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Whānau Ora: The first four years



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Auditor-General's overview

I have worked in the New Zealand public sector for more than 30 years and consider that, in many circumstances, it is sensible for public agencies to work with families to promote well-being.

Eminent people on a taskforce chaired by Professor Sir Mason Durie certainly thought so. After the Government considered the taskforce's report, Whānau Ora was launched in 2010. The lead agency was Te Puni Kōkiri, supported by the Ministry of Health and the Ministry of Social Development.

I chose to report on Whānau Ora because it is an example of innovation and new thinking in service delivery. Whānau Ora was an opportunity for providers of health and social services in the community to operate differently and to support families in deciding their best way forward.

Whānau Ora has been a success for many families who now have a plan to improve their lives. For example, some whānau are working towards getting their young people living and working on their ancestral land. The government spending to achieve this has been small, but the importance for the whānau is significant.

Bringing whānau members together to prepare plans seems to have had benefits that are wider than the plans themselves. For example, reconnected whānau members not only provide each other with support but have also learned where skills and expertise already lie within the whānau. Some whānau have also gained shared experience in goal setting, planning, and managing projects and budgets to achieve their goals.

We wanted to clarify for Parliament and the public what Whānau Ora is, where the funding has gone, and what Whānau Ora has achieved after four years. It was not easy to describe what it is or what it has achieved.

We could not get a consistent explanation of the aims of the initiatives in Whānau Ora from the joint agencies or other people that we spoke to. So far, the situation has been unclear and confusing to many of the public entities and whānau.

Government agencies need to be able to explain what results are expected – or hoped for – and achieved from spending public funds. Clearly understood aims generally lead to clear accountability and good reporting. Good reporting is particularly important with innovation, because it allows changes to be made when required.

During the first four years, total spending on Whānau Ora was \$137.6 million. Delays in spending meant that some of the funds originally intended for whānau and providers did not reach them. Nearly a third of the total spending was on

administration (including research and evaluation). In my view, Te Puni Kōkiri could have spent a greater proportion of funds on those people – whānau and providers – who Whānau Ora was meant to help.

Whānau Ora also relies on appropriate support from other agencies and the community. Without strong support from other government agencies, such as the Ministries of Health and Social Development, Whānau Ora is unlikely to succeed.

Many providers of different health and social services in the community have been supported to form “collectives”, so people can get easier access to a range of services. These providers have also been supported to move from a focus on individuals to a focus on whānau. Some have employed people to work intensively with whānau and help them move from crisis to resilience.

These are positive changes. However, the providers are mainly required by their contracts with government agencies to deliver services to individuals. When we did our work, the Ministries of Health and Social Development had no plans to change to a funding model that would take advantage of the effort and \$68 million paid to providers to help them shift to whānau-centred service delivery. The signals currently sent by different parts of government are, at best, mixed.

I have said before that being in the public service means serving the needs of people, and this is not my first report to describe systems that are a burden for their users. Te Puni Kōkiri required whānau to be represented by a legal entity before funding them to prepare a plan to improve their lives. I question whether that requirement was necessary.

I have no doubt that some commentators will make light of the successes described in this report and make much of the criticisms. However, an innovative idea should not be abandoned just because of implementation problems. I earnestly hope that those involved with the next phase of Whānau Ora are able to take my criticisms on board and learn from them.

I thank everyone who shared their experiences with my staff, including whānau, service providers, community representatives, and consultants. I also thank Professor Sir Mason Durie, who met with my staff and commented on draft reports. I also thank Te Puni Kōkiri and the Ministries of Health and Social Development for their help.



Lyn Provost
Controller and Auditor-General

1 May 2015

1

Introduction

- 1.1 In this Part, we discuss:
- what Whānau Ora is;¹
 - why we looked at Whānau Ora;
 - the main government agencies involved with Whānau Ora;
 - the focus of our report;
 - how we did our work; and
 - the structure of our report.

What Whānau Ora is

- 1.2 Whānau ora is a multifaceted term in wide use that means many different things to many people. At its core is the concept of family well-being.
- 1.3 In 2009, the Government recognised that current approaches to service delivery were not serving Māori families well enough. It set up a taskforce to look at new ways of interacting with Māori providers of community-based services. After considering the taskforce’s advice, the Government set up Whānau Ora.
- 1.4 Administratively, Whānau Ora is a set of three different initiatives (the Initiatives). They are largely funded through Vote Māori Affairs, and the government agencies most involved in providing support for those Initiatives are the Ministry of Māori Development (Te Puni Kōkiri), the Ministry of Health, and the Ministry of Social Development. People of any ethnicity could receive funding through Whānau Ora.
- 1.5 In this report, we set out to clarify for Parliament and the public what Whānau Ora is, where the funding has gone, and what Whānau Ora has achieved after four years. It was not easy. Whānau Ora was not consistently described, which makes it hard for us to describe it and hard for the agencies to link results to objectives. Some results have not been adequately reported on yet. It is too soon to tell what other aspects of Whānau Ora have achieved.

Why we looked at Whānau Ora

- 1.6 We wanted to look at Whānau Ora because:
- the Initiatives appeared to be a new way of helping people;

¹ In this report, we have not translated into English any Māori words that appear in the Ministry of Culture and Heritage’s list of “100 Māori words every New Zealander should know” (see www.nzhistory.net.nz/culture/maori-language-week/100-maori-words).

- we have a continuing interest in how agencies work together,² which is a feature of the Initiatives; and
- the Initiatives were intended to change service delivery, which matched our strategic focus.

1.7 Comments the Auditor-General received on her draft annual plan for 2013/14 supported her intention to look at Whānau Ora.

Government agencies responsible for the Initiatives

1.8 Te Puni Kōkiri is the lead agency for the Initiatives. This means that Te Puni Kōkiri has lead responsibility for carrying out the Initiatives, for giving the Government policy advice about the Initiatives, and for assessing and reporting on the Initiatives' effectiveness. Te Puni Kōkiri is responsible for managing Vote Māori Affairs funding for the Initiatives and is accountable to the Minister for Whānau Ora for how the funding is used.

1.9 In Whānau Ora's first four years, the Government required Te Puni Kōkiri, the Ministry of Health, and the Ministry of Social Development to work together to set up and support the Initiatives. Together, we call them the joint agencies. District health boards gave regional support to the Initiatives.

1.10 Before making decisions, Te Puni Kōkiri considered advice and recommendations from a range of sources, including:

- the Ministry of Health;
- the Ministry of Social Development;
- a national-level Governance Group made up of community representatives and the joint agencies' chief executives; and
- 10 regional groups made up of community representatives and regional officials, which were established in each of Te Puni Kōkiri's regions.

The focus of our work

1.11 We focused our work on how the Initiatives have been carried out. The information in our report has not been brought together before. We identified how the Initiatives were funded, how much funding was available, and how much was spent. We focused mainly on the first phase of the Initiatives between 2010/11 and 2013/14.

² For example, our report, *Sustainable development: Implementing the Programme of Action* (2007), identified three themes needed to effectively co-ordinate multi-agency work: leadership, co-ordination, and governance; management and planning; and accountability through reporting, monitoring, and evaluation. A more recent report, *Reflections from our audits: Our future needs – is the public sector ready?* (2014), also discusses these themes. All of the Controller and Auditor-General's published reports, including her annual plans and annual reports, are available at www.oag.govt.nz.

- 1.12 We did not look at individual contracts or payments.

How we did our work

- 1.13 To carry out our work, we reviewed documents and talked to people. We reflected on what we read and what people told us, and make some observations in this report.
- 1.14 Some of the information we reviewed and discuss is publicly available. The joint agencies and some of the people we spoke to supplied us with extra documents.
- 1.15 We spoke to a range of people about the Initiatives. In Wellington, we spoke with the first Minister for Whānau Ora, the past chairperson of the taskforce, people who worked with whānau to prepare and carry out whānau plans, providers who were funded to carry out Programmes of Action, and providers who were not. We spoke to employees of Te Puni Kōkiri, the Ministry of Health, and the Ministry of Social Development. We spoke to consultants who were paid by whānau to help them.
- 1.16 We visited two of Te Puni Kōkiri's regions. While there, we spoke with community representatives who are past members of their regional groups and with whānau members who were funded through the Initiatives. We spoke with Te Puni Kōkiri's regional directors and some of their staff. We also spoke with chief executives, senior staff, and trustees of providers, and people who worked directly with whānau.

How our report is structured

- 1.17 In Part 2, we explain the origin of Whānau Ora and the Initiatives.
- 1.18 In Part 3, we give an overview of the Initiatives, which we discuss in more detail in the rest of our report.
- 1.19 In Part 4, we describe the aims of the Initiatives.
- 1.20 In Part 5, we give an overview of spending.
- 1.21 In Part 6, we discuss the whānau integration, innovation, and engagement (WIIE) Initiative, which mostly involved whānau preparing plans to improve their lives.
- 1.22 In Part 7, we discuss the Initiative to improve the capability of service providers.
- 1.23 In Part 8, we discuss integrated contracts and how government agencies supported the Initiatives.

Origin of Whānau Ora and the Initiatives

- 2.1 Whānau ora became part of government policy in November 2002, when the Ministry of Health published a strategy for Māori health.³ In the strategy, whānau ora meant, briefly, “healthy families”. In their foreword to the strategy, the responsible Minister and Associate Minister said that achieving whānau ora would need an approach that recognises and builds on the strengths and assets of whānau to encourage whānau development.
- 2.2 In 2009, the then Minister for the Community and Voluntary Sector⁴ got Cabinet’s agreement to set up a taskforce to address her concerns. These were that health and social services often intervene after matters went wrong for an individual,⁵ rather than restoring full whānau functioning or extending whānau capabilities. The Minister was also concerned that government contracting practices had led to many Māori providers competing for contracts, which fostered a piecemeal approach and inhibited collaboration and co-ordination.
- 2.3 In June 2009, the Government set up a taskforce to provide advice on a new way of interacting with Māori providers of community-based services to meet the social needs of Māori whānau. The taskforce of community representatives was led by Professor Sir Mason Durie. The Ministry of Social Development gave the taskforce administrative and other support.
- 2.4 The Government asked the taskforce to come up with an evidence-based framework to help government agencies and community-based providers work together better to improve the well-being of Māori whānau and to help whānau help themselves. The Government wanted the framework to result in improved cost-effectiveness and value for money.
- 2.5 The taskforce gave its report to the Government in January 2010. It was called *Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives*.⁶ In its report, the taskforce produced a framework that focuses on whānau well-being. This framework set the scene for the Government’s decisions, and we refer to it throughout this report. Figure 1 summarises the taskforce’s whānau ora framework.

3 Ministry of Health (2002), *He Korowai Oranga: Maori Health Strategy*. See www.health.govt.nz.

4 At the time, Honourable Dame Tariana Turia was also Associate Minister of Health and Associate Minister for Social Development and Employment.

5 This could include a health incident, child abuse, school truancy, homelessness, or criminal offending.

6 The report is available from www.msd.govt.nz. It was published in April 2010 and includes the taskforce’s full terms of reference and membership.

Figure 1
Summary of the taskforce’s whānau ora framework

<p>Overarching aim</p>	<p>The framework’s overarching aim is “best outcomes for Māori”.</p> <p>The whānau-centred framework should achieve a balance between social, economic, cultural, and collective gains to whānau consistent with the whānau ora philosophy.</p> <p>The whānau ora philosophy is distinctive because it:</p> <ul style="list-style-type: none"> • recognises a collective entity (the whānau); • endorses a group capacity for self-determination; • has an intergenerational dynamic; • is built on a Māori cultural foundation; • asserts a positive role for whānau within society; and • can be applied to a wide range of social and economic sectors. 	<p>Outcomes should be measured at the level of whānau, service providers, and the population.</p> <p>In choosing measures, there should be a balance between service provider accountability, and flexibility and responsiveness.</p>
<p>Principles</p>	<p>The principles serve as essential foundations for the framework and help guide the selection of indicators and outcome measures, and allocation of funding, for whānau-centred initiatives.</p> <p>They are:</p> <ul style="list-style-type: none"> • nga kaupapa tuku iho (which means the ways in which Māori values, beliefs, obligations, and responsibilities are available to guide whānau in their day-to-day lives); • whānau opportunity; • best whānau outcomes; • whānau integrity; • coherent service delivery; • effective resourcing; and • competent and innovative provision. 	<p>Outcome-focused information should be collected.</p> <p>Data should be timely and continuous, value should be given to quantitative and qualitative information, and there should be a research component.</p>
<p>Whānau outcome goals</p>	<p>The results expected of whānau-centred initiatives are that whānau will be:</p> <ol style="list-style-type: none"> 1. self-managing; 2. living healthy lifestyles; 3. participating fully in society; 4. confidently participating in te ao Māori; 5. economically secure and successfully involved in wealth creation; and 6. cohesive, resilient, and nurturing. 	

Whānau-centred services goals	<p>These are services that focus on whānau as a whole, build on whānau strengths, and increase their capacity. They should be characterised by:</p> <ul style="list-style-type: none"> • whānau-centred methodologies; • commitment throughout government; • the establishment of an independent trust with a dedicated government appropriation; • a primary focus on best outcomes for whānau through integrated and comprehensive delivery; • strong regional direction; and • building on existing service provider capabilities. 	
A whānau ora trust	<p>Establish a trust to govern whānau-centred initiatives to:</p> <ul style="list-style-type: none"> • provide a point of contact with government and administer the whānau ora fund; • provide national leadership and co-ordination; • establish regional panels to ensure that local needs are understood and regional networks are established; and • use a relational model of governance and management for all activities, including contracting with service providers. 	

- 2.6 The taskforce defined whānau as a multigenerational group that is made up of many households, supported and strengthened by a wider network of relatives. This definition was not adopted for the Initiatives. Whānau and provider collectives (groups of service providers) that applied for funding through the Initiatives had their own definitions of whānau.
- 2.7 The taskforce defined whānau ora as a holistic approach to well-being aimed at achieving best outcomes for Māori. Because it is holistic, whānau ora includes whānau health, education, housing, income, employment, relationships, and wealth.
- 2.8 In the taskforce’s framework, providers should work with whānau instead of focusing solely or mainly on the specific needs of one or two people within a whānau.
- 2.9 The taskforce considered that everyone involved – funders, government and non-government providers, and whānau – would need to change from a “deficit approach” to a “strengths-based approach” to achieve best outcomes for Māori.
- 2.10 Funders, providers, and whānau would also need to change the way that they work together. For a start, they should work together. The taskforce considered

that providers working within a whānau ora framework should have more flexibility in how they meet whānau needs. The taskforce also considered that contracts should focus on results (that is, the improvements achieved by whānau) rather than units of activity completed by the provider, such as the number of visits made or tests completed.

- 2.11 Most providers deliver services to individuals. The taskforce considered that providers that change their focus to whānau might not be able to meet the full range of whānau needs from their existing mix of services. The taskforce considered that, rather than doubling up on or fragmenting services, providers should have networks or alliances to ensure smooth referrals and co-ordinated services for whānau. This applied equally to government agencies and community-based providers.
- 2.12 The taskforce recommended that:
- an independent trust be formed to govern, co-ordinate, and implement whānau ora, and report to a Minister for Whānau Ora;
 - a specific whānau ora appropriation be established for the trust to manage;
 - whānau ora services be integrated and comprehensive, and focused on measureable outcomes that will help to empower whānau;
 - whānau ora services be shaped by te ao Māori (that is, by the Māori cultural context, including norms, traditions, and heritage);
 - all government agencies with responsibilities for any aspect of whānau well-being commit to the whānau ora principles and support the Whānau Ora initiatives; and
 - the trust establish regional groups to ensure that whānau ora contributes in positive and realistic ways in local communities.

Overview of the Initiatives

- 3.1 The Government responded to the taskforce’s report by introducing the Initiatives. So far, the Initiatives have had two phases. The first phase was launched in 2009/10, and the second phase was launched in 2013/14. From 2013/14, the phases overlap until the first phase ends on 30 June 2016. In this Part, we give an overview of each phase and the Initiatives.

What does the first phase involve?

- 3.2 Two sets of decisions make up the first phase of the Initiatives – the first set decided the governance and accountability arrangements, and the second set decided what Initiatives would be put in place.

Governance and accountability arrangements

- 3.3 The taskforce delivered its report to the then Minister for the Community and Voluntary Sector, who deferred deciding on whether to set up an independent trust. This was because the Minister wanted close Ministerial and departmental oversight and ownership of the first set of Initiatives. The Government made Te Puni Kōkiri the lead agency, with the Ministry of Health and the Ministry of Social Development in support.
- 3.4 In 2010, the Prime Minister created a Minister for Whānau Ora, a role that was separate from the then Minister of Māori Affairs (now Minister of Māori Development). The Prime Minister assigned both roles to a single person after the 2014 general election.
- 3.5 The Government set up a national-level Governance Group to advise the Minister for Whānau Ora and Te Puni Kōkiri on the Initiatives. The Minister for Whānau Ora appointed community representatives to the Governance Group. The joint agencies’ chief executives were also members.
- 3.6 The Governance Group started work in mid-2010, and members were appointed for a three-year term. The Minister extended their term to March 2014, when the Governance Group’s role in setting up the second phase of the Initiatives ended. The direct involvement of the Ministry of Health and the Ministry of Social Development in running the Initiatives largely ended at the same time.
- 3.7 Regional Leadership Groups (regional groups) were set up in each of Te Puni Kōkiri’s 10 regions. Regional groups were made up of:
- three or more community representatives appointed by the Minister for Whānau Ora;
 - an official from Te Puni Kōkiri’s and the Ministry of Social Development’s regional offices; and
 - a representative from the relevant district health boards.

- 3.8 Regional groups were appointed for a three-year term and started work in July 2010 by assessing the Expressions of Interest sent in by providers. The Minister extended their term to December 2013.

The Initiatives

- 3.9 There were three Initiatives:
- whānau integration, innovation, and engagement (WIIE);
 - provider capability building; and
 - integrated contracting and government agency support for the Initiatives.

Whānau integration, innovation, and engagement

- 3.10 In practice, this initiative mostly involved whānau – families of any ethnicity – making plans to improve their lives and carrying them out. Whānau could apply to Te Puni Kōkiri for funding to help prepare plans and/or to carry them out. Whānau applied for funding through a legal entity, which was responsible for any resulting contract with Te Puni Kōkiri. Vulnerable whānau in areas of high deprivation and/or geographic isolation were to have priority for funding, as were Māori and Pacific whānau. This initiative stopped on 30 June 2014.

Provider capability building

- 3.11 This initiative involved provider collectives building their combined ability to deliver co-ordinated services that consider the needs of individuals and whānau (that is, services are to be whānau-centred).
- 3.12 We were told and we understand that the aim of building providers' capability was for them to enable whānau to take more control over their lives. The Ministry of Health does not agree that this was the aim of setting up provider collectives. The Ministry of Health told us that the purpose of provider collectives was to deliver better integrated and responsive services for individuals and whānau. The Ministry of Health's view is that whānau plans were to enable whānau to increase control over their lives.

Integrated contracting and government agency support for the Initiatives

- 3.13 When Whānau Ora was launched, the Government considered that integrated contracting was critical to measuring the success of the Initiatives. Integrated contracting was meant to result in more efficient contract management so that providers would have more time to spend on building their capability to deliver whānau-centred services.

- 3.14 Other than co-operating to integrate contracts, the work Te Puni Kōkiri, the Ministry of Health, district health boards, and the Ministry of Social Development did to support the Initiatives mostly involved administrative work to do with provider collectives.

What does the second phase involve?

- 3.15 The second phase of the Initiatives resulted from a plan to work towards setting up a standalone commissioning agency.⁷ In July 2013, Cabinet decided to set up three commissioning agencies, whose purpose is described as funding support for building the capability of whānau.
- 3.16 There is one Pacific commissioning agency for the country, one commissioning agency for the North Island, and one commissioning agency for the South Island. Te Puni Kōkiri has three-year contracts with the commissioning agencies, which Te Puni Kōkiri can extend to five years in total.
- 3.17 The commissioning agencies will seek applications for funding and enter into contracts to fund those that they select. We understand that the commissioning agencies can fund any community-based organisations in any sector and can get income from sources other than Te Puni Kōkiri.

⁷ National Party (December 2011), *Relationship Accord and Confidence and Supply Agreement with the Māori Party*, www.maoriparty.org.

4

Aims of the Initiatives

- 4.1 In this Part, we discuss what the Initiatives are intended to achieve and Te Puni Kōkiri's approach to measuring performance and progress towards the aims. At the end of the Part, we make some observations.

Performance measurement approach

Whānau Ora Outcomes Framework

- 4.2 Figure 2 shows the outcomes framework that Te Puni Kōkiri prepared. Te Puni Kōkiri considers that this framework describes the high-level outcomes for the first phase of the Initiatives. Te Puni Kōkiri told us that two outcomes in the framework represent the taskforce's six whānau outcome goals (see Figure 1). The outcomes are:

- Individuals experience positive cultural, social, and economic outcomes.
- Whānau experience positive cultural, social, and economic outcomes.

- 4.3 A simplified version of the framework was included in guidance given to the provider collectives on how to prepare their project plans to deliver whānau-centred services (dated January 2012).⁸ Neither version was published or widely shared. Te Puni Kōkiri told us that it did not prepare the framework to publicise the aims of the Initiatives. Te Puni Kōkiri told us that it based its performance measurement approach on the outcomes framework.

- 4.4 Te Puni Kōkiri has now prepared a new Whānau Ora Results Commissioning Framework for measuring the commissioning agencies' effectiveness. Te Puni Kōkiri told us that the commissioning agencies are to report on six whānau outcome goals, which are the same as the ones in the taskforce's framework (see Figure 1).

- 4.5 The commissioning agencies will choose their own short-term, medium-term, and long-term measures to report against each goal. Te Puni Kōkiri told us that it wants a more balanced mix of measures for whānau and government priorities. It expects that the medium-term and long-term measures will tend to align with government priorities for educational and economic achievement.

Measures of provider collectives' performance

- 4.6 Te Puni Kōkiri picked two topics (infant immunisation and early childhood education) to report on the provider collectives' performance from 2011/12 in its annual reports to Parliament. Te Puni Kōkiri told us that it picked the measures to show how the provider collectives had contributed to the Government's Better Public Service targets.⁹

⁸ Te Puni Kōkiri (2012), *Whānau Ora: A guide to the development of a Whānau Ora approach*.

⁹ Information on the targets is available at www.ssc.govt.nz.

Figure 2
Whānau Ora Outcomes Framework, 2010



Source: Te Puni Kōkiri.

4.7 Te Puni Kōkiri used two versions of each measure, and both versions were reported on for 2012/13 in different reports (see Figure 3). Only measure 3 (which was replaced) matched the relevant Better Public Service target.¹⁰

Figure 3
Measures of provider collectives' performance, 2011/12 to 2013/14

Measures	2011/12	2012/13	2013/14
Early childhood education			
1. The percentage of whānau with children enrolled in early childhood education	67% of whānau indicated that they had improvements in attendance at early childhood education (national rate: 95.7%) [^]	67% of whānau engaged in the Initiatives noted improvements in their attendance in early childhood education [^]	Replaced by indicator 2
2. The percentage of engaged whānau supported to access early childhood education	-	95.7%*	95.9%*
Immunisation			
3. The percentage of engaged whānau with children whose vaccinations are up to date. (The measure is the eight-month immunisation rate from a sample of general practices and primary health organisations that are members of a provider collective.)	-	85% [^]	Replaced by indicator 4
4. The percentage of engaged whānau supported to access immunisation	-	85%*	83.5%*

Notes: Data marked with [^] was reported in Te Puni Kōkiri's annual reports for the years ended 30 June 2012 and 2013 (see www.tpk.govt.nz).

Data marked with * was reported in *Vote Maori Affairs Report in relation to the Whānau Ora-based Service Development Multi-class output appropriations (non-departmental appropriations)* for the years ended 30 June 2012, 2013, and 2014 (see www.treasury.govt.nz).

4.8 It is not clear whether the results reported for the early childhood education measure related to increased enrolment rates, improved attendance rates for children who were already enrolled, or both.

¹⁰ The relevant Better Public Service targets were:

- By December 2014, 95% of eight-month olds will be fully immunised and this rate will be maintained through to June 2017.
- In 2016, 98% of children starting school will have participated in quality early childhood education.

Regional plans and population indicators

- 4.9 In the last year of their original terms (2012/13), the 10 regional groups had to prepare plans and report quarterly to Te Puni Kōkiri on the implementation of those plans.¹¹ Te Puni Kōkiri told us that the regional groups were to identify priorities for co-ordinating and investing in activities that would help improve whānau outcomes.
- 4.10 In the second half of that year, Te Puni Kōkiri required each group to prepare a population outcomes framework for their region and identify matching indicators. This involved bringing members from the regional groups together for training in a model called Results-Based Accountability.¹²
- 4.11 Te Puni Kōkiri expected that the frameworks would enable the regional groups to:
- identify priorities for whānau in their region;
 - set priorities; and
 - check what progress was being made for whānau in their region.
- 4.12 Each of the regional groups identified three or four population outcomes.¹³ Half of the regional groups identified one or more indicators for each outcome before the groups were disbanded.¹⁴ Most of the indicators were measures about individuals (such as low-birthweight babies or family violence incidents) that could be reported on easily because the data is readily available from official sources.
- 4.13 Te Tairāwhiti regional group's outcomes framework was prepared first and used to trial the Results-Based Accountability method. Te Tairāwhiti's framework had more detail than the other regions' frameworks. It included information about why the framework was important, how it should be used, and how people and organisations in all sectors should work together to achieve the agreed outcomes. The Appendix summarises Te Tairāwhiti group's framework and shows which parts of the framework the other regional groups completed.
- 4.14 Te Puni Kōkiri told us that the regional groups were expected to monitor their indicators. In reality, it would have been difficult for the groups to notice changes during their terms because some data is collected annually (such as students'

11 Te Puni Kōkiri reported on this in the Statement of Service Performance in its 2012/13 annual report.

12 In the Results-Based Accountability model, there are two types of accountability (population and performance) and three types of performance measures (How much did we do? How well did we do it? Is anyone better off?). For more information, see www.raguide.org.

13 Examples of outcomes were culturally connected, aroha, self-determining, guardians, waiora, manaakitanga, secure, economically independent, healthy, and safe. Each regional group defined what it meant by each outcome, so outcomes that were common between the regional groups did not necessarily have the same definitions.

14 Examples of indicators were employment/unemployment rates, life expectancy, recorded family violence offences, te reo Māori speaking rates, and participation in local decision-making bodies.

achievement rates) or less often (such as changes in life expectancy, which is collected during the census). Data for other indicators, such as for employment rates, is collected and reported quarterly.

- 4.15 It is not clear whether the regional frameworks and indicators (where they exist) have any role in the second phase of the Initiatives or will be taken up by anyone else.

Reporting on progress towards the aims of the Initiatives

- 4.16 Te Puni Kōkiri collected and collects information on performance through written reports sent by:
- regional groups, while they existed;
 - whānau; and
 - provider collectives and research collectives (groups of researchers).
- 4.17 Te Puni Kōkiri uses the information, as well as the results of any other evaluation activities, to provide regular reports on the Initiatives to the Minister for Whānau Ora.
- 4.18 Te Puni Kōkiri reports on the Initiatives to Parliament and the public in several ways. Information is published on its website (such as in occasional reports, fact sheets, and newsletters) and in annual reports. It also helps to draft reports that the Minister presents to Parliament. However, these separate reports do not give a comprehensive report on progress towards the Whānau Ora Outcomes Framework.

Our observations

- 4.19 Government agencies need to be able to explain what results are expected – or hoped for – and achieved from spending public funds. We could not get a consistent explanation of the aims of the Initiatives from the joint agencies or other people that we spoke to.¹⁵
- 4.20 In our view, Te Puni Kōkiri’s failure to prepare an outcomes framework with SMART¹⁶ aims, and publicise it, has contributed to the range of explanations and opinions we were given about what the Initiatives were intended to achieve and about how effective they have been.

15 One provider’s chief executive told us that the joint agencies took different approaches to discussing the Initiatives, which sometimes made matters confusing or more complex for providers. He explained that health sector agencies wanted providers to focus on people with high health needs and chronic health issues who could have services “wrapped around” them. He said that Te Puni Kōkiri’s officials focused on realising Māori potential, and the Ministry of Social Development focused on how providers could show that they were making a difference in delivering contracted services (that is, Results-Based Accountability).

16 By this, we mean that the framework is specific, measurable, assignable, realistic, and time related.

- 4.21 Te Puni Kōkiri's measures for reporting on provider collectives' performance in its annual reports (about immunisation and early childhood education) are inconsistent and confusing. They do not match the Better Public Service targets, and we found it difficult to relate them to the Whānau Ora Outcomes Framework.
- 4.22 The regional plans were prepared too late to be useful. It is likely that some regional groups did not select matching indicators because they were going to be disbanded. Even if there had been time to detect changes in some of the indicators, it would not have been feasible to credit any improvements to the provider collectives' actions.
- 4.23 Te Puni Kōkiri and the regional groups chose measures and indicators that were measures of individual, rather than whānau, achievement. In 2011, Professor Sir Mason Durie had proposed that targets for whānau achievement could be defined and set. Those targets could be, for example, that by 2015:
- 60% of whānau are financially literate;
 - 75% of whānau are health literate;
 - 60% of whānau are e-literate;
 - 80% of whānau are succeeding in programmes of learning;
 - 60% of whānau are fluent speakers of Māori; and
 - 40% of whānau are "estate" literate.¹⁷
- 4.24 In June 2016, the last Programmes of Action will be completed. At that time, Te Puni Kōkiri will have a full set of reports – from provider collectives, whānau, and research collectives – that it can use to report on the first phase of the Initiatives.
- 4.25 There should have been clearly understood aims, roles, and responsibilities, which should have led to clear accountability and good reporting. So far, the situation has been unclear and confusing to many of the public entities and whānau. This is unacceptable.

¹⁷ The example targets were published at www.tpk.govt.nz.

5

Overview of spending

- 5.1 In this Part, we report on:
- how funding for the Initiatives was divided;
 - how much funding was spent on the Initiatives; and
 - where funding went throughout the country.

How was funding for the Initiatives divided?

- 5.2 In 2009/10, Te Puni Kōkiri used a relatively small amount of funding to get the Initiatives up and running. The Government made \$1.1 million of administration funding available, and \$1.0 million was spent.
- 5.3 The Government announced funding for the Initiatives in Budget 2010. In the public service, a “fund” is called an output class or appropriation. At first, three output classes were announced:
- **The WIIE fund** made funds available to whānau through some form of legal entity to enable them to prepare plans to improve their lives.
 - **The Service Delivery Capability fund** made funds available to providers, who used it to build their capability to deliver whānau-centred services.
 - **The Whānau Ora Administration fund** covered the costs of promoting and carrying out the Initiatives, including research and evaluation.
- 5.4 In 2013/14, three more output classes were added to get the commissioning agencies up and running. Figure 4 shows the output classes for the first four years of the Initiatives and, where relevant, their end dates.

Figure 4
How funding for the Initiatives was divided, from 2010/11

Funding available for service providers, whānau, and commissioning agencies		Period
Whānau ora-based service development	Whānau Integration, Innovation, and Engagement (to support providers to develop whānau integration, innovation, and engagement)	From 2010/11 to 2013/14
	Service Delivery Capability (to support providers to develop whānau ora service delivery capability)	From 2010/11 to 2015/16
Commissioning agencies	Commissioning Whānau Ora Outcomes (to fund the commissioning agencies)	From 2013/14
	Establishment of a Whānau Ora Commissioning Approach (to help pay for commissioning agencies' once-only establishment costs)	From 2013/14

Funding for Te Puni Kōkiri's use		Period
Administration	Whānau Ora Administration (to implement, develop, and evaluate the whānau ora service delivery approach)	From 2009/10
	Whānau Ora Commissioning Administration (to implement, develop, and evaluate the whānau ora commissioning approach)	From 2013/14

Source: Te Puni Kōkiri's annual reports, www.tpk.govt.nz.

Note: The definitions of "provider" for the Service Delivery Capability fund and the WIIE fund are not the same.

- 5.5 From 2010/11 to 2013/14, the Government's original budgets set out plans for Whānau Ora spending for each output class. Each year's original budget was updated during the year to reflect the speed of implementation. Because progress was slower than expected, funds were transferred from one year to future years and money was transferred between the WIIE fund and Service Delivery Capability fund.
- 5.6 Funding from 2011/12 and 2013/14 (adding up to \$16.3 million) that had not yet been committed under the WIIE fund and the Service Delivery Capability fund was "reprioritised" for the commissioning agencies from 2013/14.

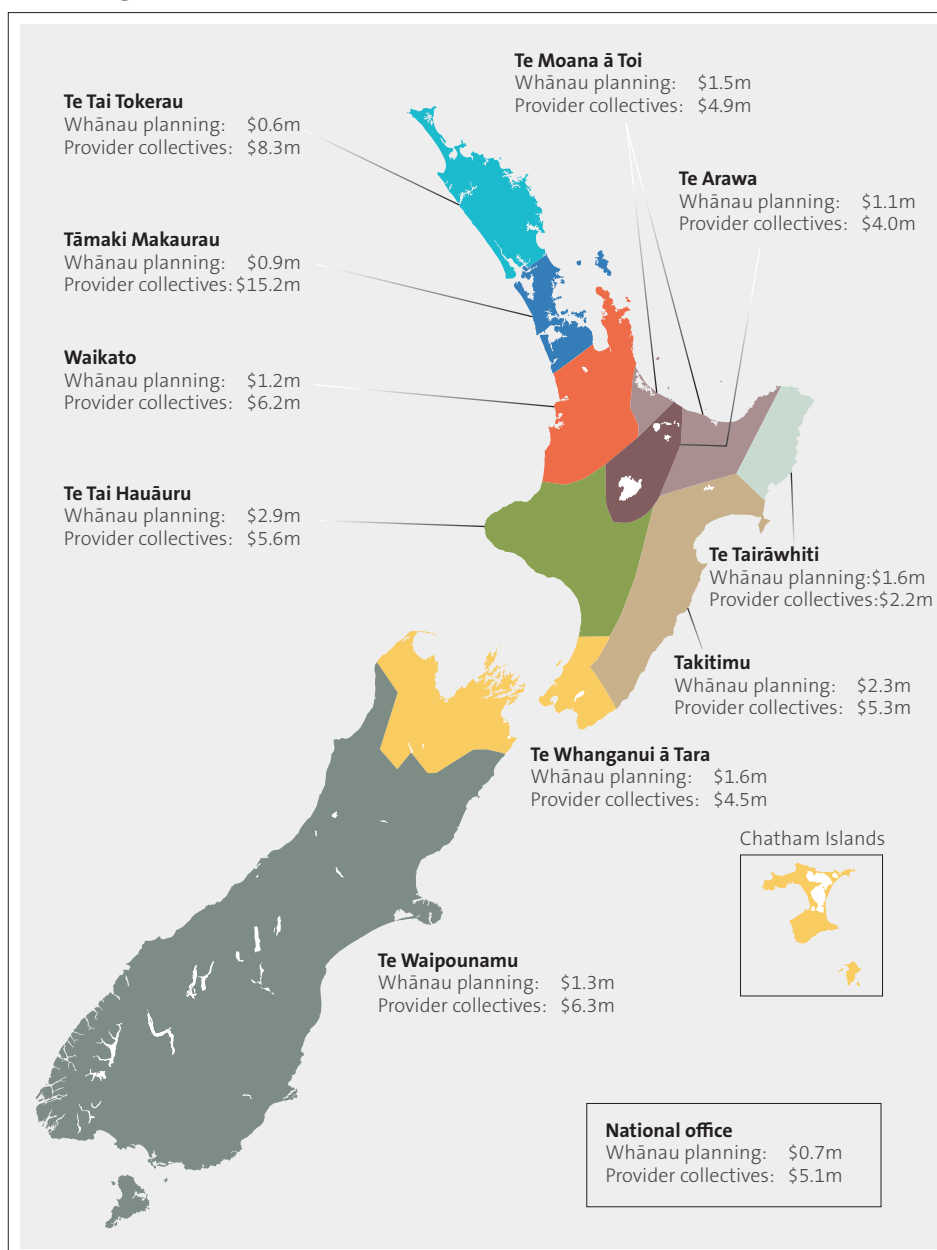
Total spending

- 5.7 The total amount spent was \$137.6 million, which was made up of:
- \$20.8 million (15% of the total) spent through the WIIE fund;
 - \$67.9 million (49% of the total) spent through the Service Delivery Capability fund;
 - \$6.6 million (5% of the total) spent through the funds for commissioning agencies; and
 - \$42.3 million (31% of the total) spent on administration (including research and evaluation).
- 5.8 An extra \$10 million has been transferred to Vote Health to pay for a Whānau Ora information system (see Part 8).

Where funds went throughout the country

- 5.9 Figure 5 shows the total payments made in each of Te Puni Kōkiri's regions and by Te Puni Kōkiri's national office in Wellington. It shows that some whānau in each region applied for, and were successful in getting, funding through Whānau Ora, and that each region had one or more provider collectives.

Figure 5
Total payments made to whānau and provider collectives in each of Te Puni Kōkiri's regions, 2010/11 to 2013/14



Notes: Some whānau members might not live in the Te Puni Kōkiri region that funded their whānau plan. Te Puni Kōkiri's national office managed the WIIE fund in 2010/11. The regions managed the WIIE fund from 2011/12 to 2013/14. Both funds paid for navigators, but most were funded through the Service Delivery Capability fund.

Our observations

- 5.10 There were significant transfers between years and adjustments within financial years, which is administratively cumbersome and, in our experience, unusual. Cumulatively, delays in spending the available budgets meant that some of the funds intended for whānau and providers did not reach them as originally planned. In our view, better planning and financial management were needed.

6

Whānau integration, innovation, and engagement

6.1 In this Part, we discuss the funding available to whānau through the WIIE fund, which ran from 1 July 2010 to 30 June 2014. We discuss the funding system, how many whānau were funded and what the funding was for, and the information that Te Puni Kōkiri collected on the gains that whānau made. We give some examples of whānau plans and report on what people told us about whānau planning. We also discuss each year's planned and actual spending. At the end of the Part, we make some observations.

The WIIE fund and whānau planning

- 6.2 Whānau could apply to Te Puni Kōkiri for funding to prepare and/or carry out a plan to improve their lives in some way.¹⁸ A whānau plan set out the goals that whānau wanted to achieve, the actions they would take to achieve the goals, and when the goals would be completed. Whānau identified their measures of success. Because whānau are different and had different goals, their plans were different. Despite the differences, whānau plans had some common themes (see paragraph 6.30).
- 6.3 Whānau could get up to \$5,000 to help with the costs of preparing a whānau plan and up to \$20,000 to carry out their plan.
- 6.4 Te Puni Kōkiri had earlier experience of whānau planning through its Kaitoko Whānau programme, which began in 2009/10 (the same year the taskforce was set up). The programme involved appointing 50 kaimahi (workers) in 32 high-need communities to help whānau connect with government agencies and to ensure that whānau get all the help they are entitled to. The kaimahi's involvement led to whānau preparing plans and carrying them out.
- 6.5 The aims of the Kaitoko Whānau programme were:
- reducing social dislocation within participating whānau;
 - increasing access to, and co-ordination of, social assistance;
 - improving resilience and mobility in Māori communities; and
 - improving access to, co-ordination of, and positive benefits from quality education, employment, health services, and housing opportunities.

18 Strictly speaking, a "provider" applied rather than a whānau. For the WIIE fund, providers were mainly any legal entity that agreed to represent whānau who wanted WIIE funding. The legal entities held the contracts with Te Puni Kōkiri and reported against them. Examples of legal entities include family trusts, iwi organisations, and service providers (who might or might not be part of a provider collective). Some organisations (not necessarily providers) were funded through the WIIE fund to employ navigators or use their existing staff to provide navigational services. For example, a school might have employed a navigator to work with whānau.

Overview of the funding system

- 6.6 To apply for WIIE funding, whānau first needed to know that funding was available. They could have heard about it from someone they knew and trusted (such as a provider or someone at Te Puni Kōkiri's regional office) or by attending community meetings held by regional groups, which were mainly held to promote whānau planning and the WIIE fund.
- 6.7 After discussion within the whānau, someone needed to complete the application form, which was available online. Te Puni Kōkiri encouraged potential applicants to contact the regional office before completing the form. For differing reasons, not all whānau who contacted Te Puni Kōkiri went on to put in an application.
- 6.8 When their applications were accepted and funding released, most whānau would have one or more meetings or workshops to prepare their plan. Whānau either prepared the plans themselves or contracted someone to help them. If whānau had applied for funding through a provider collective, the collective might have assigned a navigator or other employee to work with them.
- 6.9 Depending on how long it took for whānau to prepare their plan, Te Puni Kōkiri might have required whānau to send in milestone reports on their progress. The reports had to state what expenses had been paid using WIIE funding.
- 6.10 A similar application system was used to fund whānau to carry out their plan and for Te Puni Kōkiri to monitor its progress and completion.

Who decided which whānau to fund?

- 6.11 In the first year, Te Puni Kōkiri's national office managed the WIIE fund. After that, Te Puni Kōkiri's regional offices managed applications and the resulting contracts. Regional groups were involved in decision-making.
- 6.12 Te Puni Kōkiri told us that the WIIE fund's management was transferred to the regions to better manage risk. Te Puni Kōkiri's staff and the regional groups had better knowledge of whānau than Te Puni Kōkiri's national office in Wellington, and the sums involved were relatively small compared with some of the amounts paid to provider collectives. (Figure 11 shows the range of payments made to provider collectives.)
- 6.13 WIIE funding was open to all whānau, regardless of ethnicity. Māori and Pacific whānau were to have priority because they are over-represented in negative statistics. Vulnerable whānau in areas of high deprivation and/or geographic isolation were also to have priority.

How many whānau were funded?

- 6.14 Figure 6 shows the number of whānau plans that were funded, the number of people covered by the plans, and the number of whānau who were funded to carry out some or all of their plans. It shows that one in five whānau funded to prepare a plan were later funded to carry out their plan.

Figure 6
Number of whānau and people funded through the whānau integration, innovation, and engagement fund, 2010/11 to 2013/14

	2010/11	2011/12	2012/13	2013/14	Total from 2010/11 to 2013/14
Number of whānau who were funded to prepare a whānau plan	1,059	863	296	377	2,595
Total number of people covered by a whānau plan	9,260	17,745	7,679	6,952	41,636
Average number of people covered by a whānau plan	9	21	26	18	16
Number of whānau who were funded to carry out some or all of their whānau plan	54	76	192	242	564
Of the whānau who were funded to prepare a plan, the proportion of whānau funded to carry out some or all of their whānau plan	5%	9%	65%	64%	22%

Source: Te Puni Kōkiri.

Notes: The data is for the financial year when a contract started, not when it was completed. Some whānau were funded to prepare a plan in one year and then funded to carry out that plan in a later year. We rounded averages and percentages to the nearest whole number. To find the average number of people covered by a whānau plan, we divided the total number of people covered by a whānau plan by the total number of whānau.

- 6.15 In 2012/13, the pattern of funding changed – the number of whānau funded to prepare a plan decreased from 863 to 296 (a difference of about 66%), and the number of whānau funded to carry out their plans increased from 9% to 65%. It is not clear why the pattern of applications changed between 2011/12 and 2012/13.

What costs did whānau have?

- 6.16 Whānau were funded to pay the costs of:
- running meetings and workshops to prepare and/or carry out a whānau plan;
 - delivering training or services to meet priorities in a whānau plan; and
 - preparing information and resources for whānau and sharing them.
- 6.17 Specific costs could have included travel and food costs, equipment hire, printing costs, and fees for facilitators, speakers, or trainers.
- 6.18 Funding was not available for capital costs, salaries or rent, debt repayment, creating privately owned businesses, overseas travel and costs, and items that benefited only one person. Nor was funding available to carry out whānau plans if funding was available from other government agencies, such as through a benefit, student loan, grant, or service.

How did whānau prepare their plans?

- 6.19 Whānau used different techniques to work through issues during meetings and workshops. Some whānau used genograms or family trees to plot their strengths (such as educational qualifications, talents, and skills or home ownership) and/or problems and concerns (such as chronic diseases; problems with alcohol, drugs, or smoking; family violence; lack of formal education; or unemployment).¹⁹ Other techniques involved whānau imagining what they would do if money was no object and there were no other barriers. The information was used to prepare a whānau plan.

Examples of whānau plans

- 6.20 The following two examples of whānau plans show the sort of positive changes that the WIIE fund has helped to bring about.²⁰

Example 1

- 6.21 A whānau identified that current disconnections among family members meant that people did not return home, whānau lacked traditional knowledge, trustees were idle, and people suffered illnesses. Gorse, blackberry, and willows were growing on their poorly kept land.
- 6.22 The whānau decided on actions to care for the land, encourage regular visits to the marae, and reconnect as whānau. They planned to:
- use email and social media to keep up to date on each other's news;

¹⁹ Genograms were originally used to display family relationships and medical histories to see familial patterns. They are also used in fields such as social work, education, and family therapy.

²⁰ We have stored the two examples of whānau plans securely and limited the number of people with access to them. We will destroy the plans at the end of this work on the Initiatives.

- hold regular sessions on the marae to encourage people to return and reconnect with whakapapa and tikanga (customary values and practices);
- give tamariki and mokopuna (grandchildren) speaking rights and responsibility for karakia to help them be more confident;
- have the trustees prepare a charter for the whenua that would show respect for the land; and
- teach tamariki to be kaitiaki whenua, plant fruit trees, and put in a māra kai (garden).

6.23 Costs to prepare and carry the plan out were shared between whānau and the WIE fund.

Example 2

6.24 A whānau made up of several siblings – each with their own tamariki and mokopuna – decided that they would jointly rebuild their old papakāinga (homestead on their ancestral land). Some of their young people wanted to leave the cities and return to live and work on the land, but the existing papakāinga was not habitable. With help from a facilitator, the whānau prepared a plan to work towards this goal. The goal was that someone would be living in the papakāinga on a specific day in three years' time.

6.25 Their whānau plan listed the tasks needed to make this a reality, including getting the land surveyed to confirm boundaries so it could be fenced. They prepared a three-year plan to raise funds (from leases, raffles, garage sales, and monthly contributions) to reach their target. Funds to prepare the plan and carry it out came from whānau, family trusts, and the WIE fund.

6.26 To carry out their plan, whānau met during a summer holiday to learn the skills needed to live and work on the land. The teachers were family members and others, such as Department of Conservation staff who gave advice on eradicating possums and rabbits. They started with tracing their whakapapa, on which they would found the papakāinga.

6.27 Some of the other skills learned were:

- how to set up a financial management system;
- weaving, mirimiri (massage), and communal cooking skills;
- how to design and erect a building, and source materials;
- gardening, fencing, and kōrero on facets of the land's history.

6.28 To reduce costs, whānau scheduled regular “working bees” during the three years to spend time on landscaping, gardening, and maintenance.

Information reported to Te Puni Kōkiri about whānau planning

- 6.29 Te Puni Kōkiri got reports on whether whānau completed all of their planned actions and whether they were completed on time. Te Puni Kōkiri collected the data to report on completion and timeliness rates.
- 6.30 Te Puni Kōkiri sorted the goals into themes. In 2013, Te Puni Kōkiri reported that common themes in whānau plans were, in no particular order:
- better lives for children;
 - education and skills development;
 - employment;
 - health and cultural wellness; and
 - housing and home ownership.²¹
- 6.31 Te Puni Kōkiri's report did not make it clear what proportion of whānau plans matched which themes.

Have whānau benefited from their plans?

- 6.32 Te Puni Kōkiri has not yet published a comprehensive report on what whānau achieved through the WIIE fund.
- 6.33 However, reports from provider collectives and researchers suggest that whānau plans have been a useful tool for increasing whānau capability. Te Puni Kōkiri has occasionally published stories to show the short-term positive effects of whānau planning, which report that relationships between whānau and health and social services are more effective.²²
- 6.34 Figure 7 shows two performance measures for the WIIE fund. It shows that most whānau completed most of their planned actions (deliverables) without too much delay, except for 2013/14 when just under half of all actions were not completed on time. For 2011/12, Te Puni Kōkiri reported different data in its reports, which was not explained.

21 Te Puni Kōkiri, *Whānau Ora fact sheet Hakihea* – December 2013, www.tpk.govt.nz.

22 These are available in newsletters and occasional publications at www.tpk.govt.nz.

Figure 7
Selected measures of service performance for the whānau integration, innovation, and engagement fund, 2010/11 to 2013/14

	2010/11	2011/12	2012/13	2013/14
WIIE fund contracts and initiatives meet deliverables	95%^	96%*	97%	95.63%
		95%#		
WIIE fund contracts and initiatives meet timelines		84%*	87%	54.65%
		New measure#		

Source: *Vote Maori Affairs Report in relation to the Whānau Ora-based Service Development Multi-class output appropriations (non-departmental appropriations)* for the years ended 30 June 2012, 2013, and 2014, www.treasury.govt.nz.

Notes:

^ In 2010/11, the measures were combined.

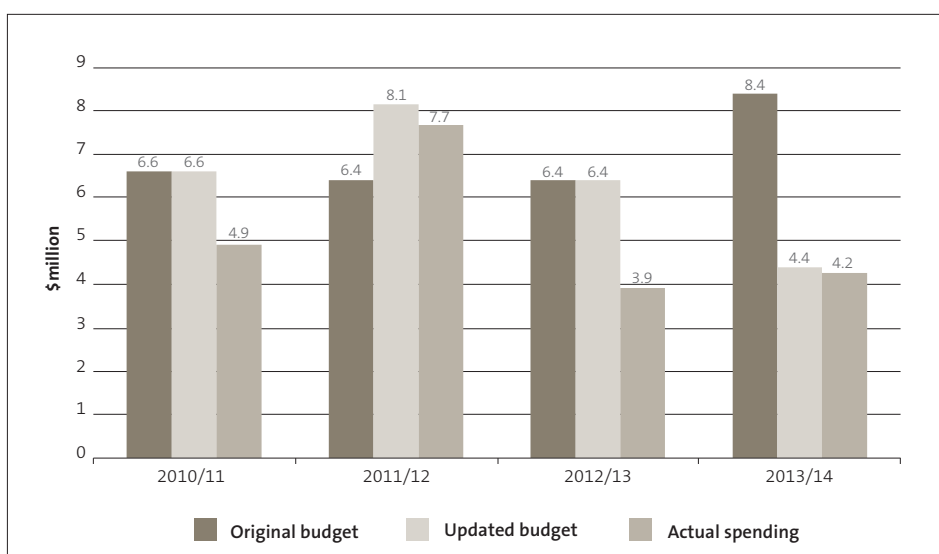
* See the report for the year ended 30 June 2012.

See the report for the year ended 30 June 2013.

Each year's planned and actual spending

- 6.35 In total, \$20.8 million was spent through the WIIE fund, which was 15% of total spending during the four years. Figure 8 shows planned and actual spending for each financial year. Except for 2011/12, spending was less than the amount available.
- 6.36 During 2010/11 (the first year), Te Puni Kōkiri set up the policy and funding arrangements to run the WIIE fund, and promoted the fund to whānau and provider collectives. This meant some delay before applications started to come in, were assessed, contracts signed, and funding released. Consequently, \$1.7 million was transferred into 2011/12.
- 6.37 In 2011/12 (the second year), \$476,000 was transferred to 2012/13.
- 6.38 Underspensing increased in 2012/13 (the third year). The Minister for Whānau Ora launched a review of the Initiatives halfway through the year. Te Puni Kōkiri told us that it was not prudent for it to make further funding commitments while the future direction of the Initiatives was unclear. This decision contributed to underspensing and \$2.4 million was transferred into 2013/14.
- 6.39 In 2013/14 (the fourth year), Te Puni Kōkiri told us that it made a conscious effort not to overcommit the budget towards the end of the financial year because the WIIE fund was closing. Funds not under contract by December 2013 were used to set up the commissioning agencies.

Figure 8
Whānau integration, innovation, and engagement fund: Planned and actual spending by financial year, 2010/11 to 2013/14



Source: Te Puni Kōkiri's annual reports, www.tpk.govt.nz.

Note: Actual spending is for all contracts paid by the WIE fund, including navigation services.

What people told us about the funding system and whānau planning

- 6.40 Most people we spoke to knew of whānau who had positive experiences of whānau planning. Te Puni Kōkiri's regional staff told us that it was having a ripple effect in the community. Whānau who had achieved their goals were being asked to share their experiences and help other whānau prepare plans.
- 6.41 Whānau members we met with were grateful to get funding and other help to help them identify and work on their priorities. They spoke to us about re-establishing strong family connections and reconnecting with their marae. They saw these first steps as laying a foundation for making other changes that might involve government agencies, such as applying for courses or improving their health. They were emotional about their experiences and clearly valued the results they were achieving. It was obvious that preparing and completing the plans had been a challenging and positive experience for them.
- 6.42 Whānau members we met with also complimented Te Puni Kōkiri's regional staff for their help.

- 6.43 We were told that the WIIE fund was considered to be politically and financially risky because it was seen to fund whānau directly. Te Puni Kōkiri made whānau apply for funding through a legal entity because it did not want to fund whānau directly. We were told that this was a barrier for some whānau who did not have a family trust that they could use. On the other hand, Te Puni Kōkiri encouraged whānau to contact them before applying for funding, which meant that they could suggest a suitable legal entity to represent whānau.
- 6.44 Officials we spoke to told us that privacy issues concerned some whānau. The plan might include personal and sensitive information that might not normally be brought together or not normally given to Te Puni Kōkiri. When whānau had a contract for funding with Te Puni Kōkiri, Te Puni Kōkiri would hold a copy of their whānau plan. (Te Puni Kōkiri does not hold copies of all whānau plans because providers hold some.)
- 6.45 We heard examples of how these concerns were managed to protect privacy while getting Te Puni Kōkiri the information it needed to check that contracts were carried out. For example, one whānau plan was made up of several households' plans. Each household sent their plan to a family member who acted as project co-ordinator. The co-ordinator removed some personal identifying information before providing a copy of the combined plan to Te Puni Kōkiri. Although the whānau had some shared goals, each household kept some of their plan private from other households.

Our observations

- 6.46 The WIIE fund closed on 30 June 2014. Te Puni Kōkiri has not yet published a comprehensive report on what the WIIE fund achieved. Nor has Te Puni Kōkiri published a comprehensive assessment on the value of whānau planning as a technique for enabling whānau to increase control over their lives and quality of life.
- 6.47 Each year, Te Puni Kōkiri has commented on the Initiatives in its reports to Parliament. Early signs are that whānau were successful in setting goals and achieving them, and that whānau plans are a useful tool for change. From what people told us and what we have read, whānau have produced much better results than some people might have expected from such a relatively low-cost approach. Whānau planning has also led to whānau experiencing some benefits within a few weeks or months.

- 6.48 Te Puni Kōkiri collected ethnicity information from whānau, but we did not find any published data on the ethnicity of whānau who received WIIE funding. Unless this data is published, Parliament and the public cannot be sure that Māori and Pacific whānau were given priority, and that funding was available to all New Zealanders.
- 6.49 We are not aware that Te Puni Kōkiri has any plans to measure whether the short-term gains that whānau have made will translate into long-term gains, such as by commissioning a longitudinal study. If any such study were carried out, it could be aligned for Māori whānau with the relevant parts of Statistics New Zealand's survey of Māori well-being, which is called Te Kupenga.
- 6.50 Whānau were responsible for carrying out their plan, making decisions, and for reporting on the progress made and results achieved. As well as what they achieved, the WIIE fund enabled whānau to decide how they would achieve it. The whānau plan was a focal point for whānau to work together. In our view, this renewed collective engagement is likely to have contributed to empowering whānau.
- 6.51 People told us that they thought the need to apply for funding through a legal entity was a barrier for some whānau. We do not know how many whānau were put off applying for funds because of this requirement. Especially in the first financial year, whānau with higher capability and easy access to a legal entity would have been better able to work through Te Puni Kōkiri's procedures without extra help. After provider collectives were in place, they would have been able to help whānau through the application and reporting procedures.
- 6.52 Not all whānau had access to a provider collective, which increased the likelihood that they would need to spend money to establish a legal entity to access funding to prepare a whānau plan. We question whether it was necessary for funding to pass through a legal entity.

7

Improving the capability of service providers

- 7.1 In this Part, we discuss:
- what service providers were funded to do;
 - the system for funding service providers, how much funding they got, and examples of their costs;
 - the information that Te Puni Kōkiri collects from service providers and researchers to assess results and what the early signs show;
 - reports from the Ministry of Health and the Ministry of Social Development;
 - each year's planned and actual spending; and
 - what people told us about what the service providers were doing.

7.2 At the end of the Part, we make some observations.

About the service providers

7.3 For the Service Delivery Capability fund, the service providers involved were Māori and Pacific organisations that deliver community-based health and social services under contract to the Ministry of Health, and/or the Ministry of Social Development, and/or district health boards. Those services include, for example, smoking cessation, services delivered by general practitioners, immunisation, breast screening, road safety literacy, budgeting, advocacy for children and young people who witness family violence, and injury prevention. The service providers might also have contracts with other government agencies (such as the Ministry of Education, the Ministry of Justice, or the New Zealand Transport Agency) to deliver other services.

7.4 Groups of service providers (called provider collectives) were encouraged to enter into a formal relationship – such as an alliance or a joint venture – and jointly apply to Te Puni Kōkiri for funding so that they could provide whānau with easier access to a wide range of services and work together to deliver these services in a whānau-centred way. For simplicity, we use “provider collectives” to also include large single providers that already delivered a wide range of services and therefore did not need to form a collective.

What the provider collectives were funded to do

7.5 Provider collectives were funded to prepare and carry out project plans, called Programmes of Action. These take one, two, or three years to carry out. The Programmes of Action set out the specific actions, milestones, and costs involved in collectives moving to whānau-centred service delivery.

7.6 Every collective is different, which means that each Programme of Action's goals, actions, milestones, and measures of success are different. Nevertheless, Programmes of Action do have common elements because Te Puni Kōkiri required them. Figure 9 shows the core topics.

Figure 9
Core topics in Programmes of Action

Topic	What the Programme of Action needed to discuss
Relationship management	How the provider collective would plan and work together, including communication protocols and how funding would flow.
Infrastructure	How the provider collective would deal with infrastructure needs to develop and implement a whānau ora approach, including privacy and information systems.
Integrated contracting	Whether high trust and integrated contracts would be helpful to them.
Workforce and practice development	How the provider collective would strengthen existing workforce capabilities and capacity, such as developing an effective and sustainable whānau-oriented workforce (such as lead practitioner or navigator positions) and using practice methods that are shaped by te ao Māori.
Monitoring and evaluation	How the provider collective would participate in the monitoring and evaluation programme led by Te Puni Kōkiri to assess progress against the Whānau Ora Outcomes Framework.
Action research plan	The processes that the provider collective would put in place to assist the research.

Source: Te Puni Kōkiri.

Who decided which provider collectives to fund?

- 7.7 Officials in Te Puni Kōkiri's national office in Wellington managed the Service Delivery Capability fund. These officials put in place a system to select providers and collectives, and to fund them. Te Puni Kōkiri had help from the Ministry of Health and the Ministry of Social Development to design the funding system and to select and fund provider collectives. Te Puni Kōkiri adapted the system the Ministry of Health used for the Better Sooner More Convenient initiative.²³
- 7.8 Te Puni Kōkiri's officials (at national office and in the regions) got advice and recommendations from the regional groups, the Governance Group, and officials from the Ministry of Health, district health boards, and the Ministry of Social Development to help make decisions. Te Puni Kōkiri put in place a method to promote consistent decision-making and fairness, and contracted a firm of chartered accountants to help with this.

²³ The Better Sooner More Convenient initiative is about ensuring that the right care is delivered in the right place, at the right time. Information about this initiative is available at www.health.govt.nz.

The funding system for provider collectives

- 7.9 Provider collectives were funded to carry out their Programmes of Action by signing a contract with Te Puni Kōkiri called a Programme of Action Implementation Agreement.
- 7.10 To get to that point, provider collectives had to have:
- put in an Expression of Interest to Te Puni Kōkiri and had it accepted;
 - signed an Engagement Agreement with Te Puni Kōkiri to prepare a Programme of Action;
 - prepared and sent a Programme of Action to Te Puni Kōkiri and had it accepted;
 - as needed, prepared and sent a business case to Te Puni Kōkiri and had it accepted;²⁴ and
 - as needed, prepared and sent an information services strategic plan to Te Puni Kōkiri and had it accepted.²⁵
- 7.11 Provider collectives were funded to help them prepare all documents except for Expressions of Interest.
- 7.12 The joint agencies commented on each document, and provider collectives might have had to make changes before Te Puni Kōkiri accepted the documents. We were told that provider collectives were sometimes given conflicting comments from the joint agencies on what needed to change to get that agency's backing for a particular document.
- 7.13 The Governance Group preferred to fund one provider collective in each area within a region to prevent duplication. After the first batch of provider collectives had been selected, Te Puni Kōkiri identified those areas without a provider collective. Providers working in those areas were encouraged to put in an Expression of Interest and work towards signing a Programme of Action Implementation Agreement.
- 7.14 Although there are provider collectives in each Te Puni Kōkiri region, they are not in every area within a region. National coverage was not an objective of Whānau Ora.

24 As the Initiatives progressed, provider collectives were able to combine the Programme of Action and business case into one document.

25 An information services strategic plan is a long-term plan (usually for three to five years) that describes how information technology resources will contribute to the organisation's strategic goals.

How much were provider collectives paid at each stage?

7.15 We did not examine the amounts paid to each provider collective to build their capability. Figure 10 shows that:

- Engagement Agreements were signed in one year and most Programme of Action Implementation Agreements were signed in the next year;
- eight provider collectives were offered funding to prepare a Programme for Development;²⁶
- the Initiatives eventually involved 32 provider collectives (made up of 163 providers);²⁷ and
- the largest amount paid to a provider collective to implement a Programme of Action was about \$5.3 million.

Figure 10
Programme of Action stages funded each year and the range of payments made to provider collectives for each stage, 2010/11 to 2013/14

Programme of Action stages	2010/11	2011/12	2012/13	2013/14	Total	Amount paid (range)
Programme for Development	1	5	2	0	8	\$15,000 to \$70,000
Engagement Agreements to prepare Programmes of Action/business cases	25	7	2	0	34	\$107,125 to \$445,520
Short business cases	22	4	1	2	29	\$50,000 to \$150,000
Programme of Action Implementation Agreements	0	19	10	3	32	\$685,000 to \$5,330,000
Information services strategic plans	10	2	2	0	14	\$40,000 to \$70,000

Source: Te Puni Kōkiri.

Notes: If provider collectives wanted an advance on funding that they were likely to get when their Programme of Action Implementation Agreement was signed, they could put in a short business case for a specific action (such as training) for Te Puni Kōkiri's approval. On two occasions, a provider left a collective before a Programme of Action Implementation Agreement was signed. Te Puni Kōkiri negotiated new agreements with the remaining providers to carry out relevant parts of the Programme of Action. The data does not include these contracts.

26 Programmes for Development were intended to enable provider collectives to reach the standard needed to get an Engagement Agreement.

27 A list of the provider collectives and their members is available at www.tpk.govt.nz.

What the provider collectives could get funding for

- 7.16 Providers had two sets of costs. First, there were costs in preparing, negotiating, and finalising the documents required by Te Puni Kōkiri. Secondly, after the Programme of Action Implementation Agreement was signed, there were costs in implementing the Programme of Action, which included working with researchers and reporting on progress to Te Puni Kōkiri.
- 7.17 Examples of the kinds of costs that provider collectives had include:
- directors' and trustees' fees to attend meetings;
 - meeting costs, such as venue, catering, equipment hire, and travel;
 - hiring new staff or contracting in specialist help, such as project managers, cultural advisors, lawyers, accountants, administration support, website developers, workforce development advisors, and business analysts;
 - engaging with whānau to get a better understanding of their needs, such as completing baseline surveys or holding workshops attended by several generations;
 - training and development on such topics as managing for outcomes, te ao Māori, and how to use whānau-centred assessment, planning, and monitoring tools;
 - preparing a list of services available in a community, so providers could easily refer people to other services that could help them;
 - introducing quality awards and scholarships for workers and whānau to recognise success;
 - website and Facebook development to communicate with whānau;
 - promotional material, branding, and marketing to encourage the community to contact and get involved with the provider; and
 - attending national conferences and forums to discuss progress and share practices.
- 7.18 Funding also paid for a new workforce, commonly called navigators, who work intensively with whānau. Navigators were mostly funded through Programmes of Action.²⁸
- 7.19 Te Puni Kōkiri prepared a set of expectations for navigators. Most navigators have three main roles:
- working with whānau to help them get more control over their lives, such as by helping whānau to identify their needs and prepare a whānau plan, and helping whānau use services effectively;
 - if needed, helping whānau to get services that meet their needs; and

- helping the provider collective that they work for to change their mind-set and practices to deliver whānau-centred services, which might include proposing new services.

7.20 Te Puni Kōkiri expects each navigator to co-ordinate services to 15 or more whānau each year. Te Puni Kōkiri also expects that navigators can explain whānau development principles and understand tribal networks, Māori and/or Pacific culture, and community development principles. Navigators must know the services available in their area that whānau might want or need to use.

What provider collectives could not get funding for

7.21 Provider collectives could not get funding to pay for capital costs. For example, funding could not pay for information, communication, and technology infrastructure or systems (ICT). However, some provider collectives identified that their existing ICT was not suitable for bringing together information about whānau and documenting the services delivered to them. The Government decided to fund a Whānau Ora information system for provider collectives (see Part 8).

Examples of how provider collectives have changed how they work

7.22 The following two examples show the sort of positive changes that provider collectives have made.

Example 1

7.23 A woman had episodes of mental ill health for about 40 years. She had been hospitalised intermittently and relied on her children. Her state of health meant that she was not able to look after her grandchildren. The woman's experience was that mental health services were delivered reactively and did not support her to stay well. By the time she attended an appointment with a psychiatrist, she was fine because she had taken medication. The psychiatrist would say that there was nothing more they could do for her.

7.24 The last time she became mentally unwell, another relative referred her to a provider involved in Whānau Ora. The provider assigned a community worker to work with the woman and her family. The community worker met with the woman and her children together to assess the situation and discuss what the family wanted to achieve.

7.25 The community worker visited the mother weekly to provide support for more than a year. During this period, the woman felt supported and listened to, avoided

hospitalisation, and met with a psychiatrist to review her medication. After twelve months, the woman felt better than she had for most of her adult life. She was no longer dependent on her children, had a part-time job, and her children trusted her to care for her grandchildren. The family were shortly to stop meeting with the community worker because there was no need to. The woman's son told her, "Mum, you're normal ... and it's good."

Example 2

- 7.26 A man was referred to a provider participating in Whānau Ora by one of his children. At the time, he was an insulin-dependent diabetic who had suffered amputations. He was unable to support his own weight without aids and could not use a motor vehicle because it needed modifications. He had been admitted to hospital for rehabilitation but was having difficulty getting access to prosthetic limbs.
- 7.27 A navigator worked with the man and his children (and their partners and grandchildren) to:
- get him prosthetic legs and other aids, which involved advocating for him with the hospital, writing support letters, and applying for grants;
 - get funding – from three sources – for vehicle modification, bathroom alterations, and house modifications;
 - resolve delays in getting financial help he was entitled to, which resulted in an improved financial situation (including Family Tax Credits); and
 - refer him to the rural nurse for help in managing his diabetes.
- 7.28 We have not listed other goals that were achieved. The approach the navigator took enabled family relationships to be strengthened in a range of ways, and the family achieved a greater level of self-management.

Information reported to Te Puni Kōkiri about provider collectives

- 7.29 Te Puni Kōkiri checks on the provider collectives' transformation and its effects on whānau through quarterly reports sent in by the collectives. The reports discuss the collectives' progress in describing changes to service design and transformation to whānau-centred service delivery and a "navigational approach".²⁹ The collectives must also report on progress against the specific goals in their Programmes of Action, including those on workforce capability, governance and management, workforce development, and information technology infrastructure.

- 7.30 Collectives must also report on some standard measures, such as the number and proportion of whānau:
- with social, economic, and cultural goals achieved through whānau planning;
 - reporting improved social, economic, and cultural outcomes;³⁰
 - with capacity goals achieved through whānau planning or another aspect of whānau-centred service delivery;
 - reporting improved whānau connections;
 - reporting improved knowledge and tools;
 - getting whānau-centred service delivery;
 - satisfied or very satisfied with whānau-centred service delivery; and
 - satisfied or very satisfied with navigational support.
- 7.31 Other standard measures are:
- self-reported satisfaction of whānau engagement with the provider;
 - the number of whānau working with navigators employed by the collective; and
 - the number of active whānau plans that the provider collective is involved with.

How researchers help provider collectives

- 7.32 Te Puni Kōkiri contracted researchers to work with each provider collective to help them shift their service delivery approach from focusing on one person to focusing on the needs of whānau. Te Puni Kōkiri told us that an important part of the research was to instil in each provider collective the notion of building learning organisations and to give them methods to help with this. Te Puni Kōkiri told us that the purpose of collecting information through research was to check on the providers' capability building and its effect on whānau.
- 7.33 The research question was “How could agencies and providers most usefully contribute to the achievement of best outcomes for whānau?”
- 7.34 A research method was chosen that would give whānau an opportunity to discuss their experience of services and what their expectations of service delivery were. It also gave providers an opportunity to:
- consider whether what they were doing was effective;
 - work out how they could share effective practices more widely; and
 - become aware of challenges or barriers and how they could be dealt with.

30 Te Puni Kōkiri told us that this is how it has summarised the taskforce's six outcomes goals for whānau (see Figure 1).

7.35 The researchers' final reports are completed while the Programmes of Action are in progress (see Figure 12).

How research collectives were chosen and contracted

7.36 Interested researchers put in an Expression of Interest to Te Puni Kōkiri, which grouped the successful applicants into research collectives. Te Puni Kōkiri matched each research collective to a provider collective. Te Puni Kōkiri organised workshops to ensure that researchers could consistently use the chosen research method.

7.37 Researchers were employed in two stages. The first contract covered the first two phases of the research (which were relationship/engagement and planning). If the researchers' work was satisfactory, a second contract covered the last three phases of the research (which were data collection, action, and reflection).

Information Te Puni Kōkiri collects from researchers

7.38 Te Puni Kōkiri gets reports from the research collectives at certain milestones. Figure 11 shows the range of quantitative and qualitative data that researchers must report on, and the reason for collecting the data.

Figure 11
Researchers' reporting requirements

Standard data needed	Reason
Document whānau and provider/collectives' experience of transformation and effects	Monitoring data: <ul style="list-style-type: none"> indicates whether planned activities are happening, when and how much; this provides the basis for tracking progress against expectations/targets provides rich descriptions of provider and whānau change is necessary for programme evaluation that will provide robust conclusions about how effective these activities were in achieving planned policy/programme outcomes
Whānau input into provider transformation: <ul style="list-style-type: none"> Whānau needs Whānau input into Programmes of Action, business cases, and other service development Responsiveness of provider/collectives to whānau needs and aspirations Whānau satisfaction 	Evidence of: <ul style="list-style-type: none"> whānau influence in the design and delivery of services matching services with whānau needs and aspirations what is working for whānau and what is not

Standard data needed	Reason
<p>Workforce development:</p> <ul style="list-style-type: none"> Collectives' steps to assess workforce capability against whānau needs Collectives' steps to improve their capability in response 	<p>Evidence of:</p> <ul style="list-style-type: none"> provider/collective commitment to rebuild capability type of capability required to deliver whānau-centred services
<p>Governance and infrastructure:</p> <ul style="list-style-type: none"> Development of shared approaches across the collective (e.g. resource, IT, training) Steps the collectives are taking in making these shared approaches sustainable Balance between provider autonomy and the shared collective 	<p>Evidence of:</p> <ul style="list-style-type: none"> operating as a collective organisation transformation from single providers to a collective organisation – sharing of resources (what and how?) recognition of uniqueness (as a single provider) and collaboration as a collection organisation
<p>Whānau planning and profiling:</p> <ul style="list-style-type: none"> Number of whānau plans for each collective How collectives are profiling whānau, such as the information collected on whānau and its purpose Priorities for whānau (identified in the plans) 	<p>Evidence of:</p> <ul style="list-style-type: none"> knowledge of whānau and whānau needs and aspirations how knowledge of whānau is used to improve whānau outcomes
<p>Navigational approach:</p> <ul style="list-style-type: none"> Number of whānau engaged with a dedicated Whānau Ora worker/navigator Describe key aspects of navigational approach and role of the navigator Describe the effect of a navigational approach for whānau and the provider/collective 	<p>Evidence of:</p> <ul style="list-style-type: none"> a resource and/or approach that provides support for whānau to develop their own pathways and solutions

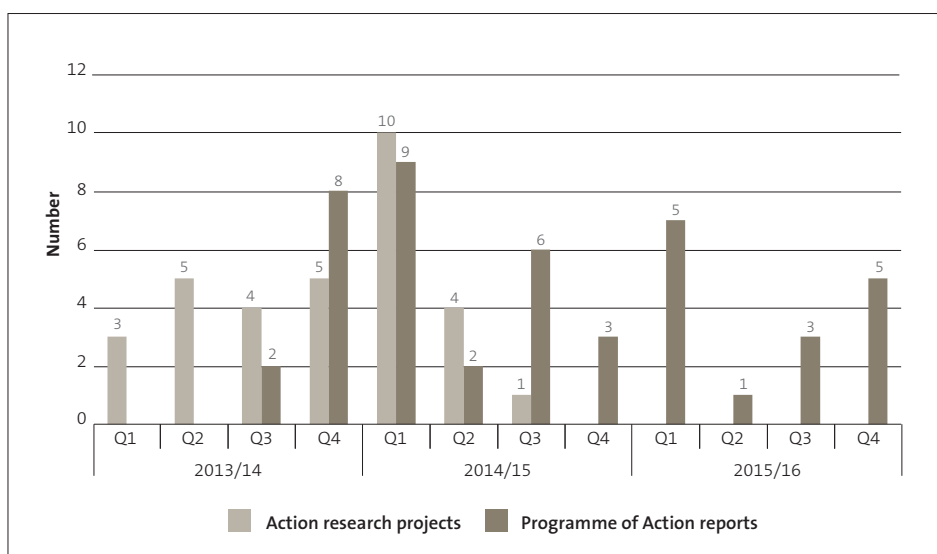
Source: Te Puni Kōkiri.

- 7.39 The provider and research collectives report on some of the same topics in their reports. This means that Te Puni Kōkiri gets two perspectives on the progress of provider collectives.

When Te Puni Kōkiri will know whether providers have achieved their goals

- 7.40 Te Puni Kōkiri will be able to prepare a full report on Programmes of Actions' effectiveness when it has a full set of reports from provider and research collectives. Figure 12 shows when the final reports are due. It shows that the last research report is due by 31 March 2015 (the third quarter of 2014/15, Q3) and the last provider collective report is due by 30 June 2016 (the last quarter of 2015/16, Q4).

Figure 12
When researchers' and provider collectives' final reports are due, 2013/14 to 2015/16



Source: Te Puni Kōkiri.

Note: The Service Delivery Capability fund paid for services that were not part of Programmes of Action but were allied to the Initiatives, such as youth mental health and home-based rehabilitation. Te Puni Kōkiri got those reports by 31 July 2014, and they are included in the data.

What do the early signs show?

- 7.41 Early signs of the providers' transformation are promising, but there are issues. In our view, three reports published in 2013 reflect the general impression we got from the range of documents we read, which includes published information and Te Puni Kōkiri's regular reports to the Minister for Whānau Ora.
- 7.42 The first of the three reports summarised data from quarterly reports sent to Te Puni Kōkiri by 15 provider collectives between September 2012 and March 2013.³¹ It reported that improvements in provider capability have helped services become more whānau-centred and that providers can show they are more whānau-centred.
- 7.43 The report also says that whānau engagement and capacity is improving, by which it means:
- vulnerable whānau are engaged with providers where they were not before;
 - relationships within whānau are improving through being engaged with providers;

- whānau who lacked these skills are learning to set goals and priorities;
 - whānau are completing courses and training;
 - whānau are resolving crises and reducing their needs; and
 - most whānau are achieving aspirations and some are now self-managing.
- 7.44 The second report discussed research findings, which reinforced the provider collectives' reports and highlighted some difficulties.³² The researchers found that there was growing confidence in a collective approach and that navigators are an important driver of change for provider collectives, sectors, and regions. As a tool for change, whānau planning is helping whānau get a sense of control and priority in their lives. The providers' workforce is improving skills in engaging with whānau as well as individuals, in whānau planning, and in Results-Based Accountability.
- 7.45 However, the report said that there was a mismatch between the services that providers must deliver under their contracts with funders (such as the Ministry of Health, district health boards, the Ministry of Social Development, and others) and providing whānau-centred services. Providers needed to have the resources to do both. The report said that providers need more resources to respond to complex whānau needs, while delivering contracted services to individuals. For example, researchers' reports gave repeated examples of staff "working beyond the contract" and "being there 24/7".³³
- 7.46 The report showed that provider collectives were starting to work together on contracts and regional priorities, which increasingly placed them in a strong position to respond to government priorities and initiatives to improve service delivery.
- 7.47 In 2013, Te Puni Kōkiri published a brief report on the results from the first set of user satisfaction surveys. The survey was of 51 whānau, representing 235 people. The report does not say how many provider collectives were involved or the period the survey covers. The surveys are run six-monthly, but trend reports have not yet been published.
- 7.48 The survey found that:
- 85% of respondents agree or strongly agree that whānau planning has brought their whānau closer together;
 - 84% agree or strongly agree that they have more confidence in parenting and caregiving;
 - 83% agree or strongly agree that they have improved confidence in tikanga;
 - 78% agree or strongly agree that, as a result of their work with provider

32 Te Puni Kōkiri (June 2013), *Whānau Ora action research* (June 2013), www.whānauoraresearch.co.nz.

33 The taskforce's report had highlighted similar issues.

collectives, their whānau has improved the amount or regularity of exercise they do;

- 77% agree or strongly agree that their whānau has an improved housing situation;
- 71% agree or strongly agree that their whānau has improved their income; and
- 54% agree or strongly agree that their whānau has a reduced rate of smoking.

7.49 In 2010/11, the service performance measures for the Service Delivery Capability fund mainly reported on progress with establishing provider collectives and approving Programmes of Action for implementation. Figure 13 shows the performance measures for the Service Delivery Capability fund from 2011/12.

Figure 13
Selected measures of service performance for the Service Delivery Capability fund, 2011/12 to 2013/14

	2011/12	2012/13	2013/14
Number of provider collectives implementing organisational, information system, and workforce development changes to provide co-ordinated services to whānau	26*	34	34
Number of whānau actively engaged by provider collectives in whānau ora services	At least 5000	5176	8916
Number of whānau ora navigators co-ordinating services to at least 15 whānau		138 FTE	157
Percentage of children supported to access or participate in early childhood education [^]		95.7%	95.9%
Percentage of children supported to access immunisation [^]		85%	83.5%
Percentage of engaged whānau that have taken steps to strengthen whānau connections (and cultural identity in 2013/14)		89%	72%
Percentage of whānau actively engaged by provider collectives that have taken steps to improve education, employment, or housing outcomes		71%	59%

Source: *Vote Maori Affairs Report in relation to the Whānau Ora-based Service Development Multi-class output appropriations (non-departmental appropriations)* for the years ended 30 June 2012, 2013, and 2014, www.treasury.govt.nz.

* The 2012/13 report said that there were 33 provider collectives in 2011/12.

[^] Figure 3 shows that these measures replaced earlier measures on the same topic.

Reports from the Ministry of Health and the Ministry of Social Development

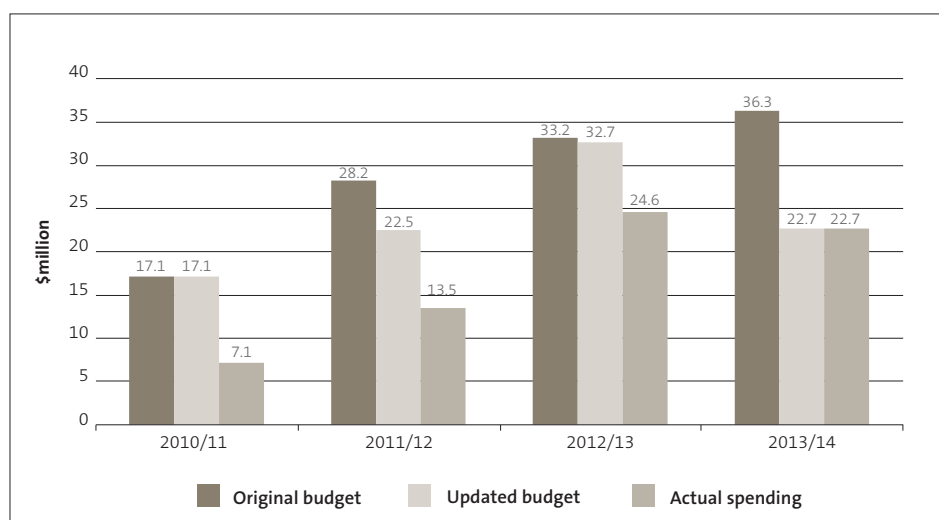
- 7.50 The Ministry of Health has introduced a series of three-monthly reports that compare results on 11 primary health indicators by some general practices that are part of a provider collective (the Whānau Ora sample) with other general practices' results (called the national sample).³⁴ The Ministry of Health, Te Puni Kōkiri, and Tumu Whakarae (Māori managers within district health boards) picked these indicators because they are strongly associated with illness and death for Māori.
- 7.51 The reports show that providers in the Whānau Ora sample achieve better results for some indicators than the national sample. On other indicators, the national sample gets better results than the Whānau Ora sample. Nevertheless, the Ministry of Health considers that the Whānau Ora sample's results are encouraging because they have a higher proportion of high-needs patients (60%) than the national sample (26%). Even so, the Ministry of Health cautions that the results cannot be credited to any one programme or initiative.
- 7.52 The Ministry of Social Development has not published any reports on the effect that the Initiatives have had on the services it funds.

Each year's planned and actual spending

- 7.53 Figure 14 shows planned and actual spending for the Service Delivery Capability fund by financial year. In all four years, actual spending was less than the amount available.
- 7.54 In total, \$67.9 million was spent through the Service Delivery Capability fund (which was 49% of total spending over the four years).
- 7.55 In 2010/11, the joint agencies took from July to October 2010 to select the first batch of provider collectives that would progress through the stages to achieve a Programme of Action Implementation Agreement. Consequently, \$63,000 was transferred into the WIIE fund, and \$9.9 million was transferred into two future financial years:
- \$4.3 million moved from 2010/11 to 2011/12.
 - \$5.6 million moved from 2010/11 to 2012/13.

34 Ministry of Health, *Report on the performance of general practices in Whānau Ora collectives*, www.health.govt.nz.

Figure 14
Service Delivery Capability fund: Planned and actual spending by financial year, 2010/11 to 2013/14



Source: Te Puni Kōkiri's annual reports, www.tpk.govt.nz.

- 7.56 In 2011/12 (the second year), there was a general election. Te Puni Kōkiri told us that it was not prudent to commit funding until the new Government was in place and the Initiatives were confirmed. This decision contributed to underspending, and subsequently almost \$9.0 million was transferred into 2012/13. Budget 2011 included \$10 million extra Service Delivery Capability funding, and this was also transferred, in two equal parts, from 2011/12 to 2012/13 and 2013/14.
- 7.57 Halfway through 2012/13 (the third year), the Minister for Whānau Ora launched a review of the Initiatives. Te Puni Kōkiri told us that it was not appropriate for it to make further funding commitments while the future direction of the Initiatives was unclear. This hiatus contributed to underspending. Consequently, \$7.7 million was transferred to 2013/14, along with the \$5 million that had earlier been transferred from 2011/12.
- 7.58 In 2013/14 (the fourth year), \$10 million of the Main Estimates was transferred from Vote Māori Affairs to Vote Health for the Whānau Ora information system. In June 2013, Cabinet decided that any Service Delivery Capability funding that Te Puni Kōkiri did not have under contract by the end of December 2013 would be used to set up the commissioning agencies.

What people told us about provider collectives

Provider collectives

- 7.59 We got two perspectives on provider collectives from the people we spoke to. On the one hand, providers seem to be benefiting from working more closely together. Benefits include sharing effective practices and staff, co-operating to deliver contracts, and reducing duplication of services.
- 7.60 On the other hand, some people were not sure that provider collectives can consistently deliver whānau-centred services and get funded to deliver them, especially when funding to implement their Programmes of Action stops.
- 7.61 When we did our work, the Ministry of Health and the Ministry of Social Development told us that they had no plans to introduce new service specifications and contracts for whānau-centred services when the provider collectives can deliver them. Some people we spoke to hoped or speculated that the commissioning agencies might buy whānau-centred services from the collectives.
- 7.62 We heard concerns about whether provider collectives could afford to pay navigators when their Programme of Action is completed (and funding stops). Officials told us that funding for navigators was originally intended to be once-only funding so navigators could help the provider collectives put in place navigational approaches. However, the navigators became a fixed feature of service delivery. Budget 2014 committed an estimated \$5 million a year for navigators from 2015/16 to 2017/18.

Provider participation

- 7.63 Officials from the joint agencies told us that they needed to move at the pace of the provider collectives and that this was the main reason affecting the pace of spending. The collectives needed time to work through each of the steps to achieve a Programme of Action Implementation Agreement when they were delivering business as usual, which might have included getting new service delivery contracts.
- 7.64 Officials told us that the joint agencies also needed to take time and put effort into agreeing funding arrangements. For example, the Expressions of Interest were considered in early July 2010, and the first batch of provider collectives entered into Engagement Agreements to prepare Programmes of Action in October 2010. It also took time to co-ordinate the activities of the government agencies, the Governance Group, regional groups, and the provider collectives.

- 7.65 A range of people we spoke to told us that provider collectives needed to establish high levels of trust to work together effectively. This took differing amounts of time depending on how well the providers in a collective knew each other and how similar their governance and management arrangements were.
- 7.66 Provider collectives also needed to have confidence in the joint agencies about the potential longevity of the Initiatives. About the same time the Initiatives were introduced, government agencies were mooting or piloting other methods of contracting for health and social services, such as social sector trials, investing in services for outcomes, and, later, social bonds.³⁵
- 7.67 Some providers we spoke to had been concerned that taking part in the Initiatives could have adversely affected their involvement in these other government initiatives, which were being run by government agencies that regularly funded providers for service delivery. They were concerned that these other initiatives might have greater benefits for them and their clients, and a longer “shelf life”. These providers had gone on to participate in the Initiatives, but we were told that other providers did not. The joint agencies gave us conflicting views on whether this was a valid concern.
- 7.68 Providers’ experience of earlier capability schemes influenced their views of the Initiatives. They told us that they were wary of schemes closely linked with a particular Minister and/or Government because it was not uncommon for such schemes to be cancelled or significantly changed, sometimes before they had been fully implemented and properly evaluated.
- 7.69 We were told that some providers preferred to wait for the commissioning agencies to be set up before getting involved in the Initiatives.
- 7.70 Two providers’ chief executives who we met with were part of collectives that did not achieve a Programme of Action Implementation Agreement. Both gave credit to the Initiatives for providing the impetus for them to put serious effort into working with other providers in their area, and for improving the way that they deliver services.
- 7.71 One of the chief executives told us that they considered that there were some advantages to not having a Programme of Action Implementation Agreement. For example, they could work with other organisation of different kinds (not only providers) at their own pace and embed changes before making more changes. They expect to achieve increased effectiveness and efficiency by sharing successful management and service delivery practices, and potentially staff. They considered that they were able to do this in a cost-effective way without extra funding. They were using funding available through existing and new contracts

³⁵ Information about social sector trials and investing in services for outcomes is available at www.msd.govt.nz.
Information about social bonds is available at www.health.govt.nz.

to reach out to people who are not engaged (or not effectively engaged) with services. This included working with organisations in their community, such as marae, providers, and businesses.

Our observations

- 7.72 Te Puni Kōkiri has not yet published a comprehensive report on what the Service Delivery Capability fund has achieved in the first four years. In 2015/16, Te Puni Kōkiri will get the last set of final reports from providers and research collectives.
- 7.73 Early signs are that providers are becoming more focused on whānau, and that providers and navigators are helping whānau take more control of their lives. However, there are issues. There is extra work involved in delivering services in a whānau-centred way, which providers are partly funded for through their Programmes of Action and through funding for navigators.
- 7.74 When we did our work, the Ministries of Health and Social Development had no plans to change to a funding model that would take advantage of the effort and \$68 million paid to providers to help them shift to whānau-centred service delivery. The signals currently sent by different parts of government are, at best, mixed.
- 7.75 Providers have expressed similar concerns in their reports to Te Puni Kōkiri.

8

Integrated contracts and government support

- 8.1 In this Part, we discuss integrated contracting. We also discuss how government agencies supported the implementation of the Initiatives and each year's planned and actual spending. At the end of the Part, we make some observations.

Integrated contracts

- 8.2 As part of its contribution to the Initiatives, the Ministry of Social Development took responsibility for integrating contracts for providers within collectives. The Ministry of Social Development already had a team of staff (the Integrated Contracting Team) doing this work.
- 8.3 In their Programmes of Action, providers were asked to say whether they wanted an integrated contract. We understand that most, but not all, of the 163 providers that are members of collectives wanted an integrated contract.³⁶ From 2010/11 to 2012/13, the Integrated Contracting Team worked only with providers involved in the Initiatives. This restriction was lifted in 2013/14.
- 8.4 The Ministry of Social Development told us that its work on integrated contracts is seeking to align service delivery and funders' expectations of each provider for a range of services. They told us that it takes time to build effective relationships with other government agencies and providers, and to reach the common understanding necessary to achieve an integrated contract.
- 8.5 Practically, an integrated contract brings together multiple contracts that a single provider (not a provider collective) has with one or more government agencies into a single contract. This is meant to achieve administrative efficiencies by reducing the costs of negotiating, writing, managing, and reporting on contracts, and auditing compliance with contracts.
- 8.6 Because the government agencies excluded some contracts from integration, it is unlikely that an integrated contract will include all of a provider's contracts with each government agency. However, the provider would have fewer contracts than before.
- 8.7 During the first four years of the Initiatives, the Ministry of Social Development used three versions of integrated contracts. The last version of contract used (called an Integrated Outcomes Agreement³⁷) is complemented by a separate agreement between the government agencies that is meant to ensure that each agency does not undermine the agreement with the provider. However, the Ministry of Social Development told us that sometimes one government agency

³⁶ We were told that this was because the type of integrated contract on offer at that time was not a fully integrated contract.

³⁷ When the Integrated Outcomes Agreements expire, the providers will be moved to a new contract that uses a template supplied by the Ministry of Business, Innovation and Employment.

varies the agreement with the provider without consulting or informing the other government agencies.

- 8.8 In total, 28 integrated contracts were achieved. Of these, 27 integrated contracts were signed from 2010/11 to 2012/13, and one was signed in 2013/14.³⁸ The Ministry of Social Development said that it would be difficult to tell us the total number of contracts the 28 providers started with.
- 8.9 One provider told us that his organisation had 26 of its health sector contracts integrated into one by the Ministry of Social Development. This made contract reporting more efficient. We do not know if this was a typical number of contracts.
- 8.10 Administrative efficiencies were not always achieved. For example, a researcher reported to Te Puni Kōkiri that a provider in a collective thought that integrated contracting with the Ministry of Health and the Ministry of Social Development would reduce reporting requirements. Instead, reporting requirements stayed the same and, in some instances, contract and service audits increased. This diverted the provider's time from making changes that would better serve the needs of whānau.
- 8.11 The joint agencies have not yet reported on whether the contracts have produced administrative efficiencies or achieved the outcomes in the Whānau Ora Outcomes Framework in Figure 2.
- 8.12 The Ministry of Health told us that the number of integrated contracts achieved was affected by providers' unwillingness to work on contract integration when working through the procedures put in place to achieve a Programme of Action Implementation Agreement.
- 8.13 The Ministry of Social Development's Integrated Contracting Team told us that it took over managing some of the integrated contracts after they were signed, instead of transferring the contract back to a lead contract manager in the Ministry of Health, a district health board, or another part of the Ministry of Social Development. This meant that the Integrated Contracting Team had less time to work with new providers on integrated contracts.

³⁸ At the beginning of the Initiatives, the Ministry of Social Development said that it could integrate up to 20 providers' contracts in a year, depending on their complexity and the time that providers and agencies put into the work.

How government agencies supported the Initiatives

- 8.14 To support the Initiatives, the Ministry of Health and the Ministry of Social Development mostly gave administrative support to Te Puni Kōkiri. This involved:
- helping Te Puni Kōkiri design the system to manage provider capability building;³⁹
 - reviewing the documents that provider collectives had to prepare;
 - assessing Expressions of Interest from research collectives;
 - providing officials for regional groups; and
 - supporting integrated contracting.
- 8.15 The Ministry of Health told us that it also:
- sent district health boards updates on the Initiatives through newsletters issued every one or two months;
 - set expectations for district health boards' annual plans on how they should support the Initiatives; and
 - hosted a fortnightly group of senior officials (deputy secretaries) from the Ministry of Health, the Ministry of Social Development, Te Puni Kōkiri, and (later) the Ministry of Education.
- 8.16 To help promote the Initiatives, the Ministry of Health published a report called *Whānau Ora: Transforming our futures* in 2011. The report includes some examples of how the Initiatives were making a difference to some people's lives in the first year.⁴⁰
- 8.17 Officials from the national offices of the Ministry of Health and Ministry of Social Development were involved with the WIIE fund through their membership of the Governance Group. Officials in the regions, such as the Ministry of Social Development's regional staff and district health boards' staff, were involved with the fund as part of their regional groups.

Information system for provider collectives

- 8.18 In October 2013, the Government transferred \$10 million from Vote Māori Affairs to Vote Health to enable the Ministry of Health to lead work on designing, trialling, and introducing a Whānau Ora information system for provider collectives. The Ministry of Health originally planned to spend the funds between 1 July 2014 and December 2019, but this has been extended to June 2020.

³⁹ The Ministry of Health told us that its work included co-ordinating health sector support for the Initiatives, including completing due diligence checks on providers that put in Expressions of Interest and acting as the contact point between Te Puni Kōkiri and the Ministry of Social Development and the district health boards.

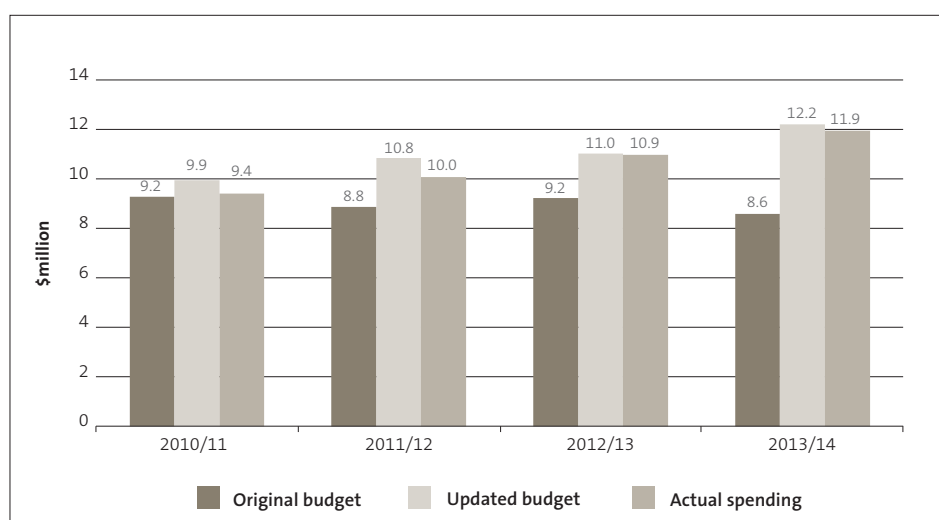
⁴⁰ The report is available at www.health.govt.nz.

- 8.19 The aim of the information system is to help providers to assess whānau needs and prepare whānau plans. It will record information collected on progress made by whānau in achieving their goals and enable reporting on outcomes. The system will also be used to produce management reports for provider collectives and relevant funders.
- 8.20 The Ministry of Health's original plan was for two provider collectives to try out the system between July and December 2014. The trial has been expanded to four trial sites involving seven provider collectives and is now expected to end in May 2015. After any improvements are made, the Ministry of Health will phase in the system to those provider collectives that want it by 30 June 2017. This is one year after the last Programmes of Action will be completed and about three years after the first Programmes of Action were completed. The Ministry of Health told us that it has taken longer than expected to create the information system, but the costs to providers and whānau to use the system will be less than if providers had been left to try and buy a similar system on their own.
- 8.21 Some providers have not waited for this system. They have bought a commercially available system that they considered would meet their immediate needs. The Ministry of Health is aware that it could need to migrate providers' data into its new system.

Each year's planned and actual spending

- 8.22 Administration funds paid for expenses such as the community members' work on the Governance Group and regional groups, holding training for regional groups and national meetings, and roadshows explaining the Initiatives' implementation. It also paid for Te Puni Kōkiri staff to work on both phases of the Initiatives.
- 8.23 The Whānau Ora Administration fund was also used to pay for research and evaluation work completed at various times throughout the first four years. One major cost was the sum paid to research collectives, which were paid almost \$7.9 million between 1 July 2010 and 30 June 2014.
- 8.24 Figure 15 shows planned and actual spending for Whānau Ora Administration by financial year. Data for 2013/14 includes amounts for selecting and contracting with the commissioning agencies. Each year, actual spending was more than the amount planned before the start of the year (the original budget) and less than the amount expected to be needed before the year ended (the updated budget).

Figure 15
Administration funds: Planned and actual spending by financial year, 2010/11 to 2013/14



Source: Te Puni Kōkiri's annual reports, www.tpk.govt.nz.

- 8.25 Te Puni Kōkiri told us that one reason for the increase between the original budget and updated budget was a change in the way that Te Puni Kōkiri assigned overheads to the Initiatives.
- 8.26 Te Puni Kōkiri also explained some of the variations in two of its annual reports:
- In 2011/12 and 2013/14, Te Puni Kōkiri deployed more staff to the Initiatives.
 - In 2013/14, the Government increased the administration funding by \$2.5 million to fund the costs of choosing commissioning agencies and getting them set up.
- 8.27 Te Puni Kōkiri explained that the pace at which the research collectives worked largely depended on the pace at which the provider collectives progressed towards Programme of Action Implementation Agreements. The time taken to select research collectives and orient them to the practices they were to follow also took time. Consequently:
- \$519,000 was transferred from 2010/11 to 2011/12; and
 - \$500,000 was transferred from 2011/12 to 2012/13.

Our observations

Integrated contracting

- 8.28 Twenty-eight providers achieved an integrated contract between 2010/11 and 2013/14, but the Ministry of Social Development could not easily tell us the total number of contracts that the 28 providers started with. A faster way needs to be found to integrate contracts. Government agencies also need to abide by the terms of the agreements that they have signed with each other.
- 8.29 Because the Ministry of Health, district health boards, and the Ministry of Social Development do not use the same approach to contracting, contract integration is more complex than it needs to be. If they used the same approach, providers would find the contracting methods more consistent and contract integration would be easier.

Whānau Ora information system

- 8.30 We have not looked into the Whānau Ora information system in any detail. Such a system will need to be flexible enough to adapt to each new phase of the Initiatives and to cope with providers from other sectors, such as justice and education, who might become involved in a Whānau Ora initiative or part of a provider collective.
- 8.31 The Ministry of Health told us that the Whānau Ora information system would make reports available to funders. It is not clear what right any funders would have to information held in the Whānau Ora information system.
- 8.32 We were told that other government initiatives might introduce similar information systems. There is a risk that government agencies are not properly co-ordinating their projects and that two or more ICT systems might be introduced when one would do.

Appendix

Te Tairāwhiti regional group's population outcomes framework

Te Tairāwhiti's population outcomes framework is summarised in the table below. We have included it because it was the most comprehensive framework that we saw. In our view, it is closely aligned to the ideas set out by the taskforce. We question whether every regional group needed to create a framework when the taskforce's framework might have been an appropriate base to amend and adjust as each region saw fit.

Many of the measures in the frameworks were, of necessity, long-term. The regional groups were convened for a much shorter time frame.

Reading from left to right, Te Tairāwhiti's framework shows:

- four outcomes for whānau well-being;
- more detail about each outcome;
- eight statements on what success looks like; and
- the indicators that the regional group picked to measure results.

All of the other regional groups identified outcomes and gave details about each outcome. Four regional groups identified matching indicators. Only Te Tairāwhiti set out statements on what success looks like.

The framework lists five dimensions that describe how everyone in the region could work together.

All whānau in Te Tairāwhiti are:	This means that:	As a result, success is that:	Our indicators are: (source of statistics)
Healthy	Whānau are physically active and role-model great life choices. Whānau live longer and enjoy the highest quality of life. Whānau are leaders for spiritual, mental, physical, and collective health and well-being.	We are living longer	The total number of years a person could expect to live based on mortality rates at each age over a defined period (Statistics New Zealand)
		Our babies are born ready to rock!	Low birthweight babies (Tairāwhiti and Hawke's Bay District Health Boards)
Safe	Whānau are nurtured and nurture others. Whānau are free from harm. Whānau value and love each other, especially children, who are universally treated as taonga tuku iho (heirlooms).	We are saying NO to whānau violence	Total recorded family violence offences (New Zealand Police; New Zealand Family Violence Clearing House)
		Our mokopuna are all NCEA level 2 achievers	NCEA level 2 (Education Counts!)

All whānau in Te Tairāwhiti are:	This means that:	As a result, success is that:	Our indicators are: (source of statistics)
Secure	Whānau are confident, highly skilled, and extremely capable. Whānau have all the necessary resources they need to thrive and continuously exceed their own aspirational expectations. (For example, housing, income, employment, business/ economic development, self-belief, motivation, identity, and belonging.) We are housed.	We are all working	Unemployment rates (Ministry of Social Development)
		Home tenure (Statistics New Zealand)	
Connected	Whānau are connected and engage as active citizens of te ao Māori and, as they choose, citizens of other societies or across the globe. Whānau are interactive and engaged with each other, their wider whānau, and the community. Whānau know, live, and express their connectedness based on kaupapa tuku iho, tikanga, and excellence. Our kaumatua love us.	We are serious about our civic responsibilities	The ethnic composition of school boards of trustees (Ministry of Education), local government, and district health boards
		Growth in the proportion of the kaumatua (Māori aged 50 years and older) component of the total Māori population (Tatau Kura Tangata; Statistics New Zealand)	
Our five dimensions are:			
Development: best practice models	Opportunistic: converting possibilities into action Whānau-centred, intentional, and adaptive		
Relationships: communication	Everyone matters and knows about Whānau Ora Reciprocity: people helped become the helpers for others		
Leadership: vulnerable whānau	Collective responsibilities for tamariki Time to sweat the small stuff Being bold and creative and risk-taking		
Professional: collectives and groups	Professional boundaries distinct but permeable for whānau Whānau knowing what help they need		
Implications: ground-breaking schools	Re-imagine the capacity in our community for positive change Seeking what whānau want for themselves		

The regional group wanted a holistic framework to focus on improving the well-being of all whānau throughout the region, not just those who got services or funding through Whānau Ora. The regional group was clear that its framework should first focus on the results it wanted to achieve before discussing what more could be done to achieve them. The framework was considered to be the last step in finalising the group's draft plan.

To prepare the framework, the regional group held a two-day workshop, with help from a facilitator experienced in Results-Based Accountability. The regional group invited a wide range of people from the community, including whānau, to attend the workshop and help produce a framework.

The people who attended the workshop considered that the framework did not conflict with government agencies' priorities. The regional group wanted every funder and provider in the region – from any sector – to adopt the framework and direct any spare resources to achieving one or more of the eight indicators. The framework also showed whānau how their achievements could contribute to regional well-being.

The regional group considered that its framework enabled it to:

- clearly explain its priorities for improving the lives of the Tairāwhiti population to the people living in the region;
- discuss with the community how any individual, group, or organisation in the community could contribute to the priorities;
- account for its decisions, actions, and use of public funds to anyone who asked;
- make recommendations to Te Puni Kōkiri on funding applications; and
- easily report on achievements.

Publications by the Auditor-General

Other publications issued by the Auditor-General recently have been:

- Inland Revenue Department: Governance of the Business Transformation programme
- Auckland Council: How it deals with building consents
- Draft annual plan 2015/16
- Auditor-General's findings about AgResearch's Future Footprint project
- Local government: Results of the 2013/14 audits
- Education for Māori: Relationships between schools and whānau
- Response of the New Zealand Police to the Commission of Inquiry into Police Conduct: Fourth monitoring report
- Ministry for Primary Industries: Managing the Primary Growth Partnership
- Central government: Results of the 2013/14 audits
- Government planning and support for housing on Māori land
- Ministry of Social Development: Using a case management approach to service delivery
- Water and roads: Funding and management challenges
- Making the most of audit committees in the public sector
- Accident Compensation Corporation: Using a case management approach to rehabilitation
- Challenges facing licensing trusts
- Annual Report 2013/14
- Ashburton District Council: Allegations of conflicts of interest affecting decisions on a second bridge
- New Zealand Transport Agency: Maintaining and renewing the state highway network – follow-up report

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