



Rātā
Foundation



SUPPORT FUNDING AREA REVIEW

Prepared for Rātā Foundation | August 2025

EMPOWERED TO THRIVE

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Ngā mihi nui

Document version: [Final] | Michelle Moss, Alicia Crocket, Judy Oaken and Kellie Spee.



Executive Summary

Rātā Foundation (Rātā) is one of 12 Community Trusts nationwide and the South Island's most significant community investment fund, covering Canterbury, Nelson, Marlborough and the Chatham Islands. Rātā aims to enable an equitable and sustainable society by removing barriers to access or supporting people in need.

Rātā funds five key areas: Learn, Support, Connect, Participate, and Sustain. This review focuses on the Support Funding Area. Rātā's theory of change for this Funding Area is: *"We want individuals, families and whānau to thrive so they can participate positively in the community. At times, people need support to overcome challenges and build resilience, and for some people long term support is needed."* (Rātā website)

The priority areas for the Support Funding Area are:

- Ensuring people in need get the right support when they need it
- Supporting positive youth development for young people/rangatahi
- Supporting older people/kaumātua to live full and active lives
- Supporting service provision to people with mental health challenges including people with addictions.

This review is part of the regular cycle of Funding Area reviews undertaken by Rātā. The review consisted of a literature review and key informant interviews (n=13). It identified the needs of the people of the Rātā takiwā (regions) and what works to create the outcomes expressed for individuals and whānau (good practice). It was undertaken between June-August 2025 and updates the last Support Funding Area review in 2022. Lack of robust regional data was a key limitation of the review, generally due to small sample sizes.

Findings

Overall, this review found deepening financial hardship, housing insecurity and complex mental health challenges with particular impacts on Māori, Pasifika, disabled communities, young people/rangatahi and older adults. While it is a concerning picture, there are strengths and resilience within the communities, such as practices of reciprocity, cultural knowledge, innovation and adaptation, that can be harnessed for change.



Setting the scene – drivers of need

Internationally, geopolitical tensions, trade disputes, climate change, disrupted supply chains and technological advances are influencing New Zealand, such as its economic stability. Nationally, cost-of-living pressures, income and housing insecurity, policy shifts and poverty are influencing the breadth and depth of need, and demand for support. These international and national drivers interact, exacerbating their effects on social, cultural, and health needs.

Needs in the Rātā takiwā – and who are most likely to benefit

The review identified a range of **current and emerging** – often interconnected – social, health and cultural **needs**.

- There are **longstanding needs** that reflect deeply embedded structural inequities, particularly for some population groups. These centre on financial stress, mental health and addiction, housing affordability and quality, barriers to service access and health, education and justice inequities. For example, Māori and Pasifika learners lag behind other learners in school attainment and NCEA Level achievement.
- There are also **intensified needs**. These were present before but have worsened or become more visible due to various drivers such as the cost-of-living crisis. We saw growing financial and housing needs such as increased food insecurity and housing deprivation. Mental health needs are becoming more complex, while there is increased social isolation, for young people/rangatahi and older people/kaumātua in particular. Meanwhile, service capacity is strained.
- We describe **new/emerging needs** as under-recognised or under-served needs that reflect changes in society, service gaps, or growing visibility of previously marginalised experiences. We observed erosion of social cohesion and belonging, increased climate and environmental stress (particularly in the top of the south), rising neurodiversity and behavioural needs and financial and health vulnerability in retirement.

We also identified **service gaps**. These centred on culturally appropriate services, outreach, mental health and housing services, parenting support, young adolescent support and education support – targeted to priority groups (for example, ethnic minorities, LGBTQI+, Māori/Pasifika). Some regional specific gaps were also identified, such as emergency housing in Marlborough and limited access to neurodiversity assessments in Canterbury.

The review identified that the **population groups that will benefit** the most from a Rātā equity approach to funding include: those on low incomes, Māori/Pasifika communities, ethnic minorities, older people/kaumātua, young people/rangatahi (particularly Māori, Pasifika, LGBTQI+ and disabled) and people with mental health needs. A full list is in the body of the report.



Good and promising practice

We identified three themes of good and promising practices:

- **Values and perspectives that shape effective support** include culturally grounded, holistic and whānau-centred approaches. It also includes co-design and lived experience, place-based and tailored services and addressing root causes and system barriers.
- **Effective service design and delivery** centres on prevention and early intervention, strengths-based responses, resilience and skill building as well as low thresholds to entry into programmes, and easy access points. It recognises the importance of taking support to where people are and using intergenerational, multi sector, integrated and wrap-around models.
- **Relational and responsive practice** emphasises relationship and trust building, moving at service users' pace, understanding the full context of need, matching support to need and adapting as circumstances change. Finally, it highlights continuous reflection and learning.

Effective support is undermined when services lack cultural safety, flexibility or continuity. Much of what doesn't work is the opposite of good practice: models that disregard people's worldviews, identities and lived experiences tend to reinforce exclusion, mistrust and harm.

Alignment between funding practice and what the evidence says works

In general, there is clear alignment between Rātā priorities and practices within the Support Funding Area and best practice guidance identified in this review. In particular, Support Funding priority areas generally match the population groups identified as most likely to benefit. Further, the types of organisations and the programmes funded reflect the breadth of needs in the Rātā takiwā highlighted in this review. The programmes funded also reflected good and promising practices and sought to remove barriers. Key informants valued Rātā support.

[There's] been different [Rātā] grant initiatives over the years that have meant that we have been able to get new ideas and projects off the ground. It's a really neat opportunity, for us as providers to create something for whānau – for a need that they have – and then be able to showcase that or take the data to the Government and get something permanently funded. (Key informant)

Alignment of priorities and opportunities

Rātā Support Funding Area priorities align well with several government priorities, across a range of agencies. Government priorities are often under-resourced and constrained by policy limits and funding shortages. This leads to opportunities for Rātā to fill structural gaps for equity and early



intervention, as well as infrastructure and capacity building. Key informants emphasised that Rātā can go where government can't, or won't. This could include funding core operating costs, providing seed funding for new models, supporting integrated solutions and systems-change work.

Recommendations

Rātā Foundation is currently making a positive difference to people's wellbeing in the Rātā takiwā – particularly for those who need it the most. Based on what we have learned, we recommend that under the Support Funding Area Rātā:

- Continue to fund using an equity lens to focus on removing barriers.
- Continue to fund organisations and programmes that target the specific population groups named in the priority areas.
- Continue to fund organisations and programmes that operate across the spectrum of need, from early intervention through to crisis response.
- Continue to fund organisations and programmes that support mental wellbeing including the ongoing impact of the Canterbury earthquakes, particularly for young people/rangatahi.
- Consider putting more emphasis on supporting the foundational stages of development and educational transitions to influence wellbeing and potential over the life course.
- Consider how to address the sharp increase in food insecurity, particularly for the more affected populations.
- Consider exploring opportunities to support mental wellbeing and resilience in communities that have recently experienced multiple flooding events.
- Consider exploring opportunities to further support holistic and wrap-around approaches for people who are housing deprived, particularly young people/rangatahi.
- Consider how to help address the service gaps, and explore the opportunities outlined in this report.

Some strategic level recommendations that may influence the other funding areas of Rātā, or other Pou are:

- Continue, and consider expanding support for strengthening governance and internal systems of equity focused organisations.
- Continue, and consider expanding advocacy and policy engagement support.
- Explore what specific regions might be doing differently in education to achieve better outcomes for Māori and Pasifika learners.
- Investigate opportunities to support housing advocacy, particularly in Marlborough in relation to specific needs around emergency housing.



Introduction

Background

Rātā Foundation (Rātā) is one of 12 Community Trusts nationwide and the South Island's most significant community investment fund. Each year, it generates around \$25 million to invest in its funding regions: Canterbury (Christchurch, Waimakariri, Selwyn and Hurunui districts), Nelson (Nelson and Tasman districts), Marlborough (Marlborough and Kaikōura districts), and the Chatham Islands. Rātā strives for a more equitable standard of community wellbeing. Te Tiriti o Waitangi underpins the work of Rātā, and they draw on tikanga Māori values.

Rātā applies an equity lens to its funding practices. It aims to enable an equitable and sustainable society by removing barriers to access or supporting people in need. Barriers to access or need may be experienced by people based on the following:

- Low socioeconomic status
- Gender or sexual orientation
- Disability/accessibility/chronic health conditions
- Mental health challenges, including people with addiction
- Culture or ethnicity
- Rural or other isolation
- Age – generally those under 25 or over 65
- Any other specific vulnerability or disadvantage where there is evidence of need

In line with Rātā purpose, it funds five key areas which contribute to community and environmental wellbeing: Learn, Support, Connect, Participate, and Sustain. This review focuses on the Support Funding Area. The Support theory of change highlights that everyone is entitled to support so they can thrive.

“We want individuals, families and whānau to thrive so they can participate positively in the community. At times, people need support to overcome challenges and build resilience, and for some people long term support is needed”. (Rātā website)

The priority areas for the Support Funding Area are:

- Ensuring people in need get the right support when they need it
- Supporting positive youth development for young people/rangatahi
- Supporting older people/kaumātua to live full and active lives
- Supporting the provision of services to people with mental health challenges including people with addictions.



This review

This review is part of the regular cycle of Funding Area reviews undertaken by Rātā. The purpose is to provide an evidence-informed review of the Support Funding Area, including a literature review of what works to create the outcomes expressed for individuals, families and whānau, and to identify the needs of the people of the Rātā takiwā. The Support Funding Area was last reviewed in 2022.

Methodology and methods

Key review questions

The following key questions guided the review:

1. What are the current and emerging needs in the Rātā takiwā, and who are the populations and communities most likely to benefit from Rātā equity approach to supporting improved wellbeing and life outcomes?
2. How are key national and international drivers influencing the wellbeing of populations and communities where social, cultural and economic factors have unequal impacts on those who are most at risk of poor life outcomes or facing barriers to wellbeing?
3. What does the evidence tell us about good and promising practices and note any that may not work (for example, what works and for whom taking an equity lens), for the Support Funding Area priorities?
4. To what extent does the current priorities and recent funding practice of Rātā in the Support Funding Area align with the evidence about what works and for whom?
5. To what extent does the Support Funding Area priorities align with relevant priorities of government agencies?

Literature review sources

The literature review drew on a broad range of data sources, including:

- Documentation received from Rātā Foundation
- Peer-reviewed journals
- Grey literature, such as government papers and reports
- National data sets and survey results
- Regional surveys, where available
- Other relevant literature
- Media reporting.



Funding data review

The research team reviewed internal administrative data under the Rātā Support Funding Area for sense-making and context since the last report and 2022 priorities. It reviewed how granting practice aligned with Rātā equity focus, its priority areas and the best practice guidance identified throughout this review. The analysis was undertaken in Excel.

Key informant interviews

Ten interviews were undertaken (n=13) during July 2025, across the Rātā takiwā (Canterbury, Nelson/Tasman, Marlborough). The key informants were chosen by Rātā due to their knowledge of and experience in the sectors they work in, and the communities they serve. The interviews were 60 minutes long and done via Teams. Interviews were recorded and transcribed. Participants were provided with an information sheet about the review prior to their interview and gave their oral consent to participate. In addition, written feedback was received from division managers of one organisation.

Analysis and reporting

Collated documentation from Rātā and the literature searches, along with interview feedback, was reviewed and analysed for trends and themes. The research team presented high level findings in a sensemaking session with Rātā to contextualise them and agree on their relevance for the report.

Limitations

There were three limitations of this review:

- Generally, regional data was difficult to find. Smaller regions were often grouped together – for example, Nelson/Tasman/Marlborough, or Nelson/Tasman/Marlborough/West Coast. More data was available for Canterbury.
- Regional analysis of national data sets was limited by smaller sample sizes, which gave larger margins of error. This meant that we could not identify statistically significant differences between the regions or provide age or ethnicity breakdowns in most instances. Where robust regional data was available and analysis was possible, this was done.
- Although interviews were conducted across the Rātā takiwā, the views may not be representative, and care has been taken to triangulate against other data sources.

Setting the scene

Drivers of need

The current global environment is marked by geopolitical tensions. Ongoing conflicts, trade disputes, climate change and disrupted supply chains influence economic stability (KPMG, 2025; Ministry for the Environment, 2023). Many countries, including New Zealand, are navigating the ripple effects of the COVID-19 pandemic alongside shifts in migration and technological change (Royal Commission on COVID-19, 2024; UNICEF Innocenti, 2025).

Nationally, there is a cost-of-living crisis, with households facing rising prices for essentials, and poverty impacting wellbeing. Unemployment is rising, and welfare support is not keeping pace with inflation (Salvation Army, 2025). Recent changes in housing policy (for example, Kāinga Ora restructure) and welfare settings are linked with a growing demand for support (RNZ Online, 2025; The Press, 2024; Salvation Army, 2025). Combined, these drivers create a complex environment that shape social, cultural and health needs. Drivers of needs are summarised in Table 1.

Table 1: Summary of drivers

Drivers	Examples of areas influenced
International	
Global economic volatility; COVID-19 pandemic legacy; geopolitical tension	Financial stress, housing affordability, food insecurity, mental health strain (Royal Commission on COVID-19, 2024; Treasury, 2024)
Climate change	Housing security, health and mental wellbeing (Ministry for the Environment, 2023; UNICEF Innocenti, 2025)
Demographic and technological shifts	Social isolation, service access inequities, financial and health vulnerability in retirement (UNICEF Innocenti, 2025)



National	
Cost-of-living pressures; unemployment; income inequality	Financial stress, food insecurity, housing instability, mental health distress (Salvation Army, 2025)
Housing pressure and reduced stock	Housing deprivation, health and mental wellbeing (Salvation Army, 2025; Stats NZ, 2025b)
Historically underfunded and fragmented systems	Service capacity strain, service access, trust (Ministry of Health (MOH), 2024a)
Structural bias and coloniality	Inequities in health, housing and wellbeing outcomes (Waitangi Tribunal, 2024)
Political cycles and policy shifts	Potential disruption to services, funding instability, social cohesion (Euqub and Collins, 2025; Public Service Commission, 2024)

Strengths and assets

Although this review is about identifying needs in the Rātā takiwā, we want to acknowledge the strengths and assets that exist within the communities. Key informants mentioned a range of inherent community qualities that promote wellbeing, and which can be harnessed to create change.

“I think with the assets that we [have], if we have the space to, we can organise well, we can create change.” (Key informant)

Some of the strengths and assets mentioned include:

- Collective identity
- Cultural knowledge
- Passion and care
- Strong relationships
- Strong intergenerational ties
- Practices of reciprocity
- Innovation and adaptability.



Needs in the Rātā takiwā

This section identifies current and emerging social, health and cultural needs across the three Rātā takiwā, and the population groups most likely to benefit from an equity approach. Overall, we found there are three categories of needs: longstanding needs, intensified needs and new/emerging needs (summarised in Table 2).

Throughout these sections we have integrated robust regional data where possible. However, small population sizes mean, regional, ethnic (over and above Māori) and age analysis were not always possible. In some cases, we have instead included national data on ethnic or age differences, as these patterns are likely to also play out in the Rātā takiwā.

Table 2: Overview of needs

Category of need	Type of need
Long-standing needs	<ul style="list-style-type: none"> Financial stress Mental health and addiction Housing affordability and quality Inequities in health, education and justice systems
Intensified needs	<ul style="list-style-type: none"> Financial and housing needs Wellbeing needs Systems issues
New or emerging needs	<ul style="list-style-type: none"> Erosion of social cohesion and belonging Climate and environmental stress and preparedness Rising neurodiversity and behavioural needs Financial and health vulnerability in retirement



Longstanding needs

Longstanding needs are needs that have persisted across time and continue to impact significantly on people's wellbeing. They typically reflect deeply embedded structural inequities, particularly for some population groups.

Financial stress

Across the Rātā takiwā, key informants highlighted financial stress as a consistent backdrop to other social and health needs. Although this report explores the intensifying financial hardship in a later section, it is important to recognise it as a longstanding and systemic need – one that continues to shape wellbeing outcomes and drive demand for services across multiple domains.

“I would say poverty is a major determinant of poor health outcomes for our community. That feeds into everything - nutrition, food safety, education, family violence. I mean all. I think it underpins poor health outcomes across the board for our community.” (Key informant)

Financial stress can impact significantly on well-being, particularly on mental health (Guan et al., 2022). It is also linked to food insecurity, inadequate housing, limited healthcare access, social isolation and reduced participation in education and community activities (OECD, 2024a; World Health Organization (WHO), 2025). In Aotearoa New Zealand, financial stress disproportionately affects Māori, Pacific peoples, single-parent households, disabled individuals and those on low-incomes. These groups face long-standing structural barriers to economic stability (Loring et al., 2022; Salvation Army 2025). Key informants report a similar pattern in the Rātā takiwā.

Financial stress is linked with low or insecure income, which can stem from underemployment, casual or seasonal work, or unemployment (Sinclair et al., 2024). Evidence suggests that in the Rātā takiwā,¹ Māori are more likely to experience financial stress and the associated impacts:

- In Nelson and Canterbury, the unemployment rates for Māori are double that of the regional population (Stats, 2023a).
- Māori generally have lower personal incomes than that of the regional population - exacerbated by already lower than national average median household incomes) particularly in Marlborough, Nelson and Tasman (Stats NZ, 2023a). Substantial pay gaps exist for Māori and Pasifika nationally too (Cochrane and Pacheco, 2022).

¹ We note that ethnic breakdown of regional data was only accessible for Māori.



- Māori in Canterbury are significantly less likely to be satisfied that their household income meets their everyday needs (52.3%) compared with non-Māori (62.1%) (Te Whatu Ora Waitaha Canterbury, n.d.a).
- Māori are overrepresented in high deprivation areas. The highest disparities occur in Canterbury where 20.1% of Māori live in high deprivation areas, compared to 11.4% of the total regional population doing so (Stats NZ, 2023a).

Mental health and addiction

All interviews raised persistent mental health needs, particularly among young people/rangatahi. These needs include help with anxiety, depression, intergenerational trauma and crisis-level distress. Key informants noted both the intensity of distress and the lack of timely support. Several key informants also raised concerns about addiction and substance use, and noted their relationship with financial stress, trauma and mental health. Their feedback highlighted fragmented and under-resourced community-based mental health and addiction support, especially for Māori, Pasifika, young people/rangatahi, and disabled people, driven by historical underinvestment and stigma. Canterbury key informants also noted a need for more antenatal and perinatal support and care.

Mental health and addiction services are a longstanding need in Aotearoa New Zealand. Most New Zealanders will experience mental distress or addiction challenges or both in their lifetime, as they commonly co-exist. The range of social determinants for poor mental health and addiction includes: poverty, lack of affordable housing, unemployment and low-paid work. It also includes abuse and neglect, family violence and other trauma, loneliness and social isolation and, for Māori, deprivation and cultural alienation (Paterson et al. 2018).

It was difficult to find robust regional data about mental health and addiction needs. Due to small sample sizes, regional, ethnicity and age group analysis often came up with low quality flags (and were excluded). Where robust data was available for Canterbury, it was included. The literature identified the following trends regarding mental health and addiction needs:

- Thirteen percent of New Zealand adults experience high or very high levels of psychological distress.² Young adults (aged 15-24 years), disabled, Pasifika and Māori adults are more likely to experience this level of psychological distress (MOH, 2024b).
- Typically, young people/rangatahi aged 15-24 have the highest score for psychological distress in the Rātā takiwā (MOH, 2024c).

² Measured by the Psychological Distress Kessler Scale.



Housing affordability and quality

In New Zealand, housing insecurity has been a long-term and systemic issue, closely associated with wellbeing. Over the past several decades, home ownership rates have declined as house prices have risen well beyond median income growth (Deloitte, 2024). Meanwhile, low-income renters, Māori, Pacific peoples, disabled people and single-parent households face the greatest burden of poor housing quality (for example, cold, damp, uninsulated homes). This results in preventable respiratory illness, hospitalisations and mental distress (Howden-Chapman et al. 2021).

Previous Rātā research (Mitchell and Saville-Smith, 2022) has documented the persistent challenges around housing availability and affordability, particularly for low and modest-income households, in the Rātā takiwā. Feedback suggests that housing affordability and quality continues to be a key issue (along with accessibility which is discussed later as an intensified need). Available data signals that housing affordability and quality-related issues impact on some Rātā takiwā more than others, with some population groups more affected. Of note is that:

- Nelson/Tasman is the least affordable³ Rātā takiwā - it requires the highest share of income⁴ (44%) for mortgage servicing and rental cost (25% of average household income) (Infometrics, 2025). Nationally, Māori or Pacific peoples face higher rental burden (Salvation Army, 2025).
- Nelson shows the largest disparity of home ownership, with 51.7% of Māori living in owned or family trust homes compared to 71.2% of the total population (Stats NZ, 2023a). Nationally, Pacific peoples have the lowest home ownership rates (Salvation Army, 2025).
- Māori in the Rātā takiwā are also disproportionately affected by substandard conditions. Notably, about a quarter of Māori in Canterbury and Nelson respectively report living in damp housing, compared with ~ 14% of these total populations. Mould is also more common in Māori households – more than double the rate in Nelson (Stats NZ, 2023a).

Inequities in health, education and justice systems

Key informants noted that the people they work with face persistent systemic inequities that impact their health and other outcomes. For example, they reported prevalent long-term health conditions in Māori and Pasifika communities, including heart disease, respiratory disease, obesity and diabetes, gout and bowel cancer. They also emphasised an early onset of these conditions for Māori and Pasifika compared to other population groups. Similarly, Health NZ reports that the

³ *Affordable housing is usually defined as housing (rented or owned) that costs no more than 30 percent of a household's gross income.*

⁴ *This is the average household income that would be needed to service a 20 year mortgage on the average house value, with a 20% deposit at average 2-year fixed interest rates in 2025.*



greatest burden of chronic conditions is experienced by Māori and Pacific people, who develop these conditions 10-20 years earlier than non-Māori and non-Pasifika (Health NZ, 2024).

Further, key informants highlighted educational challenges for Māori and Pasifika young people/rangatahi, impacting educational outcomes and life trajectories. To explore this further, we looked at education data for the Rātā takiwā. We found equity gaps in school retention (that is., students who stay in school until at least their 17th birthday) and NCEA achievement. In 2024:

- Māori learners had the lowest school retention rates across the takiwā, consistently below total regional and national averages. Pasifika learners also showed lower retention in Canterbury and Nelson, except for Marlborough (90.1%)⁵ where rates exceeded all other learner populations as well as the regional (77.6%) and national averages (81%).
- NCEA Level 2⁶ achievement rates were generally lower for Māori and Pasifika⁷ learners compared to total regional (74.3%-78.2%) and national (76.1%) averages. For Māori, achievement rates were lowest, and fairly similar across takiwā (57.6%-61.5%). Marlborough had the highest achievement rate for Pasifika (75.8%), similar to total regional and national averages and Nelson the lowest (63.2%) (Education Counts, 2025).

Overall, the literature confirms that structural inequities continue to impact health (Ministry of Health, 2024; Waitangi Tribunal, 2019), education, (OECD, 2024b) and justice outcomes (Salvation Army, 2025; Waitangi Tribunal, 2017) in New Zealand, disproportionately affecting Māori and Pacific peoples, as well as disabled people, refugees and migrants (for health and education in particular).

Service access

Access to services is hampered by transport barriers, cost, digital exclusion, waiting times, language barriers and service complexity. These barriers were brought up in the interviews, and in the literature (Brannelly et al., 2025; Te Hiringa Mahara, 2024; Trace Research Ltd, 2025; Vargas Lopes and Llana-Nozal 2025). In terms of mental health support:

- A notable minority of adults (around 10%) in Nelson/Marlborough and Canterbury, and children (9%) in Canterbury, experience mental health distress, but do not receive professional help (MOH, 2024c).
- Young people/rangatahi in New Zealand wait the longest to access mental health services. Long waiting times are a barrier to accessing mental health services. It is linked to a

⁵ This may be because there is a strong Pasifika community in the takiwā that came through the Talanoa Ako programme.

⁶ NCEA Level 2 achievement is often seen as a minimum standard for employment or further study, hence the focus here. Numbers relating to this level refers to percentage with NCEA level 2 or above. Numbers were generally too low for regional ethnic analysis at Level 3.

⁷ Pasifika learners in Tasman were not included in this analysis as actual numbers totalled less than 20.



reduced likelihood of access, lower engagement and satisfaction, poorer outcomes and inequitable service access (Te Pou, 2024).

The population groups that are more likely to face barriers to access are identified throughout the report, but include Māori, Pacific peoples, ethnic minorities, young people/rangatahi, older people/kaumātua, LGBTQI+ communities and people in rural areas.

Intensified needs

These needs were present before but have worsened or become more visible due to various drivers such as the cost-of-living crisis.

Financial and housing needs

It is getting harder for people to meet basic needs

Feedback indicates that financial hardship in the Rātā takiwā has intensified over the last few years, driven by the cost-of-living crisis. Key informants believed that the basics, such as food, housing, power and petrol are all unaffordable for many of the people they work with. Even people who have never needed help before (for example, working families) are now seeking support. Some choose to pay rent over buying food, and unexpected costs can push families and whānau into deficit. This reflects a broadening of need, not just deepening hardship.

“[Whānau] tell us that they don’t have. Even after the week paying all their bills, they’re still in deficit, you know. And how do you get out of that? It only takes one thing to put them out of kilter for the next three months.” (Key informant)

The literature also shows deepening hardship regionally, based on measures of household circumstances, food insecurity and child poverty. For example:

- All the NZ Health Survey indicators signal increasing rates of food insecurity between 2021 and 2024 nationally and in the Rātā takiwā (MOH, 2024d). There is an increasing proportion of children in the Rātā takiwā living in households where often or sometimes:
 - o food runs out (12%-16% and 12%-26% for Canterbury and Nelson/Marlborough respectively)
 - o they have to eat less because a lack of money (9%-17% and 12%-26%; Figure 1)
 - o they use food grants or food banks (7%-9% and 6%-17%).
- One fifth of respondents of a Christchurch specific survey said they do not have enough money to meet their everyday needs; two fifths, said they have ‘just enough’ to cover their

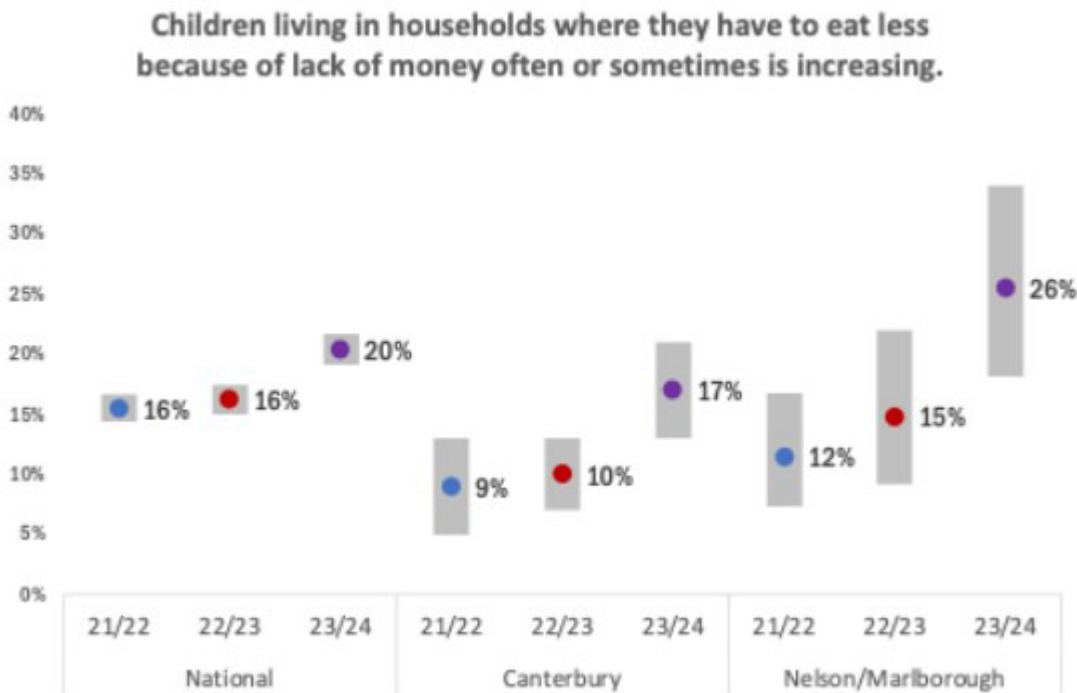


everyday needs and 42% would not be able to pay an unexpected bill without going into debt (Ipsos, 2025).

- The measures of child poverty⁸ have fluctuated over the years for both Canterbury and the Tasman/Nelson/Marlborough/West Coast region. The latter saw a substantial increase in the proportion of children living in relative income poverty⁹ between 2019-2023 (from 26.2% to 34.4%). This number eased slightly 2024 (32.7%) but remains higher than the national average (29.9%) (Stats NZ, 2025a).

Māori, Pasifika and disabled people are significantly more likely to experience child poverty and food insecurity at a national level (Salvation Army, 2025). Small samples mean there is only comparative data for Māori and non-Māori in Canterbury, but this reflects this uneven burden. In Canterbury in 2023, 9% of the total population used food grants/banks often or sometimes in 2023 compared with 23% for Māori – a statistically significant difference (Figure 2) (MOH, 2024d).

Figure 1: Proportion who have to eat less because a lack of money often or sometimes

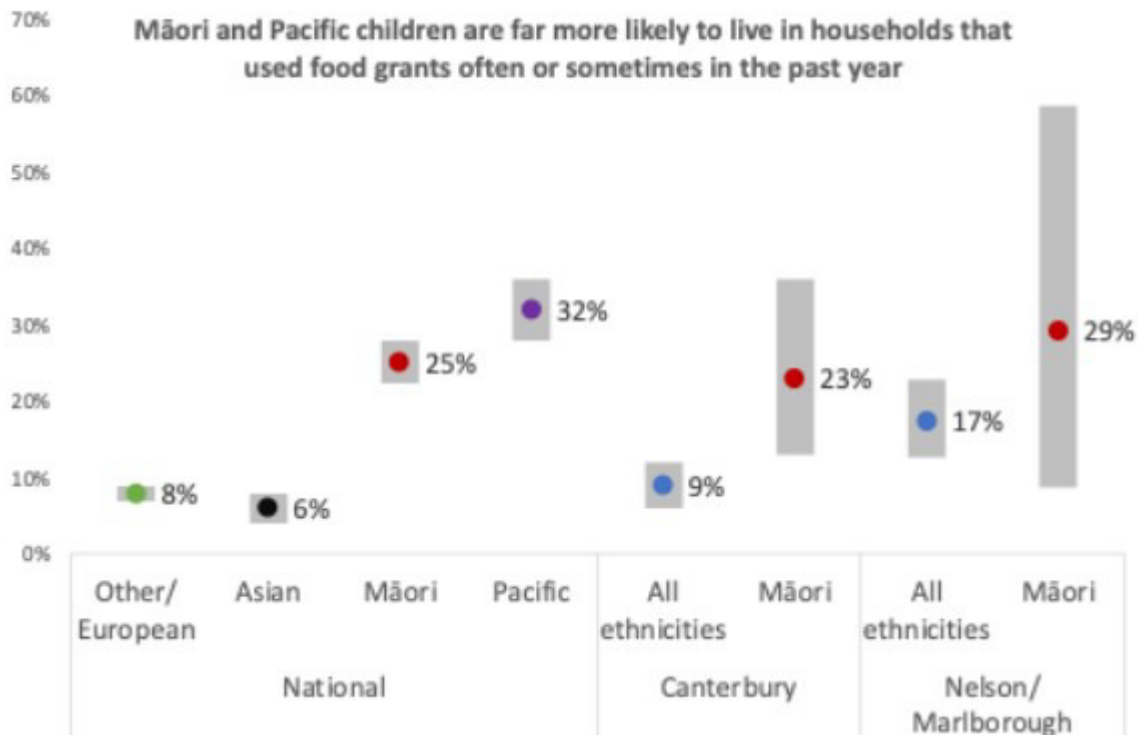


⁸ There are three primary measures of child poverty: material hardship, the after-housing-costs (AHC) measure and before-housing-costs (BHC) measure.

⁹ Households earning below 60% of the median income after housing cost (AHC).



Figure 2: Proportion who have used food grants or food banks often or sometimes



Securing safe and appropriate housing is becoming increasingly difficult

According to key informants, securing safe, stable, and affordable housing is becoming more difficult, particularly for low-income families, whānau Māori, Pasifika families, young people/rangatahi, older people/kaumātua, and disabled people, across the Rātā takiwā. They reported increasing housing insecurity and long and often growing waitlists. Particular concerns centred on:

- Lack of affordable, quality, long-term housing options for low-income families and a lack of one-bedroom units for older people/kaumātua, young people/rangatahi and single people – resulting in people needing emergency and transitional housing.
- People living in emergency and transitional housing, often unsuitable for long term living (for example, motels), for extended periods of time.
- Lack of accessible housing stock for disabled people and long wait times for modifications or supported living placements.
- Difficulties for older people/kaumātua to find age-appropriate housing.
- Cold and inadequate housing contributing to respiratory illness among tamariki (Canterbury in particular).



- Increasing levels of homelessness, particularly youth homelessness, and insufficient emergency housing infrastructure (for example, no emergency options in Marlborough and lack of emergency housing for under 18s).

Key informants felt these issues were amplified by changes to transitional and emergency housing criteria and the ceasing of Kāinga Ora pipeline developments (mentioned previously). In their view these changes left vulnerable families and whānau without housing pathways. One housing provider noted a 170% increase in demand for their housing advocacy service in Blenheim since the changes. There were concerns that things would get worse.

“Blenheim in itself is an interesting place because the level of housing need in Blenheim is disproportionate to the size of the city.” (Key informant)

Housing issues are also reflected in national and regional data. For example:

- Census data identifies that the proportion of people experiencing severe housing deprivation¹⁰ increased between 2018 and 2023 to 2.3% of the population. More than half (61.3%) of these people live in uninhabitable housing (Stats NZ, 2024a).
- Within the Rātā Takiwā, Chatham Islands experience the highest level¹¹ of severe housing deprivation followed by Tasman, Kaikōura and Hurunui (Stats NZ, 2024a).
- Population groups more likely to experience severe housing deprivation are: Pacific peoples, Māori, disabled people, children and young people and LGBTIQ+ people. The intersection between different characteristics may make people more vulnerable to homelessness. For example, while severe housing deprivation is highest among Pacific peoples; rates are much higher for disabled Pacific peoples (Stats NZ, 2025b).
- Nelson Tasman Housing Trust (2025) reports a record number of people needing affordable housing (784 households, in addition to the 438 households on the public housing register, as of 31 December 2024). This is 5% higher than the previous six months, which was a record high at the time.

Caregiving pressures are growing amid challenging financial times

Many key informants noted that, while caring for both young and elderly family members is a common and valued practice among Māori and Pacific whānau, these responsibilities become increasingly challenging when financial stress and other pressures intensify. Families supporting disabled whānau are reportedly also experiencing heightened strain, particularly with recent

¹⁰

The definition of severe housing deprivation includes people living: without shelter; in temporary accommodation; sharing someone else’s private dwelling; and in uninhabitable housing. Unless otherwise specified, the data in this report relates to overall housing deprived, across the four groups.

¹¹

This is based on estimates of severe housing deprivation per 10,000 people by territorial authority. This provides a standardised way to compare housing deprivation across different territorial authorities, regardless of their population size. Chatham Islands is in the second highest level (220.0-369.9 people per estimated 10,000 resident population).



funding changes. Key informants noted that there is little support for those who care for disabled or elderly whānau. They receive minimal training, support and/or respite. The literature also recognises these challenges; including lack of formal support for carers, pressures associated with juggling work, finances and caring – and limited access to respite and time out options that work (Synergia, 2022).

Wellbeing needs

Psychological distress is increasing and becoming more complex

Key informants consistently reported a significant increase in both demand for mental health support and the complexity of presentations, particularly among youth and young adults. This includes rising levels of anxiety, depression and emotional distress. Some key informants also noted an increase in crisis-level presentations, including among young people/rangatahi, with one describing cases involving substance-related psychotic symptoms or episodes.

Key informants said that services are struggling to keep up with demand, and that there are long wait times for non-crisis support and limited availability of culturally appropriate, early intervention options. They believed that the COVID-19 aftermath had exposed and deepened mental health vulnerabilities, while service capacity continues to be stretched. Mental health challenges were seen to be closely tied to wider social pressures, including housing instability, poverty, structural bias, family violence and social isolation, contributing to compounding distress.

Again, due to small sample sizes, it is difficult to get robust data on changes in mental health in the regions. However, national evidence aligns with regional shifts alluded by key informant interviews. In particular:

- Reports of high or very high levels of psychological distress increased between 2018/19 (8.3%) and 2023/24 (13.0%), with the largest increase in those aged 25–34 years (from 8.8% to 18.0%) (MOH, 2024b).
- The prevalence of adults experiencing mild or greater anxiety and/or depression symptoms also increased (between 2016/17-2021-2023), along with emotional symptoms in children aged 2-14. Meanwhile, unmet need for mental health and addiction services increased in the same time period for both adults and children (from 4.9% and 4.8% to 10.7% and 6.5% respectively) (MOH, 2024c).
- The mental health and addiction system is under immense pressure. Māori, Pacific peoples, young people/rangatahi and disabled people experience much higher unmet need (Te Hiringa Mahara, 2025).

Youth wellbeing and potential are impacted by a range of factors

Key informants expressed concern about the wellbeing of young people/rangatahi, who are presenting with increased anxiety, emotional dysregulation, low self-esteem, grief and trauma – exacerbated by events like the Christchurch earthquakes, intergenerational trauma, coloniality and poverty.

We heard that a mix of identity struggles, social disconnection, mental health challenges, exposure to violence and social media pressure undermine their wellbeing and potential. Young people of mixed ethnicities are navigating cultural identity challenges and often feel they don't fully belong in either Māori, Pasifika or Pākeha worlds. Structural bias in schools and the justice system compound these challenges.

Key informants also raised concerns about young people/rangatahi, particularly Māori and Pasifika and those with state care experience, disengaging from school to support whānau or because of challenges with mainstream systems. Youth in the 12–15 age range and young people/rangatahi on the margins, no longer in education and not yet connected to employment or support services, were noted as especially at risk, often falling through service gaps. The result is a growing loss of potential, as many young people/rangatahi face structural and social barriers to realising their aspirations.

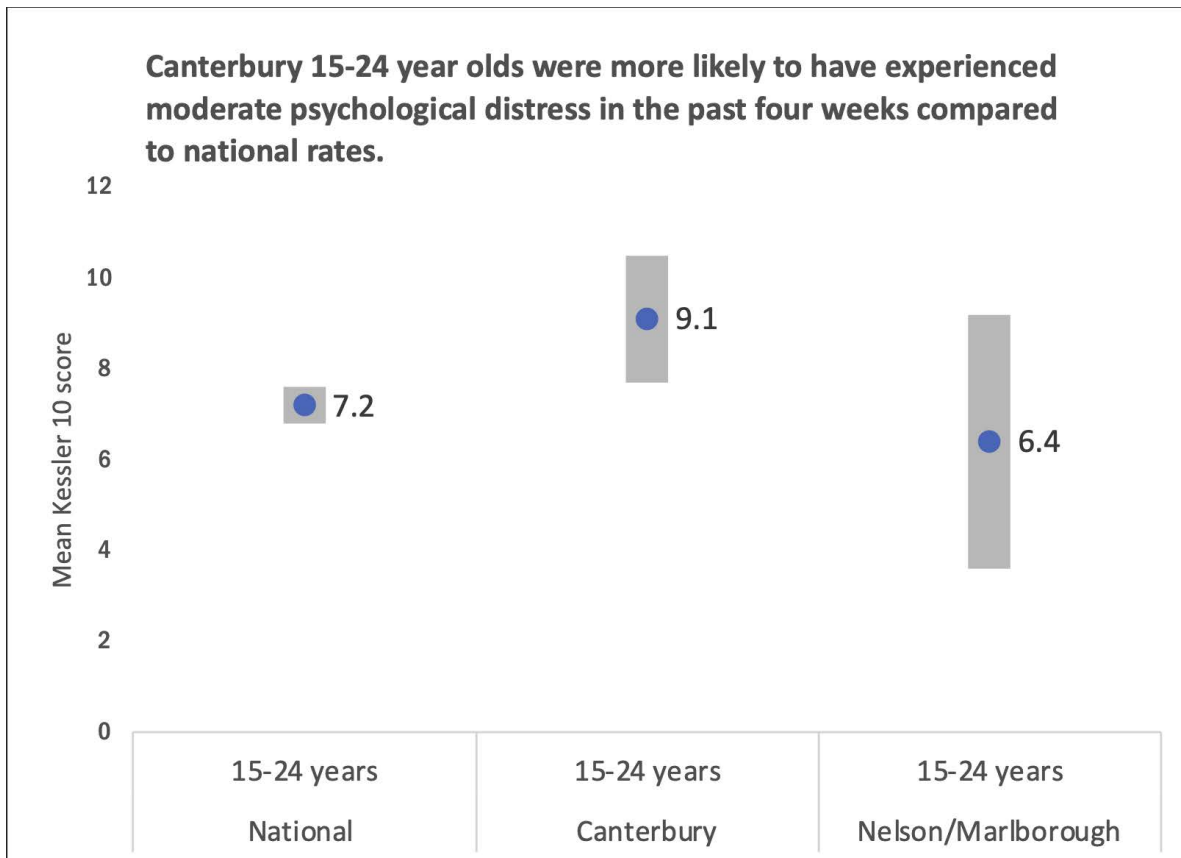
“And that would be the overarching reason why [Pasifika] don't complete in a tertiary environment. Because we are pulled out to be the support at home for the matua. We've seen it again and again and again and again. That's a really, really common story. So, the family see education as the answer to the problems, but care for their elders usurps that.” (Key informant)

Evidence in the literature highlights an increase in mental health challenges among young people/rangatahi and makes links between mental health and traumatic events such as earthquakes. It also reflects reduced educational disengagement and achievement. In particular:

- Reports of high or very high levels of psychological distress nationally, increased among 15-24-year-olds between 2018/19 (14.6%) and 2023/24 (22.9%) (MOH, 2024c).
- Analysis of the NZ Health Survey data shows that 15–24-year-olds in Canterbury experience significantly higher levels of psychological distress than the national average (Figure 3) (MOH, 2024c).
- These higher levels may reflect long-term mental health impacts of the Christchurch earthquakes on those who were very young at the time. Mental health impacts of disasters can emerge or intensify years after the event, particularly for children exposed during early developmental stages (Beaglehole et al., 2023).
- Between 2021 and 2023, school retention and NCEA achievement rates declined in the Rātā takiwā (as did it nationally). The most pronounced drops were among Māori and

Pacific learners. These were consistently higher than overall regional and national declines (Education Counts, 2025).

Figure 3: Mean Kessler 10 (psychological distress) score of 15–24-year-olds.



Alcohol and drug use patterns are changing

Some key informants noted that substance use is an area of growing concern. Increased alcohol and drug issues were often linked to financial hardship, trauma and social disconnection. Some informants expressed particular concern about men and ‘Generation X adults’ (around ages 30–50) engaged in drinking and gambling cultures who were less likely to seek support until reaching crisis point. In contrast, young people/rangatahi were said to be drinking less than previous generations but using drugs more, reflecting a shift in substance use patterns.

Sometimes, addiction contributed to mental health crises, closely linked with family violence, homelessness and service disengagement.



National evidence shows that:

- The prevalence of moderate or high risk of problematic substance use (including alcohol and tobacco) among adults decreased between 2016/17 (32.6%) and 2021–23 (27%). However, the prevalence of moderate or high risk of problematic use of illicit substances increased slightly over the same period (from 10.1% to 11.2%) (MOH, 2024e).
- The Salvation Army (2025) reports an increase in methamphetamine use, gambling losses, and hazardous drinking in deprived communities.
- Te Hiringa Mahara (2025) reports that fatal accidental drug overdoses have almost doubled in the last nine years.
- Although 18–24-year-olds report the highest prevalence of hazardous drinking, they also reported the largest decrease in hazardous drinking between 2018/19 (35.8%) and 2021–23 (22.6%). Hazardous drinking is more common among men (22.2%); nearly twice that of women (11.2%) (MOH, 2024b).

There is an increased sense of isolation amongst young people/rangatahi and older people/kaumātua

Key informants raised increased social isolation and loneliness for both young people/rangatahi and older people/kaumātua as a growing issue. Some older people/kaumātua feel cut off from their families and whānau (and whenua) or face accessibility challenges. Some young people/rangatahi are without meaningful relationships or identity anchors. Feedback suggests, that for young people/rangatahi, this stems from a mix of digital dependence, housing instability and disconnection from school or employment. Homelessness can be hidden through couch surfing or unstable arrangements, contributing to missed opportunities for support and connection. Meanwhile, older people/kaumātua may be left alone during the day, even in multigenerational homes. A lack of transport to participate in community activities and digital exclusion can compound isolation further.

The literature indicates that:

- Nationally, younger people (15–24) are far more likely to report loneliness (7% vs 3–5% in other age groups) most or all of the time in the past four weeks. The biggest disparity is loneliness for people with disabilities (3% for non-disabled population and 14% for disabled population) (MOH, 2024c). The issue of loneliness among disabled people have been known for some time (Walker, 2021).
- A regional survey found that young people/rangatahi in Canterbury reported consistently higher levels of loneliness than other age groups between 2017 and 2022, and that the gap has increased over time. It also shows that the higher levels of social isolation are amongst those in the lowest income groups (Te Whatu Ora Waitaha Canterbury, n.d.b).



Research suggests that older people/kaumātua experience more social loneliness and isolation due to the way we live and are housed today. However, they also experience cultural loneliness – including feeling lonely for their tūrangawaewae, whenua and language (Bayley, 2022). Older people/kaumātua who experience loneliness want meaningful social connection through active participation with families and whānau and community, rather than passive support (Hikawai-Goodall et al. 2024).

Systems issues

Trust in systems is declining amid service capacity strains

Finally, key informants notice that trust in systems is eroding, particularly among Māori, Pacific peoples, disabled people and young people/rangatahi. At the same time, service providers face rising demand and funding cuts, limiting their capacity to build relationships and meaningful responses. This combination – reduced willingness to seek or accept help and reduced ability to build relationships and provide support – is a compounding challenge with equity implications. National data indicates that trust in institutions and trust in most people in New Zealand have declined since 2021 (Stats NZ, 2024b).

“People are really nervous and scared of the system. They’ve lost trust, they lose trust in the system and therefore to pull them back into a good place is getting harder.” (Key informant)

New or emerging needs

We’ve grouped these needs under new or emerging needs. We recognise that they can also be seen as under-recognised or under-served needs. These needs reflect changes in society, service gaps, and a growing visibility of previously marginalised experiences. They are also needs that have existed in the background for a long time, but are now coming to the forefront, with future concerns becoming the present.

Erosion of social cohesion and belonging

Key informants remarked on signs that social cohesion is weakening. They consider this relates to; the COVID-19 legacy, growing political tension, public debate and polarisation around cultural identity and Te Tiriti o Waitangi. They believe these factors affect people's sense of connection and belonging. They see this especially for rangatahi Māori, in navigating complex identity challenges in an environment where their culture and perspectives may feel undervalued or misunderstood. Key informants shared that they believe this contributes to a loss of hope and disengagement, particularly when young people/rangatahi feel unseen or unsupported by mainstream systems.



Others noted that public attitudes and narratives influence how people experience services, shaping trust and willingness to seek support.

The literature also supports the notion that social cohesion is weakening:

- National data indicates that a sense of belonging to New Zealand has declined since 2021 (Stats NZ, 2024b).
- Recent research found that New Zealand lags Australia in every dimension of social cohesion (sense of belonging, sense of worth, social inclusion and justice, participation and acceptance and rejection) (Eaqub and Collins, 2025).
- Over a quarter of Christchurch survey respondents say they don't feel a sense of community with others in their neighbourhood (Ipsos, 2025). According to other data, this feeling has been declining for over a decade – especially among young people/rangatahi, 18-34-year-olds and those aged under 65 with a long-term health condition or disability (Te Whatu Ora Waitaha Canterbury, n.d.b).
- 62% of Christchurch survey respondents consider racism/discrimination towards particular groups of people has been an issue in Christchurch/local area over the last year (compared to 51% across the other eight participating councils) (Ipsos, 2025).

Climate and environmental stress and preparedness

Some key informants worry about how young people/rangatahi will cope with the ongoing and cumulative impacts of climate-related events. Recent severe and repeated flooding events in Nelson, Tasman and Marlborough highlight the urgent need for stronger emergency preparedness and long-term recovery planning.

“We've had three declarations around severe warm storm events and that's just going to keep coming. I'm not sure whether our rangatahi here are prepared for climate mitigation and climate adaption and what that means for future generations. I worry about that a lot.”
(Key informant)

We know from the literature that:

- Recent flooding events have caused financial, material and psychological disruption in the affected takiwā. Long-term effects of natural disasters – particularly repeat events – can persist for years, impacting wellbeing, housing stability and economic resilience (Centre for Disaster Resilience, Recovery and Reconstruction, 2017; Moss and Garden, 2024).
- The growing threat of climate change and related natural disasters can cause significant stress and anxiety, impacting mental health (WHO, 2022).
- 29% of Christchurch survey respondents are worried, or very worried about climate change (Ipsos, 2025).

Rising neurodiversity and behavioural needs

Key informants in Canterbury reported a noticeable increase in behavioural challenges among children and young youth, particularly dysregulation in school-aged children. Several providers highlighted growing concerns around unmet neurodiversity needs, with limited access to assessments for ADHD (including for adults), autism and related conditions. Key informants described services as underprepared to meet the volume and complexity of need and noted a lack of early intervention options and age-appropriate, culturally responsive supports.

NZ Health Survey data shows that the proportion of children aged 5–14 years diagnosed with ADHD increased in New Zealand from 3.2% in 2022/23 to 5.3% in 2023/24 (MOH, 2024d). Meanwhile, the Education Review Office (2024) says that behaviour is a major problem in schools and that it has become worse in the last two years.

Financial and health vulnerability in retirement

Key informants highlighted growing financial and health vulnerability among older adults. Many older people/kaumātua are living with complex health conditions, often in isolation and on limited incomes that do not cover rising living costs or medical needs. Access to suitable housing, transport, and digital services is limited, and some enter aged care later with more complex needs. These challenges compound for those living alone or without strong family and whānau support. Informants highlighted that people over the age of 65 are the fastest growing group on the social housing register.

“Very few of them can afford to buy a house, right, in one of the retirement villages. So, [over 65s] kind of like languish in this kind of limbo state really.” (Key informant)

The literature indicates that financial and health vulnerability in retirement in New Zealand is both an old and a new issue. Always a concern for some retirees, the current economic climate and changing demographics such as increased life expectancies and a growing older population, are aggravating the problem and making it more widespread (Bailey, 2022). More retirees expect to carry debt into retirement and/or not to own their own homes and having to pay rent (Te Ara Ahunga Ora, 2024).

Māori and Pacific kaumātua/matua are disproportionately affected and more likely to experience housing suitability and affordability issues. Meanwhile, people are living longer and may need care for longer, as needs often get more complex over time (Hikawai-Goodall et al. 2024).

“Until now, the focus has been on child poverty but, in time, the research shows poverty for older people will become as big an issue as child poverty.” (Bailey, 2022 p.8)



The layered and interconnected nature of needs

Key informants consistently stressed the complexity and layered nature of needs among the people they serve. They described a range of concepts that help us understand the context around needs better – these are also recognised in the literature (Ministry of Health, 2024).

- **Intersectionality** helps us understand how people’s experiences are shaped by multiple, overlapping identities, such as being Māori, disabled, or a young parent. The concept also acknowledges the power structures that shape those experiences, such as coloniality, structural bias and ableism.
- **Intergenerational** impact, in the New Zealand context, includes the enduring effects of historical policies and events, such as land loss, the decline of te reo Māori, barriers to accessing services, and the ongoing transmission of disadvantage and trauma across generations. The impacts of these show up today as housing instability, poorer health outcomes or disconnection from culture.
- Needs are often **interconnected** – financial stress can worsen mental health, poor housing can impact tamariki wellbeing and disconnection from culture can affect identity and belonging.
- When systems don’t respond well, or when there are unexpected events like disasters or crises like the Christchurch earthquake, recent floodings or pandemics, people’s needs become **exacerbated** or more acute. For example, housing insecurity can turn into homelessness, or manageable mental health needs can escalate without support.

These concepts remind us why one-size-fits-all responses won’t work. They also explain why some needs are more entrenched or persistent and highlights that, often those hit hardest by shocks, are already experiencing disadvantage.

Service gaps

Feedback points to a number of service gaps in the Rātā takiwā. We mentioned some of these in previous sections and found some in the literature. They centre on:

- Culturally appropriate services, particularly for mental health and addictions.
- Counselling and support services, especially for ethnic minorities, LGBTQI+ communities and recent migrants, and Māori, Pasifika and peer led initiatives.
- Housing related services – such as housing advocacy and wrap around services for families/whānau transitioning out of emergency housing and for homeless – particularly young people/rangatahi – who often have complex needs.
- Parenting support, including practical support, ante/perinatal services, education and home-based support.



- Positive youth development programmes for young adolescents (12–15-year-olds).
- Neurodivergent assessments – for children particularly, but also adult ADHD assessments.
- Support to keep Māori and Pacific learners engaged with school, and to help strengthen transitions between education levels.
- Support and training for carers.
- More and extended mental health and addiction services and support.
- Mobile health clinics.
- Community/social spaces for people to meet, especially young people/rangatahi, older people/kaumātua and parents.
- Targeted, appropriately designed support for engaging meaningfully with men/tāne who often struggle to open up and/or share what their needs are.
- Emergency and night shelters – particularly during winter months and for under 18s.

Key informants also called for young people/rangatahi and disability housing, and accessible one-bedroom units for older people/kaumātua and single people.

Although not strictly a service gap, feedback from Marlborough points to system coordination issues that contribute to disengagement. Some Canterbury informants also mentioned a lack of coordination and integration of services. As such, service integration support is a potential gap.

Populations most likely to benefit from an equity approach to funding

Rātā identifies that barriers to access or need can be shaped by demographic or other factors. Table 3 shows how these factors align with the populations that are most likely to benefit from an equity funding approach (as identified in previous sections). As noted elsewhere, it is important to consider intersectionality – that is, some people may experience multiple characteristics of need.



Table 3: Populations most likely to benefit from an equity approach

Rātā definition	Populations identified in review
<ul style="list-style-type: none"> • Low socioeconomic status • Gender or sexual orientation • Living with disability/accessibility/chronic health conditions • Mental health challenges, including people with addiction • Culture or ethnicity • Rural or other isolation • Age – generally those under 25 or over 65 • Any other specific vulnerability or disadvantage where there is evidence of need. 	<ul style="list-style-type: none"> • Māori and Pacific communities • Disabled communities • Young people/rangatahi, particularly Māori, Pasifika, LGBTQI+, disabled and care-experienced • Sole-parent households and those on low incomes • Older adults (especially Māori and Pasifika) • People with mental health and/or addiction challenges • Parents, especially Māori and migrant mothers • Those who face technology or transport barriers to access • Refugees and migrants.



Good and promising practice

Good and promising practices are divided into three sections: values and perspectives that shape effective support; effective service design and delivery; and relational and responsive practice (see Table 4 for an overview). These practices were consistently reflected in feedback and cut across the four priority areas of Support Funding. We also look at what doesn't work in this section.

Table 4: Good and promising practices

Area	Good and promising practices
Values and perspectives that shape effective support	<ul style="list-style-type: none"> Culturally grounded and holistic approaches Whānau-centred approaches Co-design and lived experience Place-based and tailored services Addressing root causes and system barriers
Effective service design and delivery	<ul style="list-style-type: none"> Prevention and early intervention Strengths-based responses Resilience and skill building Low thresholds, easy access points Take support to where people are Intergenerational models Multi sector, integrated and wraparound models
Relational and responsive practice	<ul style="list-style-type: none"> Relationship and trust building Move at service users' pace Understand full context of need Match support to need, and adapt as circumstances change Continuous reflection and learning



Values and perspectives that shape effective support

The themes here emphasise the values and perspectives that shape effective support. They reflect how services can honour lived realities and ensure inclusion.

Culturally grounded and holistic approaches

Effective services are grounded in the worldviews of the people they serve. In the New Zealand kaupapa Māori and Pacific frameworks provide holistic understandings of wellbeing to support priority populations. These offer culturally relevant insights that can enhance the effectiveness of support services (Enari and Vaka, 2024; Ngāpō, 2025; Puna and Tiatia-Seath, 2017). International and local evidence shows that culturally aligned services achieve better engagement, trust and outcomes (Brannelly et al., 2025; Huriwai et al., 2023; MOH, 2025; Vargas Lopes and Llana-Nozal 2025; Williams et al. 2018).

Whānau-centred approaches

When working with Māori and Pacific peoples, interventions are more effective when they recognise the interconnectedness of whānau (Boulton and Gifford, 2014; MOH, 2022; Reweti, 2023; Te Pūtahitanga o Te Waipounamu, 2024). Whānau-centred or community approaches support collective wellbeing, long-term aspirations and whānau autonomy, rather than just addressing individual symptoms or crises. These approaches also work well for non-Māori and non-Pacific peoples – especially in contexts where people are navigating multiple needs or rely on extended support networks (Brannelly et al., 2025; Reweti, 2023; Vargas Lopes and Llana-Nozal 2025).

One key informant has found that working with whānau and addressing multiple needs within a family cluster is effective, along with running group programmes to develop cohesion and connection.

Co-design and lived experience

Embedding people with lived experience in service design, delivery and governance increases relevance, trust and accountability (Minister of Health, 2023; MOH, 2025; Vargas Lopes and Llana-Nozal 2025). Effective co-design continues over time and is embedded at decision-making level. It is especially effective when built on ongoing relationships rather than one-off consultations (Brannelly et al., 2025; Vargas Lopes and Llana-Nozal 2025).

Services that centre lived experience show higher trust, engagement, and effectiveness (Brannelly et al. 2025; Vargas Lopes and Llana-Nozal 2025). Peer-led and community-based support



enhances access and outcomes for groups often marginalised in mainstream systems, such as LGBTQI+, Māori, Pasifika and refugees (Brannelly et al., 2025; McDermott et al. 2021; Te Hiringa Mahara, 2023; Vargas Lopes and Llana-Nozal 2025).

Place-based and tailored services

Place-based and tailored services are essential because what works in one region or population may not work elsewhere. Tailoring services to local realities – whether urban, rural, culturally specific or demographically unique – ensures they are more accessible, acceptable and effective (Brannelly et al., 2025; Minister of Health, 2023; MOH, 2025; Ngāpō2025; Vargas Lopes and Llana-Nozal 2025). This includes considering language barriers, delivery hours, workforce, transport and digital tools (Brannelly et al., 2025; Vargas Lopes and Llana-Nozal 2025; WHO, 2025).

Addressing root causes and system barriers

Addressing root causes and system barriers is essential. For practices to be effective for disadvantaged or marginalised populations, they need to engage with the deeper drivers of inequity (Ministry of Health, 2022; Ngāpō2025; Prickett and Atatoa Carr, 2024; Vargas Lopes and Llana-Nozal, 2025). These conditions shape both need and access and should be addressed alongside service delivery (Brannelly et al., 2025; Savage et al., 2022; WHO, 2025).

Effective service design and delivery

These themes describe how services can be designed and delivered in ways that are easy to access, proactive rather than reactive, and coordinated across sectors.

Prevention and early intervention

Supporting people early – whether in childhood, adolescence or at the onset of need, is more cost-effective and leads to better outcomes than late-stage or crisis-only responses (MOH, 2025; Office of the Auditor-General, 2024; Vargas Lopes and Llana-Nozal, 2025). Early intervention prevents increasing needs, and investing in youth and families and whānau wellbeing has positive intergenerational effects (Kim and Low, 2024; Prickett and Atatoa Carr, 2024). When needs go unmet in childhood and adolescence, they often re-emerge later in life as more complex and costly challenges, including addiction, chronic illness, housing instability and contact with the justice system (Kim and Low, 2024; UNICEF Innocenti, 2025; Vargas Lopes and Llana-Nozal, 2025).



Evidence shows that early intervention in mental health and addiction, learning support and families and whānau resilience is not only more effective but also more efficient than responding during crisis (MOH, 2025; Office of the Auditor-General, 2024; Vargas Lopes and Llana-Nozal, 2025). This is especially important for Māori, Pacific and disabled young people/rangatahi, who are disproportionately affected when needs are missed early (MOH, 2025; UNICEF Innocenti, 2025; Vargas Lopes and Llana-Nozal, 2025).

One key informant's approach to early intervention is to pivot quickly when needs emerge. They step in immediately to stop situations from escalating, by meeting people where they are at. This helps ease the pressures that have built up, addressing the root causes before they reach breaking point.

Developmental windows – such as early childhood, transitions to school and adolescence – are critical touchpoints for prevention. Supporting young people/rangatahi and families/whānau early fosters capability, belonging and connectedness that flow into adulthood (Kim and Low, 2024; Mana Mokopuna, 2024; Wayne Francis Charitable Trust and The Collaborative Trust, 2021).

Needs are not static but emerge and shift throughout the life course. Early adversity can disrupt brain development and impact long-term educational, health and social outcomes (Kim and Low, 2024; Vargas Lopes and Llana-Nozal, 2025). In adolescence, distinct needs related to identity, mental wellbeing and social connection often become more pronounced (Mana Mokopuna, 2024; UNICEF Innocenti, 2025). In adulthood, needs may centre on housing, employment and caregiving responsibilities, while in older age, issues such as isolation, chronic health conditions and access to care and housing become more significant (Hikawai-Goodall et al., 2024). When unmet needs accumulate across these life stages, they can compound, increasing the risk of poorer outcomes and deepening existing inequities (Prickett and Atatoa Carr, 2024; Vargas Lopes and Llana-Nozal, 2025).

Strength-based responses

Strength-based approaches build on existing resilience, cultural identity and aspirations rather than focusing on deficits. For young people/rangatahi and communities historically underserved or marginalised, these approaches help restore mana and support long-term wellbeing (Enari and Vaka, 2024; Ngāpō, 2025; Wayne Francis Charitable Trust and The Collaborative Trust, 2021).

Culturally grounded, strengths-based models are particularly effective for Māori and Pasifika young people/rangatahi, as they affirm identity, promote belonging and build on intergenerational knowledge and capability (Benton, 2019; Kim and Low, 2024; Puna and Tiatia-Seath, 2017).

“We're strength focused. So, we're not about fixing people and their needs. It's about identifying those things that people are really good at or feel that they're really good at or



they really enjoy doing. Because if you can kind of hone in on that, then we can sort of navigate those other areas of need.” (Key informant)

Resilience and skill building

Resilience and skill-building are important aspects of child and positive youth development as they foster protective factors through competencies such as communication, decision-making and cultural connectedness (Ngāpō, 2025; UNICEF Innocenti, 2025; Wayne Francis Charitable Trust and The Collaborative Trust, 2021). These approaches are equally valuable in health and social services (Eckman et al. 2012; Kaiser et al., 2022; Joyce et al., 2018).

One key informant described how they weave skill-building and self-mastery into their support, creating opportunities for people to gain practical skills while building confidence and connection. Instead of limiting support to appointments, they invite people into group activities, such as sewing and clay work where relationships can naturally form. Therapeutically trained facilitators lead the sessions, to ensure participants gain both skills and emotional support.

Low threshold, easy access entry points

Effective support should be easy to access at the first point of need. Low-threshold entry, such as minimal eligibility checks, no formal diagnosis required and walk-in or self-referral options, helps overcome stigma, fear and administrative barriers (MOH, 2025; Vargas Lopes and Llana-Nozal, 2025). These models are especially critical for young people/rangatahi, Māori, Pasifika and disabled people, who often face systemic and cultural barriers to accessing support (Brannelly et al., 2025; Office of the Auditor-General, 2024; Puna and Tiatia-Seath, 2017; Vargas Lopes and Llana-Nozal, 2025). Services that embed access into schools, marae, workplaces, or community hubs can also help support engagement (Brannelly et al., 2025; Office of the Auditor-General, 2024; Peiris-John et al. 2024; Vargas Lopes and Llana-Nozal).

Many key informants talked about their approaches for making it easy for people to engage with their services. This includes ‘open groups’ for people to come without referrals (for example, te reo Māori), and that doesn’t require your full attendance, and providing spaces where people can come and enjoy ‘a cuppa’ during the day. This contributes to people feeling a sense of belonging.

Take support to where people are

Some people can’t or won’t access services through traditional entry points due to reasons such as isolation, transport issues or stigma. Outreach models bring support to them in ways that are more accessible and often more acceptable (Brannelly et al., 2025; Vargas Lopes and Llana-Nozal, 2025). This might include home visits for older people/kaumātua or mobile health clinics in rural



areas; particularly important for groups who face barriers such as geographic isolation, limited digital access or culturally unsafe environments (Brannelly et al., 2025; Hikawai-Goodall et al., 2024; WHO, 2025). One key informant shared that they have opted for a community-based model to ensure better reach, by setting up smaller hubs in their communities, instead of having one large site.

Intergenerational models

There are benefits for both young and old who engage in intergenerational activities across settings, including for physical and mental health and skill development (Webster et al. 2023). For Māori, wellbeing is deeply connected to intergenerational relationships, and effective intergenerational models include learning from and supporting each other through cultural wisdom, family history and other experience and knowledge. This may also include exploring intergenerational narratives, for example, through pūrakau (creation stories and narratives) (Hikawai-Goodall et al., 2024; Ngāpō, 2025).

A key informant shared how one of their wellness programmes bring Pacific communities together to strengthen connection, celebrate culture and share skills across generations. Women's crafting, led by a Cook Island's elder, revive traditional skills such as quilting. These sessions not only reconnect older participants with practices they enjoyed in their youth, but also create space for intergenerational exchange. School children participate by serving food and tea, engaging in conversation, and learning handcraft techniques from their elders. This fosters respect, cultural pride, and a sense of belonging for all involved.

Multi sector, integrated and wraparound models

As noted earlier, many people, families and whānau have needs that span across sectors. Integrated and wraparound approaches reduce duplication, support continuity and improve outcomes (Ministry of Health, 2025; Salvation Army, 2025; Vargas Lopes and Llana-Nozal, 2025). The Whānau Ora navigational service is a strong example of this in action, demonstrating how culturally grounded, holistic responses can address interconnected needs (MOH, 2011). Ideally, support should respond not only to a person's presenting issue but also to their wider circumstances, which may include economic pressure, social isolation or past trauma (Brannelly et al., 2025; MOH, 2025).

Relational and responsive practice

These themes guide how services can effectively engage with people, especially those facing complex, intergenerational or system-shaped challenges.



Relationship and trust building

Effective support starts with connection. Without trust, people are unlikely to open up, stay engaged or feel safe enough to explore their needs. This principle is central to kaupapa Māori and fanau-based models, peer and whānau-centred practice, and youth, trauma-informed and outreach services (Brannelly et al., 2025; Ngāpō, 2025; Wilson, 2021). It applies across all types of support, from mental health to income assistance and is especially important for people who have felt judged, dismissed or harmed by systems or services (Benton, 2019; Puna and Tiatia-Seath, 2017; Vargas Lopes and Llana-Nozal, 2025; Wilson, 2021). Some literature highlights that young people/rangatahi do not always seek help from professionals but prefer help and support from people they know and trust. As such, it is important to better equip communities (for example, whānau, schools, peers) to be able to respond and know when to seek help (Peiris-John et al. 2024).

Building trust takes time, presence and consistency but is an important step to achieving better outcomes (Brannelly et al., 2025; Hikawai-Goodall et al., 2024; Ngāpō, 2025).

Move at service users' pace

The literature suggests that people engage best when they feel in control of the process. Going at their pace supports longer-term success, particularly for those who have experienced trauma or marginalisation (Brannelly et al., 2025; MOH, 2025; Ngāpō, 2025).

Many key informants talked about the importance of meeting people 'where they are at', not giving up on people for not engaging and being there for people over time. Long-term engagement has shown to be more successful, and more likely to contribute to longer-term change.

Understand the full context of need

Structured, culturally appropriate assessment tools, time to engage and staff discretion are all important enablers for gaining a deeper understanding of a person's wider circumstances and the full extent of their needs (Hikawai-Goodall et al., 2024; Huriwai et al., 2023).

Match support to need, and adapt as circumstances change

Services that are flexible in type and intensity, and that offer tiered or modular options that respond proportionately, are often more successful (MOH, 2025; Vargas Lopes and Llana-Nozal, 2025). This includes providing different formats of support, such as group or individual sessions, based on what works best for the person. This is particularly relevant in the mental health and addiction space, where needs often evolve and change over time. Follow-up and re-engagement options are



essential to maintaining effectiveness and reducing the risk of disengagement (Office of the Auditor-General, 2024; Vargas Lopes and Llana-Nozal, 2025).

People often have a mix of immediate needs, such as food, transport, safety or urgent housing, and longer-term challenges. Good services recognise this and are equipped to respond to both. That means: being able to act quickly to address urgent issues; having the capacity to stay involved as people work through more complex, long-term needs; and following up and adjusting the support plan as life circumstances change. Services that build in both short-term responsiveness and long-term adaptability are more likely to improve outcomes and maintain engagement (Brannelly et al., 2025; Kim and Low, 2024; Vargas Lopes and Llana-Nozal, 2025).

Continuous reflection and learning

Continuous reflection and learning are also important for understanding what is working and for enabling ongoing improvements to service delivery (Brannelly et al., 2025; MOH, 2025; Ngāpō, 2025; Vargas Lopes and Llana-Nozal, 2025).

What doesn't work?

Effective support is undermined when services lack cultural safety, flexibility or continuity. Much of what doesn't work is the opposite of best practice: models that disregard people's worldviews, identities, and lived experiences tend to reinforce exclusion, mistrust and harm.

- Ignoring cultural worldviews: Services that do not recognise te ao Māori, Pacific worldviews or gender and sexuality diversity can alienate people, leading to disengagement and mistrust (Enari and Vaka, 2024; Puna and Tiatia-Seath, 2017; Ngāpō, 2025).
- Culturally unsafe practice: Even when unintentional, culturally unsafe or mismatched approaches can reinforce trauma and exclusion (Brannelly et al., 2025; Vargas Lopes and Llana-Nozal, 2025).
- Strict eligibility thresholds and administrative barriers: Paper heavy processes and rigid criteria often exclude people in genuine need, especially those in crisis (Office of the Auditor-General, 2024; Vargas Lopes and Llana-Nozal, 2025).
- One-size-fits-all programming: Generic service models tend to overlook the diverse needs, contexts and aspirations of different population groups (for example, Pasifika, LGBTQI+) (Brannelly et al. 2025; Enari and Vaka, 2024; Peiris-John et al. 2024; Wayne Francis Charitable Trust and The Collaborative Trust, 2021).
- Short-term service models: Brief or time-limited interventions are often insufficient for people navigating trauma, systemic exclusion or intergenerational stress (MOH, 2025; Ngāpō, 2025).



- Siloed delivery and contract competition: When services operate in isolation or compete for funding, people may experience fragmented care, duplication or fall through the gaps (Salvation Army, 2025; Vargas Lopes and Llana-Nozal, 2025).
- Lack of follow-up or re-entry pathways: When people disengage or miss appointments, many services do not provide options to reconnect particularly impacting Māori and Pacific users (Brannelly et al., 2025; Puna and Tiatia-Seath, 2017).
- Failure to seek or act on feedback: Services that do not meaningfully engage with feedback risk becoming disconnected from the communities they serve (Ngāpō, 2025; Vargas Lopes and Llana-Nozal, 2025).
- Deficit-based framing: Viewing people as broken, risky or non-compliant reinforces shame and disengagement, rather than supporting healing and empowerment (Ngāpō, 2025).
- Weak governance and internal systems: Poor leadership, underdeveloped organisational processes and unclear accountability can undermine safe, consistent and responsive support (Office of the Auditor-General, 2024; Vargas Lopes and Llana-Nozal, 2025).

Alignment between funding practice and evidence

In general, there is clear alignment between Rātā priorities and practices within the Support Funding Area and the good practice guidance that has emerged through this review. In addition, key informants highlighted ways that Rātā funding has supported positive change.

Support Funding Area priorities generally match the population groups identified as most likely to benefit from funding

The Support Funding Area priorities focus grant funding towards people in need, as well as targeting positive youth development, older people/kaumātua, and those with mental health challenges. All these population groups are highlighted as those most likely to benefit from an equity approach.

This review emphasises that parents, particularly sole parents and mothers from marginalised groups, are also likely to benefit from Support Area funding. While this group is not explicitly emphasised in the priority statements, the qualitative scan of grants identified an increasing focus on supporting this group in various ways, such as perinatal support and family-focused programmes.

Within each of the priority areas, the organisation funded, or the programme itself aligned with the population group targeted within that priority area. For example, within the youth development



priority area, there were a number of youth development trusts funded and/or programmes explicitly targeted toward positive youth development.

Types of organisations and the programmes funded reflect the breadth of needs in the Rātā takiwā highlighted in this review

A qualitative scan of the organisations receiving funding in the review period indicated that a broad range of organisations were funded - from local branches of broad national trusts, to small local targeted trusts. Many of the organisations and programmes were in the health and social services sector, reflecting the prominent needs within the Rātā takiwā highlighted in this review.

There were clear examples of organisations and programmes that supported food security, mental and physical wellness, financial security and housing. All these areas are highlighted as having longstanding, intensified and emerging needs. Further, there were a range of mainstream organisations as well as culturally-grounded organisations funded. This helps ensure that programmes remain responsive to the needs of the specific communities being served.

Much of the funding was allocated to salaries, operational expenses, and overheads. These grants enabled the delivery of specific programmes or, alternatively, supported organisations to cover operational costs not covered by their government contracts.

The programmes funded reflected good and promising practices and sought to remove barriers

The funded programmes had a strong focus on removing barriers and allocating funding to specific conditions and/or underserved populations. This was especially clear after the equity lens was incorporated into the priority areas in 2022.

The scan identified that programmes generally align with the aspects of good practice highlighted in this review. For example, the following approaches were clear:

- Culturally-grounded
- Holistic
- Whānau-centred
- Place-based and tailored
- Resilience and skill building (particularly for young people/rangatahi and hard to reach populations)
- Easy access (such as mobile health services, low entry threshold)



Finally, and importantly, the Support Funding Area grants show a range of professional development and capacity-building initiatives. This reflects the approach of Rātā to strengthen the capacity and capability of the organisations so they can more effectively support people in need.

Key informants highlighted how Rātā has supported positive change for their communities

Key informants identified several ways Rātā has supported positive change. First and foremost, Rātā funding under the Support Funding Area has enabled grantees to meet the needs of their communities better. Key informants believed that the funding had helped to get ideas off the ground, which would not otherwise have been possible.

In addition, key informants highlighted how Rātā supports positive change through the way they interact with their grantees. For example, Rātā staff work in relational ways by listening and being interested in understanding local needs; Rātā staff “have heart” and are always available; and finally, Rātā helps grantees to think strategically about the sustainability of their programmes.

“What I think Rātā Foundation is good at is connecting with communities and connecting with individuals to better understand what the need is across the community.” (Key informant)



Alignment with relevant priorities of government agencies

Rātā Support Funding Area priorities (see p.6) are well aligned with several government priorities, across a range of agencies. For example:

- Te Whatu Ora: equitable access, locality-based care, mental wellbeing, ageing well.
- Oranga Tamariki: child and youth wellbeing, early intervention, support for care-experienced young people/rangatahi.
- Ministry of Social Development: reducing hardship, improving social outcomes, integrated support services.
- Ministry of Health: improving health and mental health, addressing inequities
- Ministry for Seniors: age-friendly communities, social connection, financial and housing security.
- Te Puni Kōkiri: supporting whānau development, rangatahi Māori, and place-based solutions.
- Ministry for Pacific Peoples: intergenerational wellbeing, culturally anchored services
- Ministry of Education: positive school transitions, learner wellbeing, addressing inequity in outcomes.
- Ministry of Youth Development: youth voice, engagement and leadership; transitions; equity for Māori and Pacific young people/rangatahi.

Opportunities and gaps

Although government and Rātā priorities align, we note that government priorities can be under-resourced and constrained by policy limits. For example:

- Government strategies emphasise equity and early intervention but often lack the flexibility or depth in funding to achieve this on their own.
- Government funding often doesn't stretch far enough or isn't flexible enough to support the core infrastructure and capacity building that community organisations need to do well.

Key informants emphasised that, as a place-based philanthropic funder, Rātā can go where government can't, or won't. They also identified some opportunities to explore. In particular, Rātā:

- Has the agility to fund core operating costs, take risks on emerging or preventative models, and build sector infrastructure. This might include both physical infrastructure, and leadership, succession, digital and governance capability.



- Is in a good position to support integrated solutions, by helping connect education, health, and social supports around families/whānau and communities.
- Can play a critical role in supporting upstream, preventative and whānau-centred work that helps communities before crisis hits. This is particularly important for Māori, Pacific, LGBTQI+, disabled and care-experienced communities.
- Can support shared community infrastructure that multiple providers can use (for example, mobile health clinics, shared vehicle fleet) for more cost-effective solutions.
- Can facilitate strategic conversations, advocate and support systems-change work.
- Can consider what future challenges are emerging and help plan and build support systems accordingly.
- Can focus on small, bespoke community investments rather than large infrastructure projects, that marginalised communities often do not have access to.
- Can develop pathways for supporting lived experience governance involvement.

Funding data and informant feedback indicates that Rātā is making a good contribution already in these areas – but that more can be done.

Finally, Rātā Support area should continue its role as an “equity accelerator” and community enabler, helping to bridge structural gaps and amplify community-led impact by investing in Māori, Pacific, LGBTQI+, disability-led solutions and addressing digital and transport barriers.



Recommendations

The Rātā Foundation is currently making a positive difference to people's wellbeing in the Rātā takiwā – particularly for those who need it the most. It achieves this through its strategic and targeted approach to those facing barriers to access and addressing their needs. As a result, many of our recommendations are to continue current practices. However, we have also noted some potential areas to explore in the future to further enhance the work of the Support Funding Area.

Based on what we have learned about needs in this review, we recommend that Rātā:

- Continue to fund using an equity lens to focus on removing barriers.
- Continue to fund organisations and programmes that target the specific population groups named in the priority areas.
- Continue to fund organisations and programmes that operate across the spectrum of need, from early intervention through to crisis response.
- Continue to fund organisations and programmes that support mental wellbeing including the ongoing impact of the Canterbury earthquakes, particularly for young people/rangatahi.
- Consider putting more emphasis on supporting the foundational stages of development and educational transitions to influence wellbeing and potential over the life course.
- Consider how to address the sharp increase in food insecurity, particularly for the more affected populations.
- Consider exploring opportunities to support mental wellbeing and resilience in communities that have recently experienced multiple flooding events.
- Consider exploring opportunities to further support holistic and wrap-around approaches for people who are housing deprived, particularly young people/rangatahi.
- Consider the service gaps and opportunities outlined in this report.

Some strategic level recommendations that may influence the other funding areas of Rātā, or other Pou are:

- Continue, and consider expanding support for strengthening governance and internal systems of equity focused organisations.
- Continue, and consider expanding advocacy and policy engagement support.
- Explore what specific regions might be doing differently in education to achieve better outcomes for Māori and Pacific learners.
- Investigate opportunities to support housing advocacy, particularly in Marlborough in relation to specific needs around emergency housing.



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