SUBMISSION TO THE MĀORI AFFAIRS COMMITTEE INQUIRY INTO THE DETERMINANTS OF WELLBEING FOR MĀORI CHILDREN

New Zealand Council Of Christian Social Services

Introduction

1.1 The New Zealand Council of Christian Social Services (NZCCSS) works for a just and compassionate society in Aotearoa/New Zealand. This work involves developing and critiquing policy with a view to promoting a just and compassionate society. It also involves advocating for the development and maintenance of appropriate services for the relief of the vulnerable and poor members of our society.

1.2 NZCCSS thanks the Māori Affairs Committee for the opportunity to submit to this important Inquiry. We request an opportunity to appear before the Māori Affairs Committee to make further comment.

1.3 NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support New Zealand Inc and the Methodist and Salvation Army Churches. Through their networks and approximately, 639 social service organisations, NZCCSS members make a significant contribution to New Zealand's social wellbeing through the delivery of services such as foodbanks, budget advice, emergency housing, employment assistance, addictions treatments etc. Some of our members provide family support services such as social work, counselling and benefit advocacy services. (For more about NZCCSS refer to Appendix 1.)

1.4 Contact details for this submission are: Trevor McGlinchey, NZCCSS Executive Officer and ph. 04 473 2627, eo@nzccss.org.nz

1.5 After reviewing some of the submission publically available on the New Zealand Parliament website, it was noted that the Māori Affairs Committee has access to a wide range of statistical and academic evidence. NZCCSS members report that a large proportion of their clients, in comparison to local and national demographics, are Māori. On this basis, NZCCSS decided not to write a submission reiterating the evidence available. Rather this submission is based on information received from Māori Christian social service agency social workers and management as provided at a hui held in Central Auckland. This hui had the single kaupapa of gathering

practice based evidence for this submission. The seven hui participants reported they had a total of 115 years social work experience shared between them.

1.6 Iwi affiliations of the hui participants included Ngāti Haua, Ngāti Wairere, Ngāti Mahuta, Ngāti Porou, Ngā Puhi, Patuharakeke, Ngāti Maniopoto, Ngāti Wae, Tainui, Te Arawa, Ngāti Whātua.

Responses to the Points in the Terms of Reference

Point 4 *The social determinants necessary for the healthy growth and development for Māori Children*

2.1 This submission starts with the hui responses to Point 4 of the Terms of Reference (ToR). This is important as, as a group of social services practitioners, the hui participants are principally concerned with the development of an environment for the "healthy growth and development for Māori children".

2.2 The initial determinants for healthy growth and development for Māori children are:

- A loving whānau
- A warm and dry home
- Sufficient food and clothing
- Connectivity to wider whānau and, through *whakapapa*, to *te ao Māori* (the Māori world and its values and norms)
- If *whakapapa* connections have been broken through dysfunctional family history the connection to *te ao Māori* may be through *"kaupapa whānau"*
- Access to effective healthcare
- Access to quality education, and for older children, training, tertiary education and appropriate employment
- A community and society that has a central value of ensuring the wellbeing of children and whānau
- A nation that fully honours te Tiriti o Waitangi

2.3 It was noted that in *te ao Māori* we are all *mokopuna* of our *tūpuna* which means the definition of childhood is somewhat fluid and difficult to provide a set age for transition from childhood to an older state.

2.4 Māori children grow and develop within whānau. Therefore to address the issues of healthy growth and development of Māori children without equally and at the same time addressing the healthy growth and development of whānau is impossible. This submission is framed to respond to this more holistic reality.

2.4 The Māori social services practitioners do not see the current benefit systems or the state housing system providing levels of income and housing that provide for a warm dry home and sufficient food and clothing. Many of their clients are in receipt of benefits and thus their children are at risk of not receiving these basic wellbeing needs.

Point 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.*

3.1 The historical failure of the recognition of te Tiriti o Waitangi as evidenced through the historical and contemporary imposition of colonial structures on Māori is seen as the biggest historical contribution to the current low-wellbeing profile of Māori children. These colonial structures include an ongoing and systematic legitimising of colonial world views while at the same time, purposefully undermining the world view of the *tangata whenua*. Internationally there are universal low-wellbeing outcomes for indigenous people wherever this approach has been taken,.

3.2 Historical actions and inactions have led to an unacceptable and consistently bad health, education and welfare profile for Māori Children. These historical actions and inactions include: -

- Deliberate stripping of an economic base through war, confiscation and dishonest land purchases
- Attacks on Māori spirituality including the Tohunga Suppression Act, the raids on Parihaka (Te Whiti o Rongomai and Tohu Kakahi), Te Ao Mārama (Te Maiharoa), and Maungapohatu (Rua Kenana)
- Removal of matriculation subjects from the curriculum of Native Schools meaning Māori could not aspire to higher education until after it was reintroduced in 1945.

This resulted in a predominantly manual labour and manufacturing Māori workforce, with low educational qualifications

- Māori diaspora as an effect of urban migration of Māori – affecting physical and *whakapapa* links to *tūrangawaewae.* This undermined both whānau cultural identity and the strength of *hapū* in maintaining their marae and cultural base
- The sale of State Owned assets in the late 1980s without consideration for the impacts on the largely Māori workforce employed in this sector and the following heavy burden of long-term unemployment and loss of *mana* this imposed on Māori workers and their whānau
- The lack of action to address Māori education and training in the face of globalisation and the need to compete globally, and the consequent acceptance of Māori unemployment rates that are consistently 3 times higher than that of the Pākehā
- The acceptance of extremely high Māori Youth unemployment rates
- Inaction to address the unacceptable level of imprisonment of Māori
- Inaction by health authorities in the face of extremely high rates of third world diseases such as rheumatic fever and bronchiolitis in Māori children.

3.3 The hui discussed three states of being:

- Connected – knowledge of self as Māori, based on whakapapa, whānau connection, attachment to marae, hapū, iwi. In general this means connected whānau have good decision making models which are supported by whānau and determined in the context of a Māori world view.
- Dis-connected –lack of wider whānau connection, no attachment to marae, hapū, iwi. This means sometimes whānau have non-Maori models of decision making that can lead to good wellbeing (but often not in the context of a Māori world view). This may lead to further disconnection and potentially to alienation.
- Alienation – a state of total marginalisation. This means no or little knowledge of whakapapa, no connection to wider whānau, no connection with te ao Māori, and no connection with Pākehā world views or values.

3.4 Most social work is in the urban situation as most Māori now live in urban centres. The highest work load, and the most difficult work, emerges from the alienated group. The entrenched and often intergenerational factors impacting on this group means that highly skilled and long-term social services support and interventions are needed to effect positive

change. Reconnection to whakapapa links is difficult, can take a long time and requires skilled support from people with whakapapa expertise.

3.5 Some social work interventions also arise from the disconnected group as whānau from this group are often likely to find themselves in situations where some additional support and guidance is needed in order to maintain an acceptable level of whānau, and consequently Māori children, wellbeing. This work can result in the reconnection of whānau and to long-term and sustainable connectivity and wellbeing.

3.6 Issues do arise for all whānau from time to time and those whānau who are connected still occasionally require some outside support and assistance. However, for this group, due to their connectivity to the wider whānau, hapū, and iwi, a state of self-knowledge and sustainable wellbeing is easier to achieve and maintain.

3.7 For those Māori children living in alienated whānau the wellbeing profile is seriously compromised. The lack of both connectivity and cultural identity results in whānau becoming gang members, addicted to alcohol and illegal drugs, and with high levels of debt. They are both the victims and perpetrator of crimes, with extremely high imprisonment rates. They suffer from debilitating disease, experience mental health difficulties, die early, and have low skill levels in parenting and home-keeping. Children living in these families risk repeating the life choices of their *matua* and in many cases their *tūpuna* as intergenerational unemployment, poverty and addictions are part of alienated whānau experience.

3.8 The hui noted that many Māori children live in well-connected whānau that provide for the levels of support and guidance that lead to successful lives. The historical and present experience of Māori is not totally negative –role models do exist and we need to recreate the social determinants that lead to these successes for all Māori whānau.

Point 2 *The extent of public investment in Māori children across health, education, social services, and justice sectors – and whether this investment is adequate and equitable.*

4.1 The hui reinforced their practical experience in seeing and working with Māori children who exemplify the highly publicised low levels of achievement and ranking for Māori in all socio-economic, health, education and justice indicators.

4.2 The hui identified that investment in Māori children was either inadequate – or given the level of funding going into education, health, justice and social services, adequate but poorly directed. On the basis that the socio-economic position of Māori children (and their whānau) remained stubbornly low, the investment was and is inequitable, as an equitable level of well-directed investment would have changed this low position to one more similar to the national norms.

Point 3 *How public investment in the health, education, social services and justice can be used to ensure the wellbeing of Māori children.*

5.1 The expertise of the hui participants is in social services. However many of the points made will in this section will inform health, education and justice policy and implementation.

5.2 As already stated some of the outcomes of the historical and continuing colonisation of Māori include: -

- Loss of identity and connection
- Loss of mana
- Loss of effective decision making frameworks
- Intergenerational examples of bad choices, and bad parenting practices
- Addictions
- Gang affiliation
- Loss of confidence and an all pervading sense of hopelessness
- Low level education and training
- High unemployment
- Intergenerational history of sole parenting and absent fathers
- Low home ownership rates
- Poverty and high levels of debt
- Poor physical and mental health
- High suicide rate – particularly youth suicide
- Reduced life-expectancy

5.3 These impacts did not occur overnight. Rather they are the result of long-term deliberate policy and practice that has undermined Māori identity and values systems. The starting

point for change must be in the practical honouring of te Tiriti o Waitangi. This starts within the political frameworks. If politics is the "art of the possible" then it is necessary for politicians from across the political spectrum to work towards creating a society in New Zealand where the full honouring of te Tiriti is possible. This will take strong and courageous leadership but will result in a legacy of enhanced wellbeing for all New Zealanders.

5.4 As we are dealing with long-term impacts we must therefore accept that the solutions are also long-term. Māori social workers report that real change occurs from the basis of 'trusting relationships' between the client and the social worker. These relationships take time to develop and mature. Once established the social worker can use their professional expertise to assist the whānau identify issues and solutions. They can guide them through the steps towards creating loving, safe and healthy homes for their whānau – including of course their *tamariki*. Much of the current investment in Māori children is programme focussed, short-term time bound, and does not provide for the long-term ongoing intervention and support needed to guide whānau out of entrenched, intergenerational social problems.

5.5 Competitive tendering models of contracting, lack of transparency in decision making, political fondness for new innovations and piloting programmes, along with funding constraints have all led to patch protection and loss of trust. This has led to disjointed approaches to social services and to whānau not getting the seamless support they need to move towards interdependent wellbeing. Interdependent wellbeing achieved through healthy, mutually supportive relationships with whānau, hapū, iwi and/or kaupapa whānau, neighbourhood, community.

5.6 There is potential for investment in social work for Māori children to encourage collaborative action between social services agencies. One hui participant described this potential in these terms, "… we have hapū who live by the moana, other hapū that live by the awa, others that live in the ngahere. Each hapū has its own speciality, its own expertise. When all of these specialities are combined then we get the best of all areas – we must do the same in our work for the wellbeing of our people".

5.7 The Whānau Ora collaborative tendering models are one example of how this can be done. Collaboration is best achieved when all agencies concerned share a common goal, where

funding allocation is transparent, and the service agencies have been fully consulted and informed of the requirements and decision making processes. This requires a different approach from both Māori and community organisations and from the funding agencies.

5.8 Government funded social services initiatives across the range of education, health, justice and social services are all focussed on *te tinana* and *te hinengaro,* the body and the mind, with little or no action taken on *te whānau me te wairua*, the wider whānau and the spiritual aspects. This artificial fragmentation means that true growth towards wellbeing is stunted and greater understanding of working in all of these domains is critical.

5.9 The capacity of organisations to work with Māori whānau needs to be further developed and enhanced. This is a multilevel approach. Kaupapa Māori organisations appear to be under resourced, with low pay rates being offered, and positions being taken up by under qualified or unqualified staff. In government and in mainstream community organisations, the organisational structure along with the skills and knowledge of the majority of the staff do not match Māori whānau cultural requirements.

5.10 On this basis multipronged approaches to developing skills and organisational structures need to be put in place. Social work qualifications must move beyond paying academic lip service to *te ao Māori* and to *te Tiriti*. Qualifications must require practical demonstrations of the ability to engage and empathise with Māori clients within culturally appropriate frameworks.

5.11 Both community based and, most particularly, government organisations must be held to account for the quality of services they provide for Māori whānau. With organisational "cultural restructuring", training and development put in place in order to achieve Māori client recruitment, engagement, and success rates that are at least equal to that achieved for Pākehā clients. Senior Māori managers across all service lines and at all levels –including the highest – should be the norm. Both Māori and non-Māori service delivery professionals should undertake Māori cultural supervision to assist in the further development and maintenance of their skill base, and this should be seen as the same as other forms of professional supervision.

5.12 It was noted that addictions impact greatly on the ability of Māori whānau to engage positively with processes to enhance wellbeing. No progress can in fact be made until whānau members have overcome their addictions and are free of drug, alcohol and gambling addictions. This means that a far greater investment needs to be made in effective drug/alcohol and gambling addiction treatment.

Point 4 – covered in paragraphs 2.1- 2.4 of this document

Point 5 *The significance of whānau for strengthening Māori children*

6.1 The major thrust of this submission is that Māori children live in whānau. Strong, healthy, interdependent, and wherever possible, whakapapa connected whānau are critical to the wellbeing of Māori children.

Point 6 *Policy and legislative pathways to address the findings of this enquiry*

7.1 Poverty remains an underpinning driver of Māori 'social disease'. Wellbeing is difficult to achieve in an environment of intergenerational poverty, low aspirations, and physical and mental disease and stress caused by lack of food, appropriate housing, heating, access to medical support etc. An official poverty measure should be established and targets set to move people out of poverty. These targets should ensure that Māori children are moved out of poverty as quickly as possible so the negative impacts of childhood poverty on lifetime outcomes are reduced.

7.2 The lack of quality housing at affordable prices, both rental and ownership, creates a high level of transience for Māori whānau, particularly urban Māori. The ongoing effects of this transience, e.g. the inability to be engaged with a community, to keep Māori children enrolled at the same school (or even in school), to have continuity of medical support and advice, etc. all lead to poor wellbeing. There must be greater investment in housing strategies that lead people to be housed for, at least a minimum of, the period they have the care of *tamariki.*

7.3 As it is so important that Māori children live in whānau that are connected to their whakapapa more emphasis needs to be put on the development of strong healthy marae, well supported by *ahi kaa*. Policy and funding initiatives that support marae development

and take the pressure off *ahi kaa* to not only provide all the cultural support needed for the upholding of the kawa and consequently the *mana* of their marae but also have to battle for funds for the physical maintenance of the *marae whare* place an unacceptable burden on the hapū.

7.4 The Work and Income policy of excluding people from accessing a benefit if they move to particular isolated, rural areas has steadily depopulated the *takiwā* of some hapū. Areas where there is little work and little opportunity for development means people leave home. They can then not return to support their whānau due to the strict policies of not being able to access a benefit on their return. This policy needs to be reviewed and considered in the light of *te ao Māori* instead of just taking a colonial world view.

7.5 Legal and policy development also needs to occur in the area of provision of alcohol, drugs and access to gambling. Gambling outlets, booze outlets and drug dealers all congregate in low income areas. It is in these areas that many Māori live. It is not good enough to blame Māori for engaging at higher rates in 'anti-social' behaviours including excessive drinking, drug taking and gambling and then creating a regulatory and policy environment that allows the purveyors of these 'evils' to concentrate their outlets in Māori neighbourhoods.

7.5 Government agencies and departments should report annually on their achievement of wellbeing for Māori. Targets should be set and government agencies and departments that do not achieve these targets should experience some form of consequence that incentivises them to work more proactively and collaboratively to achieve these targets. Of particular concern are the outcomes achieved for Māori children in health and for all Māori in length and quality of life, in employment – including youth employment, in education, in post compulsory training and in tertiary education.

7.6 Honour the Treaty of Waitangi

NZCCSS thanks the hui participants for the depth of their commitment to the wellbeing of Māori children and their whānau. NZCCSS deeply appreciates the willingness of these experts to share their long experience in maintaining whānau wellbeing in order to provide the knowledge to allow this submission to be written. He mihi tēnei nā te ngākau māhaki ki te hunga tākoha whakaaro nui. Nā o koutou mātauranga, wheako, pūkenga me ngā āhua ngāwari i whai hua ai ki tēnei kaupapa. Kia ora!

APPENDIX ONE – About NZCCSS

NZCCSS Mission and Role

NZCCSS works for a just and compassionate society in Aotearoa New Zealand. We see this as a continuation of the mission of Jesus Christ. In seeking to fulfil this mission, we are committed to:

- giving priority to poor and vulnerable members of our society
- Te Tiriti O Waitangi

The key roles of NZCCSS are to represent the common interests and vision of our members at the national level; to supply information and networking opportunities to support members provide quality services; and to develop, critique and advocate for policies that will assist poor, vulnerable and disadvantaged members of society.

A national Council, made up of two representatives from each denomination, governs NZCCSS. A small Secretariat team carries out the day-to-day work of the Council. This includes gathering and distributing information, research on social policy issues, and building relationships with government officials and others working in the community sector.

A Policy Group oversees the policy and research work that NZCCSS does in three key areas: child and family, housing and poverty and services for older people. Each Policy Group is made up of at least two council representatives plus social services managers, academics or others with particular expertise in that area. This means that the work that NZCCSS does is well informed by what is happening in our members' communities.

Collectively, our six foundation members represent 639 organisations that operate a total of 1214 social service programmes throughout New Zealand. Our members deliver a wide range of services that cover such areas as child and family services, services for older people, food bank and emergency services, housing, budgeting, disability, addictions, community development and employment services.

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