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Protecting Whānau Ora: Why long-term relationships matter for child health

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Summary

Recent contract changes for Whānau Ora risk undermining one of Aotearoa New Zealand's most effective programmes for child health equity. Whānau Ora's success lies in its long-term, relationship-based approach which improves social and health outcomes for some of our most vulnerable children.

While the NZ Government aims to localise services, new commissioning risks losing established relationships. Research we have recently published has found that frequent engagement, culturally embedded care, and flexible, long-term funding are crucial.

In March 2025, three commissioning agencies lost their contracts for Whānau Ora,[1] one of Aotearoa New Zealand's (NZ) most effective programmes in addressing child health inequity. The Whānau Ora programme coordinates family access to services and care in ways that work for them.

Several reviews and studies have shown that Whānau Ora improves social and health outcomes.[2,3] This is important because not all children in NZ have the same chance to experience good health. Research shows that Māori, Pasifika, disabled, LGBTQ+, rural, and low-income children often experience worse health outcomes due to systemic inequalities.[4,5] Many live in damp homes, struggle with poverty, and face barriers to accessing healthcare.[6,7] These inequities cost around $170 million annually.[8]

Te Puni Kōkiri's rationale for the changes is to better localise services.[9] For example, with new commissioning agencies like Te Tauraki in Te Waipounamu (administered through Ngāi Tahu), the change presents the possibility of iwi-community co-design. At the same time, new commissioners may engage new providers, which risks losing a decade of relationships and engagement built up by current Whānau Ora providers.[10]

Our recently published peer-reviewed research examined what was working well to reduce inequities in child health in NZ.[11] We found connection and long-term relationships were often the springboard that all other outcomes bounced from (see Appendix). This supports the value of programmes like Whānau Ora which improve health equity because they engage at the flax-roots of communities through their years of trusted relationships.[10]

To inform our study, we engaged with Purapura Whetu, Te Puawaitanga ki Ōtautahi Trust and Early Start, as three effective child and youth organisations in Canterbury. Several of the key mechanisms that emerged as key for kaimahi (community health workers) to achieve improved equity and outcomes are:

1. When families were visited frequently and consistently by kaimahi (context) then they felt safe and belonging (mechanism) leading to identifying and overcoming challenges to greater individual and collective wellbeing (outcome).
2. When kaimahi engaged in culturally embedded ways (context), young people and family felt their *mana (value and agency)* was enhanced (mechanism) leading to greater participation in programmatic, cultural and social activities (outcome).
3. When kaimahi supported the priorities of families (context) then family members felt freed from immediate concerns (mechanism) leading them to take active steps towards their futures (outcome).

4. When families and kaimahi shared their life experiences with each other (context), then they formed a working relationship (mechanism) leading to families taking active steps towards their futures (outcome).

Our study joins others that identify the value of comprehensive approaches, leadership by Māori and addressing rights as key to improving health outcomes.[5] Community-based child health providers who engage with Kaupapa Māori approaches to health care play a crucial role in improving equity, just as they have for adult chronic conditions.[12,13] These providers need more (not less) funding, and they need the space to go ahead with what they know works.

Our study identified that flexible, long-term and relationship-based service commissioning is essential to the success of child health providers. The organisations we studied identified that the best processes are outcomes-based contracting using community-defined success measures, as seen in Whānau Ora initiatives.

We also found that shared life experiences (peer support) by kaimahi, strengthened connection and led to codesign of care that increased the relevance and effectiveness of services. Lived experience / peer participation in child health care brings insights that differ from professional perspectives and leads to more relevant and acceptable innovations for service-users.[14,15]

We also found that child health services are most effective when they prioritise the most urgent needs of families, which has been core to Whānau Ora's success.[3,13] This study joins others that underscore the importance of addressing upstream health determinants—such as warm housing and access to transportation—alongside social determinants like community support and reducing loneliness.[15,16]

This study and others referenced here, build on qualitative and social science research. Social science research is critical to evaluate government policy implementation i.e. what works best, for whom, and how.[17] While many studies focus on shortcomings and deficits in health services and care, research must also examine what is working well.[18,19] Recent funding cuts, e.g. to the Marsden research funding[20] for social sciences, may mean that policy makers make decisions without the appropriate evidence.

Conclusion

Addressing child health inequities in NZ requires a shift from narrow biomedical models to broader, community-led and strength-based approaches. Long-term contracts allow providers to build trust, connect with community relationships, and address social determinants with their services, all of which can significantly improve outcomes.

What this Briefing adds

- Long-term relationships between service providers and whānau are key to improving health outcomes for children and young people.
- Effective child health organisations trigger more equitable outcomes for young people or their carers, and trusting relationships are central in the mechanisms operating.
- The contributions of front-line health workers who come from the communities where they work are important, as they can effectively codesign and micro-adapt interventions to be most relevant and acceptable for whānau.

Implications for policy and practice

- Service commissioning (and contracting) needs to be iterative and flexible to allow providers to develop trusting relationships and bespoke care.
- Child and youth health services are likely to be more relevant and acceptable when they include codesign by kaimahi and young people with lived experience.
- Commissioning of services needs to be better aligned with the work that community-based providers do to engage families and young people. They need long-duration contracts to allow long-term relationships that ultimately support equitable access to care.

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Appendix

Programme theory of how organisations improved equitable outcomes.

In this study, researchers and the Child Health Advisory Group worked together to develop an initial programme theory based on existing literature, and their own knowledge and pragmatic experiences to identify anticipated contexts (including interventions), and mechanisms that triggered the outcomes of improved health, wellbeing and greater equity. Following data collection and analysis, we synthesised the six specific CMO (context, mechanism, outcome) hypotheses to develop the mid-range programme theory (sometimes called final programme theory) as a more refined and generalised theory that emerges from the evaluation process. It explains how mechanisms operate across different contexts to produce outcomes and bridges the gap between specific programme theories and

broader theoretical frameworks. This can offer practical insights for policy and practice.

Table A1. Specific mechanisms supporting equitable outcomes for young people identified by each participating organisation.

Organisations	Mechanisms		
Purapura Whetū	Shared experiences between young people and *kaimahi* increased the sense of being understood which triggered young people to plan positively for their futures.	Frequent meetings built an 'alliance' that triggered a sense of this relationship as a safe space in which to try new things and rehearse new skills.	Culturally embedded connections strengthened youth mana and wairua.
Early Start	Fanning the flames of effective whānau parenting skills triggered further positive parenting.	Connected relationships triggered whānau to be more engaged as parents.	Frequent contact and pragmatic support triggered greater self-efficacy, leading to increased access and use of health services.
Te Puawaitanga kī Ōtautahi Trust	Warm and close relationships with *kaimahi* formed a trampoline mat from which multiple positive outcomes bounced off.	Side-by-side relationships triggered openness to trying new things, and family members backing themselves.	A focus on being Māori and practising tikanga provides a sense of belonging and mana so that whānau felt able to steer their own waka.

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