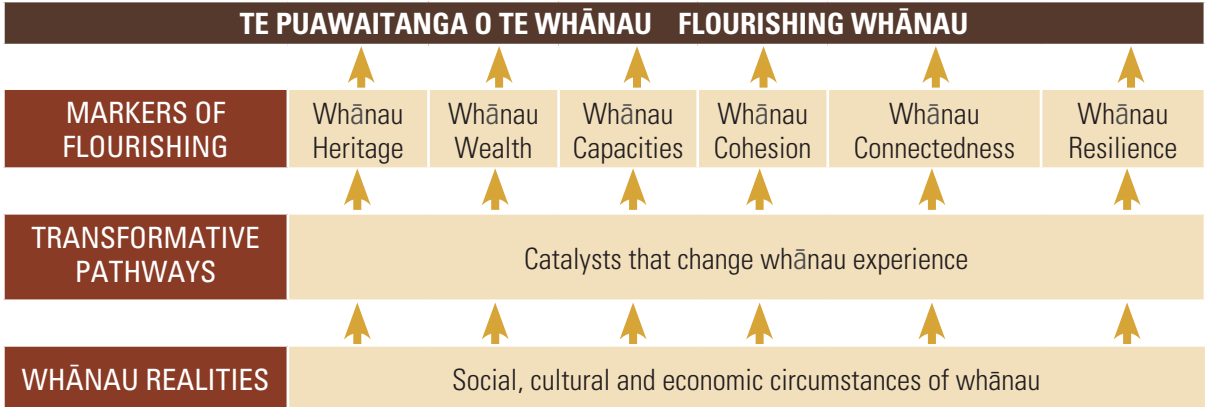
Addressing the second question (transforming whānau experience) will involve interviewing whānau who are already flourishing, exploring the nature of ‘life changing’ programmes within Māori communities, and reviewing whānau transitions that have become evident in longitudinal studies of Māori households (Te Hoe Nuku Roa).

Together the three questions are revealed:

1. what are realities for whānau in contemporary New Zealand?
2. how can whānau experience be transformed so that flourishing is achievable?
3. what are the markers of flourishing?

Finally, these questions contribute to a framework for the wider study and are represented in the diagram below.

TABLE 14: FLOURISHING WHĀNAU FRAMEWORK



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APPENDICES

KAUPAPA OUTCOME RATING SCALE (KORS)

Name _____ Age (Yrs): _____

ID# _____ Sex: M / F

Session # _____ Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

WAIRUA:

(Feeling valued, strong, and content within yourself as a Māori. Healthy from a spiritual point of view.)

HINENGARO:

(Thinking, feeling, and acting clearly in a manner which allows you to set goals for yourself)

TINANA:

(Looking after your physical health in a manner which will maximize your ability to move without pain or distress.)

WHĀNAU:

(Communicating with your Whānau in a manner which is confident and clear, and which makes these relationships closer)

TANGATA WHAIORA SCHEDULE

Q1. As a result of the ASSESSMENT do you feel: (Please circle one)

a) more valued as a person	Much more	More	No Change	Less	Much Less
b) stronger in yourself as a Māori	Much more	More	No Change	Less	Much Less
c) more content within yourself	Much more	More	No Change	Less	Much Less
d) healthier from a spiritual point of view	Much more	More	No Change	Less	Much Less

Q2. As a result of the ASSESSMENT are you: (Please circle one)

a) more able to set goals for yourself	Much more	More	No Change	Less	Much Less
b) more able to think, feel and act in a positive manner	Much more	More	No Change	Less	Much Less
c) more able to manage unwelcome thoughts and feelings	Much more	More	No Change	Less	Much Less
d) more able to understand how to deal with your health problems	Much more	More	No Change	Less	Much Less

Q3. As a result of the ASSESSMENT are you: (Please circle one)

a) more able to move about without pain or distress	Much more	More	No Change	Less	Much Less
b) more committed to having good physical health	Much more	More	No Change	Less	Much Less
c) more able to understand how physical health improves mental well-	Much more	More	No Change	Less	Much Less
d) physically healthier	Much more	More	No Change	Less	Much Less

Q4. As a result of the ASSESSMENT are you: (Please circle one)

a) more able to communicate with your whānau	Much more	More	No Change	Less	Much Less
b) more confident in your relationships with other people	Much more	More	No Change	Less	Much Less
c) clearer about the relationship with your whānau	Much more	More	No Change	Less	Much Less
d) more able to participate in your community	Much more	More	No Change	Less	Much Less

CLINICAL SCHEDULE

01. As a result of the ASSESSMENT does the patient feel: (Please circle one)

a)	more valued as a person	Much more	More	No Change	Less	Much Less
b)	stronger as a Māori	Much more	More	No Change	Less	Much Less
c)	more content within him/herself	Much more	More	No Change	Less	Much Less
d)	healthier from a spiritual point of view	Much more	More	No Change	Less	Much Less

02. As a result of the ASSESSMENT is the patient: (Please circle one)

a)	more able to set goals for him/herself	Much more	More	No Change	Less	Much Less
b)	more able to think, feel and act in a positive manner	Much more	More	No Change	Less	Much Less
c)	more able to manage unwelcome thoughts and feelings	Much more	More	No Change	Less	Much Less
d)	more able to understand how to deal with their health problems	Much more	More	No Change	Less	Much Less

03. As a result of the ASSESSMENT is the patient: (Please circle one)

a)	more able to move about without pain or distress	Much more	More	No Change	Less	Much Less
b)	more committed to having good physical health	Much more	More	No Change	Less	Much Less
c)	more able to understand how physical health improves mental well-being	Much more	More	No Change	Less	Much Less
d)	physically healthier	Much more	More	No Change	Less	Much Less

04. As a result of the ASSESSMENT is the patient: (Please circle one)

a)	more able to communicate with the whānau	Much more	More	No Change	Less	Much Less
b)	more confident in relationships with other people	Much more	More	No Change	Less	Much Less
c)	clearer about their relationship with the whānau	Much more	More	No Change	Less	Much Less
d)	more able to participate in the community	Much more	More	No Change	Less	Much Less

WHĀNAU SCHEDULE

01. As a result of the ASSESSMENT does your relative feel: (Please circle one)

a)	more valued as a person	Much more	More	No Change	Less	Much Less
b)	stronger in his/herself as a Maori	Much more	More	No Change	Less	Much Less
c)	more content within him/herself	Much more	More	No Change	Less	Much Less
d)	healthier from a spiritual point of view	Much more	More	No Change	Less	Much Less

02. As a result of the ASSESSMENT is your relative: (Please circle one)

a)	more able to set goals for him/herself	Much more	More	No Change	Less	Much Less
b)	more able to think, feel and act in a positive manner	Much more	More	No Change	Less	Much Less
c)	more able to manage unwelcome thoughts and feelings	Much more	More	No Change	Less	Much Less
d)	more able to understand how to deal with their health problems	Much more	More	No Change	Less	Much Less

03. As a result of the ASSESSMENT is your relative: (Please circle one)

a)	more able to move about without pain or distress	Much more	More	No Change	Less	Much Less
b)	more committed to having good physical health	Much more	More	No Change	Less	Much Less
c)	more able to understand how physical health improves mental well-being	Much more	More	No Change	Less	Much Less
d)	physically healthier	Much more	More	No Change	Less	Much Less

04. As a result of the ASSESSMENT is your relative: (Please circle one)

a)	more able to communicate with the whānau	Much more	More	No Change	Less	Much Less
b)	more confident in relationships with other people	Much more	More	No Change	Less	Much Less
c)	clearer about the relationship with the whānau	Much more	More	No Change	Less	Much Less
d)	more able to participate in the community	Much more	More	No Change	Less	Much Less

