

THE SIGNIFICANCE OF SOCIAL REPORTS AND ITS IMPLICATION ON THE WELL-BEING OF MĀORI IN AOTEAROA NEW ZEALAND

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Abstract

Social wellbeing is the extent to which you feel a sense of belonging and social inclusion; a connected person is a supported person in society. Lifestyles, ways of living together, value systems, traditions and beliefs are all important to our social well being and quality of life. Accelerating Māori wellbeing is not only good for Māori but also for New Zealand. This article revolves around the relevance and significance of the publication of the social reports in Aotearoa New Zealand annually from 2001 onwards. In order to evaluate social progress within the social policy domain towards overall well-being of the people. In this article, we would take a stand that social reports are kind of fact sheet in regards to the effectiveness of the respective social policies towards the well -being of the people. It becomes a kind open platform to raise awareness with and the effectiveness of the policies.

Keywords: Māori wellbeing, Social Reports, Social and Political impact.

Introduction

This article revolves around the relevance and significance of the publication of the social reports (Tepūrongoorangatangata) in Aotearoa New Zealand annually from 2001 onwards.(www.socialreport.msd.govt.nz). In order to evaluate social progress within the social policy domain towards overall well-being of the people. In this article, we would take a stand that social reports are kind of fact sheet in regards to the effectiveness of the respective social policies towards the well -being of the people. It becomes a kind open platform to raise awareness with and the effectiveness of the policies. In this article, we attempt to explore and examine the significance of social reports, which does mirrors the functioning of any robust social policies. Ouressay draws from diverse secondary academic texts and white papers of relevance. In this article, we have contextualized towards the well-being of Māori well-being in Aotearoa New Zealand.

Social reporting and Social policy

Social reports are the official reports reflecting upon the how people understand about social well-being of the society. Its publication resulted due to the former two national Royal Commissions inquiries (Royal Commission on Social Security, 1972; Royal Commission on Social Policy, 1988). While in order to close the gaps between the underreporting, the publication of the social reports are more productive and informative due to its statutory obligation to report on 'social outcomes' by Ministry of Social Development (2002a). Due to its content and intent, the publication of social reports and its findings with respect to 'equity' among the various strata of the society in terms of accessibility / affordability and awareness of social services availability became significant. Whilst the data & information published in the social reports do maximize impact of the current policies and informs the policy makers / politicians / media as well the civil society activists about the effectiveness of the social policies in terms of social outcomes. Social reports do provides a way to co-ordinate and be

more robust among various ministries towards developing a systematic scoreboard of its social outcome in either health / social service / education. The fact being that the social reports are no doubt been extensively used in to validate and strengthen a social policy but also address the various social determinants of health known as (SDH) at a strategic policy level. By compiling into “single report” document annually, the key health indicators and a range of indicators from other social sectors such as education and justice, as well as economic and environmental indicators been included and analysed.

Social reports and its significance in Social policy

We argue in our article about the social reports does provides snapshots of the differential in the living conditions of the people. It does helps other ministries to fine-tune its assessment /intervention related to its methodological procedures adapted which sometimes do not reflect upon the overall facts related to the well-being. For instance, the social reports do enhances the reporting of findings for marginalized, vulnerable sections of the society. (i.e. refugee and other small ethnic communities, sexual / gender minorities). Further, in my arguments, the social reports plays a kind of ‘strategic blueprint’ since it provides factual data incorporating and monitoring a broad range of social factors effecting the wellness of the people and their effectiveness of the social outcomes. The continuity of the publication annually of social reports can work towards strengthening the various social determinantsbased evolving policyand its frameworks. Clearly, this process strengthen inter-co-ordination among various sectors due to its clearer causal framework as evidenced in the respective annual social reports. One cannot shrug off the existing neo-liberal polity in Aotearoa New Zealand, there does appears to be some official opposition towards the further publication of the social reports. For instance, in 2002 the review of the first ‘Social Report’ which had highlighted some level of confusion amongst stakeholders about the very issue of whether indicators reports may be used to assess the impacts of policies (Ministry of Social Development, 2002a).

Social and Political impact

While no doubt , some of the improvements in social outcomes might have been reported earnestly at times, senior policy staff agreed that although concerned ministers have, in rare occasions, requested changes to be made to the reports, “neutral” reporting has never been challenged, especially considering that reports simply compile information from previously published official statistics. While the ‘Policy staff’ from the Ministry of Social Development point out that one of the advantages of publishing the Social Reports on a yearly basis is that the social reports have established as a regular feature likely creating less political pressure on its annual findings than if the report was published less regularly. The central theme being about securing on-going, regular, “neutral” social reporting without any kind of bias reporting. Further, we like to reiterate that the need to publish intent of social reporting in the form of ‘social reports’ annual sequence from 2001 onwards was due to the growing ‘gaps’ between various section of the society. And the ministry staff insists that the annual publication cycle adds to the consistency of reporting and the public transparency of the social reports, especially considering the changes in the reporting structure (i.e. updating the indicator measures) being explained in detail in a specific section of the reports.

While considering in terms of its political impact and setting up a routine towards transparency continuity , the publication of social reports no doubt can be seen an annual milestone measures. Since it ignites policy debate in regards to the social outcomes of the social policy.However, many academicians do agree that the tri-annual publication as a better mode of operation for instance wanting to see a social report published just before election

period to increase its policy impact. On the other hand, the Ministry of Health staff suggested that the involvement of government agencies towards the development of the social reports would be good rather than annual publication. The rationality being that it is impossible to update most indicators annually and that 'social change' generally a slow processes. Nevertheless, some agencies felt that looking at year-on-year changes might be meaningless or even misleading.

Social reports and Health

Generally it is widely accepted fact, that health and well-being been clustered together as one factor within the health domain does not give clear picture of well-being. Since the fact that, there seems to be multiplicity of social factors actually 'affecting and influencing' the final health outcomes of populations apart from human rights. As (Paul Hunt 2004) has argued that 'in addition to the classic human rights methodologies, we need new skills and techniques if we are to engage effectively in policy-makings. Looking into the existing theoretical models (Solar & Irwin, 2010) informs that the term the 'social determinants of health', known as SDH, been divided up into three distinct blocks. (a) The "socioeconomic and political context" (labour market; education system; social policies; and culture, religion and human rights). (b) Which describes the "causes of the causes" like the "social determinants of health inequities" (socioeconomic position and social class as expressed through an individual's or social group's income, education, occupation, gender and ethnicity). (c) The "intermediary factors" (the material circumstances, psychosocial factors, and behavioural and biological factors, as well as the health system and its impact on the distribution of sickness, disability and other consequences like impoverishment from catastrophic expenditures). The above three blocks do have huge impact towards the well-being of the people.

Social reporting and Social cohesion and capital

We strongly believe that 'Social cohesion and Social capital' does influence and mitigate some of the effects of social stratification or intermediary factors. For instance, the social determinants (SDH) does influence the distribution of health along the socioeconomic spectrum thereby causing health inequities, and, as decomposition analysis has evidenced, for many health outcomes the SDH contribute more to health inequities than the entire health system (WHO, 2007a). Consequently, subsequent National governments and International health agencies like the World health Organisation (WHO) are increasingly becoming aware that no matter what the strategy and goal being towards to enhance overall health outcomes or to achieve greater health equity, equally the sectors outside the health domain been addressed through robust equitable social policies. Take for instance the case of health sector, the health policymakers may have to coordinate and work between and across sectors as well as considering the impact of social factors in the way, they design and run their health services and programs. Historic strategies to address the SDH through inter-sectoral action have been documented (Solar & Irwin, 2006), but there is a need for further international exchange of experiences and sharing of learnings with respect to policy tools, including related institutions, facilitating inter-sectoral action on the social determinants of health (SDH). While considering towards executing better effective social policy and tracing its impact on the determinants of health (SDH), it is obvious that monitoring performs a critical function like the publication of social report. Since the social reports gives snapshot of data and information across the outcome of various ministries.

Social reports and Māori community well-being

We emphasis and contextualize towards the Māori well-being, the Social Reports does explain why cultural identity been measured to indicate 'social well-being' by referring to trajectories

through which a strong sense of cultural identity mediates social well-being. Out contention is that a strong 'cultural identity' been to be seen as granting access to social capital by providing a sense of belonging and, as a consequence, a sense of social security. Sharing social networks accesses support and builds collective values and aspirations. In regards to the social development and wellness of the Māori community, execution and administration of the social policies in Aotearoa New Zealand is important and it has to take into the Maori views in the consultation. For instance , the views of the Māori groups are generally positive about the fact that the social reports do conceptualize the overall well-being in a broad and holistic way, an approach which aligns well with aspects of Māori models of health (Durie, 1985) and associated Māori health development (Durie, 1998) and health promotion approaches (Durie, 1999) and wellness. On the other hand, Māori voiced a range of concerns.

Firstly, the Māori wanted to see a strengthening the social reports influence in policy-making to avoid them becoming 'yet another report highlighting poor outcomes for Māori without leading to anything being done about them' (Ministry of Social Development, 2002a: 12). Secondly, pointing towards the (then draft) United Nations Declaration on the Rights of Indigenous Peoples as useful reference material to inform the Social Reports, several Māori groups felt concerned about the lacking prominence of the 1840 Te Tiriti o Waitangi / The Treaty of Waitangi in the 2001 report prototype. The Māori leaders wanted to see the treaty included as an overarching framework to assure acknowledgement of the treaty-partnership between Māori and the Crown. Thirdly, the Māori expressed the desire for indicators measuring positive aspects of Māori life (i.e. the strength of whanau / Māori families) to be included in the Social Reports in order to balance out indicators highlighting poor outcomes. Māori stakeholders also critically questioned why the reports did excluded Māori-specific health indicators (Ministry of Social Development, 2002a: 47). Nevertheless, my concerns are that the existing 'gap' exists due to the lack of Māori-specific health indicators not been mentioned in the Social Reports.

While Aotearoa New Zealand can be seen as "Bicultural Nation" due to founding document the Te Tiriti o Waitangi /The Treaty of Waitangi and the existing Treaty of Waitangi Act and its enactment of (3) 'P' (Protection / Partnership and Partnership). New Zealand can be seen as consisting of Māori whānau/ families, hapu/sub-tribes and iwi/tribes on one hand and non-Māori settlers represented formally by the British Crown or settler governments respectively on the other hand. These political and historic complexities, especially the guarantee of indigenous rights and the systematic settler colonization of New Zealand, have created a unique bi-cultural cultural environment. Such historical situations are been reflected in the publication of social reports. Reflecting upon cultural identity, I would point out that the 'cultural identity' as per the definition provided in the social reports is a multi-layered construct, with culture being understood in its broadest sense, as expressed through 'customs, practices, languages, values. In addition, the worldviews that define the various social groups such as those based on nationality, ethnicity, region or common interests' (Ministry of Social Development, 2007: 76).

Whilst the social reports do inform the factual data taking into account of the social indicators executed by the mainstream authorities, which may sometime can impinge identity and belonging for members of minority cultures and vulnerable people. For instance, the social reports do acknowledge explicitly that Māori culture including Te Reo Māori /the Māori language has been marginalized 'through much of New Zealand's history' (Ministry of Social Development, 2007: 77). The desired outcomes for the cultural identity are important towards well-being since it expresses cultural diversity and its value. Since it allows

everybody to pass his or her cultural traditions on to future generations to come. Further the Crown reiterates that Māori culture is valued and protected". Ministry of Social Development (2007), p76.

Conclusion

Finally, to conclude, social reports plays a significant role in monitoring various social determinants towards well-being. This paves way to have data and on-going information and related findings with respect to equity towards well-being. Apart from being a significant policy tool in the domain of the social policymaking. During its course of publication, no doubt the social reporting have gained a good level interest amongst various health advocacy agencies, social activists, health service providers, Māori organizations, academic audiences and the media. Social reports have generated interest to inform the design and the effectiveness of the social and other public policy and towards intervention as needed. The social reports do assess the long and medium impact of policy initiatives in order to reduce social and enhance well-being of the people.

References

1. Durie, M. (1998). Whaiora: Maori health development. Auckland: Oxford University Press.
2. Durie, M. (1999). Te PaeMahutonga: a model for Māori health promotion. Health Promotion Forum of NewZealand Newsletter 49.
3. Durie, M. H. (1985). A Maori perspective of health. Journal of Social Science and Medicine, 20, 5, 483-486.
4. Hunt, P. (2004). The Right to Health: An Interview with Professor Paul Hunt. Essex Human Rights Review, 2 (1): 57-61.
5. Ministry of Health (2002a). Reducing inequalities in health strategy. Wellington, N.Z.: Ministry of Health.
6. Ministry of Social Development (2007a). The Social Report 2007. Wellington, N.Z.: Ministry of Social Development.
7. Ministry of Social Development (2007b). The Social Report 2007: Regional Indicators. Wellington, N.Z.: Ministry of Social Development.
8. Royal Commission on Social Policy (1988) The April Report. Wellington, N.Z.: Royal Commission on Social Policy.
9. Royal Commission on Social Security (1972). Social Security in New Zealand. Wellington, N.Z.: Royal Commission on Social Security.
10. Solar, O., & Irwin, A. (2006). Social determinants, political contexts and civil society action: a historic Perspective on the Commission on Social Determinants of Health. Health Promotion Journal of Australia, 17 (3): 180-184.
11. Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 3 (Policy and Practice). Geneva, World Health Organization.
12. World Health Organization (2007a). World Health Statistics 2007. Geneva, Switzerland: World Health Organization.