"Wellbeing" approach: flawed politics or a gimmick?

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Recent media reports have indicated that in 2018 approximately 283 babies were taken into care, of which more than two thirds were Māori or Pasifika. This followed an earlier report of harrowing scenes showing a newborn being removed from a 19 year old mother by Oranga Tamariki (formerly Child and Youth and Family) (NewsHub, 2019). Despite not knowing the background to these cases, alarm bells should be ringing at these statistics.

The irony is that Maori and Pacific people's culture and way of life is very much family centred, it is very similar to the Middle Eastern way of life where the extended family is the backbone and supports the family. It provides social, counselling, financial, educational and many other supports – a philosophy that is foreign to Pakeha (white Europeans/Westerners).

Conversely, Western social care is provided through government policy, legislations and formal packaged care, i.e. that the authorities know best.

This approach has led to an authoritarian culture that is unfamiliar to a family-centred culture, it negatively views and is hostile to informal care. It is not surprising that unfavourable attitudes and perceptions will flourish and influence decision making and social outcomes. The problem is, of course, one of judgement, in that the non-white population is being assessed against a set of stands which are often established by the dominant culture.

This social behaviour is not the new. Child, Youth and Family (CYF) was heavily criticised for forced intervention, was replaced by the Oranga Tamariki (the Ministry for Children) in 2017.

So why should a culture that is intrinsically caring and family centred be over represented in these statistics?

There is a dynamic process here relating, in part, to social attitudes and perceptions which may have been established as a result of the effects of colonisation, and the dominant culture.

The dynamics of human behaviour such as the feedback effect, temporal dependencies and past behaviour ensures indigenous populations' cultural values are weakened and fail to strive and succeed in the dominant culture. In other words, Māori have to serve several masters.

The history of colonisation in New Zealand and subsequent governments social and health policies which were designed to eradicate Maori have certainly ensured poor health, education and social outcomes (Taonui, 2019). It is ironic that poor health and social outcomes for Maori manifested only after colonisation. Colonisation brought with it, over and above a dominant culture of drinking, smoking and domestic violence, Western diseases for which Maori had no immunity.

Social perceptions and attitudes based on prejudice (be it racism, sexism, or ageism, etc) and authoritarianism (those in authority know best) are damaging at all levels when acted upon especially by formal care services. Prejudice limits our care delivery to a perception of what interventions should be implemented in the target population, as in the removal of babies from their mothers, rather than responding to their needs. This problem is not necessarily specific to indigenous or non-white populations. Similar expectations can be observed about low income groups.

For those on low incomes, it is not unusual to cut back on food on a regular basis or go without food at least once a week (Lang, Andrews, Bedale, & Hannon, 1984). During a survey of food and dietary habits of low income groups when a single mother spent the money she had earned from taking part in an interview to get a hair-do, there was an outcry from the researchers! The expectation was that the respondent would spend the money on food for her children. This example highlights a number of issues: first, it emphasizes the differentials in perceptions and expectations between the subjects and the researchers (as utilized by (Ackoff, 1970)); second, we cannot be certain about the direction of change in perceptions and dietary habits of low income groups due to financial intervention; third, we tend to overlook social, mental, and spiritual health and concentrate on physical health when considering the health of the public, which are inter-related (Shahtahmasebi, 2006).

Problems will arise, regardless of the mother's history, when applying discriminatory opinion and perception on such a sensitive issue. Oranga Tamariki, the agency responsible for child, youth and family support have the advantage of access to the legal system which reinforced a sense of power over a sector of the population which it already holds an unfavourable perception. For example, the agency's approach of uplifting babies without notice or consultation and having the backing of the courts: 'We have a court order, we will uplift your baby' (NewsHub, 2019).

The New Zealand government's discriminatory policies since colonisation reinforces a discriminatory perception and approach across government departments and nationally. Another characteristic adding to the dynamics of human behaviour is the politics of superiority. Every time discrimination in the form of policies, bullying, covert and overt racism is pointed out, the administration adopts a state of denial! "It is not us" we are told (Said. Shahtahmasebi, 2004; Said Shahtahmasebi, 2016). But denial has never stopped the vilification of complainants (Said. Shahtahmasebi, 2004; Said Shahtahmasebi, 2016) – a report by UNICEF slams New Zealand as being institutionally racist, having a bully culture, and the highest rates of youth suicide: "it is alarming to see – and perhaps it is an indicator of the level of institutional and cultural racism in our society," (BBC, 2017).

Creating an image and/or perceptions and attitudes about a sector of the population based on skin colour, cultural and lifestyle differences, is blinding. That is, we are too prejudiced to visualise obvious solutions or methods of addressing social and health problems – social and health problems are the same for every sector of the population but outcomes may differ.

Allowing social problems to escalate into a crisis will demand a high intensity-high cost intervention involving many government departments.

A grassroots family-centred approach will prevent family problems reaching a crisis thus saving taxpayer money, whilst at the same time offering health care services that are culturally sensitive and appropriate.

However, in cases where a crisis has already been reached there is no evidence to support removing newborns from their mothers as a first option. There is at least a ninemonth window to involve all the whanau (family) to plan care and support so that all the stakeholders will enjoy a stress-free, mental "wellbeing" and a safe environment especially for babies.

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