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'She Got Me Through the Toughest Times': Exploring How Strong Relationships Between Families and Community Health Workers Are Developed in Three Non-Profits in Waitaha Canterbury, New Zealand

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ABSTRACT

Introduction

In a context of eroding trust in health care, understanding high-quality relationships between health care providers and service users is important. Engaged relationships are linked to greater engagement in therapy, increased access and utilisation of services and improved outcomes. This study aimed to examine how unregulated health workers (kaimahi) develop and sustain high-quality relationships with whānau (families) in three effective non-profit providers in Waitaha Canterbury, New Zealand.

Methods

We used a comparative case study design and qualitative methods to explore how kaimahi build and maintain relationships with whānau in three child and youth health services based in Christchurch, Canterbury. We conducted 28 semi-structured interviews with kaimahi, supervisors, and whānau, and analysed the transcripts using reflexive thematic analysis.

Findings

Data suggested that relationships were developed and strengthened in these six ways: (1) when kaimahi responded to a family's immediate needs, (2) when kaimahi engaged with long-term social determinants of health, (3) when kaimahi shared their own life experiences, (4) when families and kaimahi had a long duration of engagement, (5) when kaimahi were supported by peer relationships and professional development, and (6) when whānau perceived that kaimahi and the broader organisation practised their values and showed cultural safety. We synthesised these findings into a three-circle framework that summarised the key factors that support the development of trusting relationships.

Conclusions

Trusting relationships between kaimahi and whānau are central to improving health equity. Our findings underscore that culturally grounded, relationship-focused practices that are supported by responsive organisations and flexible contracts can create a virtuous cycle of trust and engagement, which support better health outcomes.

1 | Introduction

The importance of quality relationships in healthcare is increasingly recognised by scholars, policymakers and clinical leaders because positive relationships and collaborative care improve health outcomes and patient satisfaction (Kelley et al. 2014; Mooney 2012; Street Jr et al. 2009). High-quality relationships between health service providers and users also help reduce power imbalances, increase client engagement and position the client as an active participant in their care (Donati and Archer 2015; Kelley et al. 2014). Increased client engagement means that supporting mechanisms, such as care plans, can be better tailored to individual client needs (Coulter 2007). High-quality relationships within and between organisations are also positive for end-users of health care and have been shown to support positive peer-work dynamics, interprofessional teamwork and integrated systems of care, and to also create a supportive work environment with reduced levels of stress, anxiety and burnout (Bartunek 2011; Kelley et al. 2014; Morley 2022).

In addition to health, research from the fields of nursing and social work disciplines has also identified the central importance of trusting relationships for social and health outcomes, with studies exploring aspects such as healthcare worker characteristics, competencies and manners of engaging to establish quality relationships (McKinlay et al. 2021; Mooney 2012). In particular, studies identify the centrality of trust and time (the duration of the relationship) to the formation and maintenance of high-quality relationships, for example (Hardin et al. 2021; Hartley et al. 2022). Yet while trusted relationships can support minoritised populations to engage with services, these relationships can be undermined by service fragmentation and a lack of cultural fit (Fusco et al. 2023; Hepi et al. 2017). In the post-COVID era, trust in health care and in government representatives and communications has been eroded, with examples describing this emerging issue from multiple fields across Aotearoa (Deckert et al. 2024; Frizelle 2026; Worboys 2024).

Whakawhanaungatanga (establishing and actively developing meaningful relationships) is well recognised as central to improved health outcomes among Māori (Boulton and Gifford 2014; Brannelly et al. 2013; Gifford et al. 2018). Yet this is threatened by a lack of trust for many Māori and other marginalised groups due to their experiences of institutionalised racism and programmatic and policy assumptions of health literacy and access to care (Espiner et al. 2021). Understanding the development and maintenance of good relationships between care providers and clients is essential for the design and delivery of culturally safe healthcare in order to address long-standing health disparities between Māori and non-Māori (Matheson et al. 2024; Morley 2022; Te Huia and Mercer 2019).

From a Māori worldview, the principle of interconnectedness means that health and well-being are holistic and relational (Ahuriri-Driscoll 2014), requiring mutual and trusting relationships between health providers and Māori clients (Fleming et al. 2024; Gifford et al. 2018; Gifford et al. 2021; Matheson et al. 2024).

Recent scholarship by Hamley and others has identified nurturing of relationships as being at the heart of wellbeing and cultural identity for whānau, with key components including reciprocal connections, engaging with purpose and a genuine kaupapa (agenda) to support connection (Hamley et al. 2025; Hamley et al. 2023). However, developing trust among groups who have experienced systematic disadvantage requires new organisational and individual competencies (Espiner et al. 2021; Reweti 2023). Mainstream services, with their individualistic focus (at times) have failed to attend to meaningful engagement and to develop relationships of trust (Gifford et al. 2021; Metzl and Hansen 2014). Understanding how relationships are built, maintained and sustained is critical given their central role in service access and utilisation.

Health systems globally reflect a growing number of unregulated health workers (community health workers) involved in all aspects of healthcare (Scott et al. 2018) and in addressing upstream health determinants (Chase et al. 2024; Jain et al. 2024; Matheson et al. 2024). There is also growing recognition that their roles have broadened so they also act as service extenders, cultural brokers and social change agents supporting priority populations that are not well served by mainstream health and social services (Chase et al. 2024; Jain et al. 2024; Schaaf et al. 2020). These are trends also seen in Aotearoa New Zealand (NZ) with a doubling of the number of unregulated health care workers (such as healthcare assistants, cultural support workers, and health navigators) in the past two decades (Te Rau Ora 2022). Unregulated workers represent a significant proportion of the health workforce, for example, making up around 10,600 Māori employed in health and social care roles in 2020 (Te Rau Ora 2022) and 7000 unregulated health and social workers of the total Pacific workforce of 13,500 (Te Whatu Ora Health New Zealand 2021). Yet, despite the growing significance of the unregulated workforce, its impact on health outcomes is poorly understood.

The aim of this study is to examine how unregulated health workers (kaimahi) develop and sustain high-quality relationships with whānau (families) in non-profit providers in Christchurch, New Zealand. We elected to focus on relationships with whānau because they have been identified as core to increasing equity in community health interventions (Hamley et al. 2023; Reweti 2023). Strong kaimahi—whānau relationships require high levels of trust, and they influence engagement with all forms of health care (Boulton et al. 2013; Reweti 2023). As a result, our study has the potential to contribute to this identified research gap and to stimulate further attention to the contributions of unregulated health workers and relationship development as core to improved health outcomes.

This research was conceptualised by AAD and KM, respectively Māori and Pākeha researchers working with a post-graduate Pākeha student. While we hoped to uplift Māori aspirations by attending to the high-quality and effective work of both Kaupapa Māori and mainstream providers and upholding key Kaupapa Māori tenets such as ‘aroha ki te tangata (love toward the people), p120 (Smith 1999), we were not conducting Kaupapa Māori research. We had first studied among two Māori and one mainstream child health provider (Mathias et al. 2025). The importance of relationships in this first study emerged as core to equitable and positive outcomes. Noting the evidence (outlined above) that underlined the importance of trust and

relationships for good health outcomes, and the increasing number of unregulated health workers, we could find few studies that examine how effective relationships between unregulated health workers and clients are developed. This led us to develop a successful funding proposal to examine the processes of relationship building by unregulated health professionals.

2 | Method

We used a comparative case study approach and qualitative methods, which are recognised as effective to explore perceptions and experiences surrounding the development and nature of relationships within healthcare settings in Canterbury, New Zealand (Mathias et al. 2025). In this relatively undocumented area, a case study methodology allows for an in-depth, context-rich exploration of how kaimahi build and maintain relationships with whānau, and engagement in the nuance of real-world healthcare settings (Yin 2009). Our use of qualitative methods allowed exploration of complex, subjective experiences that could be missed by quantitative methods (Braun et al. 2023). Qualitative methods enable a more textured understanding of the opportunities and challenges from the position of people who use services as well as those who provide them (Azzari and Baker 2020).

2.1 | Participant Selection

We wanted to study organisations that were already acknowledged as effective, as part of a strengths-based study that considered existing assets in health care, a key priority for improving equitable outcomes (Clark et al. 2022; Fleming et al. 2024). We formed an advisory group of regional experts in child and youth health from the Canterbury region, NZ, including Māori, and practitioner representatives from youth mental health, public health, primary health organisations, as well as young people who used health care. Together with researchers, the group developed the following criteria to identify child and youth health services that achieve improved child health outcomes: improving equity, reaching high-need youth, reporting disaggregated data, and diverse governance. Nine candidate provider services were proposed and then ranked by the advisory group based on secondary data collated by the research team. Three services, Early Start, Purapura Whetū and Te Puawaitanga ki Ōtautahi Trust were selected as the three top-ranking organisations, and all three agreed to participate and gave consent to be named in this study.

Purapura Whetū (Purapura Whetū 2025) is a Kaupapa Māori health provider for people of all ages, with 80 kaimahi. At the time of this research, it served approximately 1700 clients between 0 and 18 years, 52% of whom identified as Māori. We focused on their Te Oriori service, which offers individual support, counselling, therapy, and group programmes for parents and caregivers of children aged 0–12 years (Purapura Whetū 2025). *Early Start* (Early Start 2025) is a mainstream community organisation offering long-term support to children up to 5 years old with parents experiencing disadvantages. They employ 41 kaimahi, and approximately 28% of enrolled children identify as Māori. *Te Puawaitanga ki Ōtautahi Trust* (Te Puāwaitanga ki Ōtautahi Trust 2025) is a Kaupapa Māori provider and delivers long-term services with a focus on pre-school children in a home or community setting. Approximately 80%–90% of their clients identify as Māori.

Organisations identified kaimahi, kaimahi supervisors and whānau clients to participate in the research. For this study, we built on 13 interviews as data from our first study and conducted 15 further interviews with kaimahi supervisors ($n = 4$), kaimahi ($n = 7$), and whānau members ($n = 4$) across the three organisations.

2.2 | Data Collection

The additional 15 interviews were conducted by LM, KM and AAD between July and October 2022 via Zoom ($n = 2$), at the organisations' offices ($n = 6$), the organisations' service base ($n = 5$), and at whānau members' homes ($n = 2$). All participants were female and included NZ/European, Māori, and Samoan ethnicities.

A semi-structured interview guide was developed iteratively by LM, KM and AAD to explore the process of relationship building, by asking how kaimahi and whānau in the participating organisations built relationships and how these contributed to healthcare access or health outcomes for children. Interviews last 30–70 min and were audio recorded, transcribed and then sent to participants for member checking (Candela 2019). Additionally, researchers took field notes during interviews.

2.3 | Data Analysis

We used reflexive qualitative thematic analysis, which identifies, analyses, and reports detail-rich patterns inherent in the data (Braun et al. 2023). We hoped to ensure data validity by following Braun and Clarke's six-phase approach: data familiarisation, initial coding, theme search, theme review, theme definition and naming, and final report production (Braun et al. 2023).

Transcribed interviews were coded primarily by LM and KM using OpenCode 4.03 (ICT Services and System Development and Department of Epidemiology and Global Health 2015). A total of 327 codes were grouped into 18 broad categories. The research team refined these categories into six themes, discussing the analysis and findings in multiple meetings. Table 1 provides an example of the coding process. We believed our research was close to achieving data saturation, as few new codes emerged during the final analytic stage.

2.4 | Researcher Positioning

Three of the co-authors of this study are Pākeha. We reflected on our roles in this study, engaging with two Kaupapa Māori organisations, and on what we did and didn't know. AAD, the Māori co- PI, led whanaungatanga with participating Kaupapa Māori organisations, and also led most of the interviews with Māori whānau and kaimahi working in these organisations. In reviewing data and analysis of Māori data, we sought review and confirmation of analysis by AAD. We reflected on the

TABLE 1 | Example of the coding process.

Quote	Code	Intermediate category	Final theme
'Usually, courses and things are like 6 weeks or something. And it didn't give you that time to actually be comfortable enough to confide in people'.	Developing trust takes time	Longevity of Support	Relationships and trust are best built over a long period of engagement
'(Shorter interventions are) *not so relational. And it's not for long term, it's short term, and it's like you do something and it's done'.*	Short term interventions are more vertical and one directional.		
'… you can't do anything to change whānau well-being without building trust first'	Developing trust first	Trust	

observations of other Pākeha researchers working in predominantly Māori spaces such as Came and Zander (Came and Zander 2015), van Halderen (van Halderen 2023) and Jones (Jones 2020). They propose key postures for non-Māori in Māori spaces include making and maintaining connections, knowing and reflecting on place/position, giving back and getting comfortable with feeling uncomfortable. We wanted to participate in these research questions as Tangata Tiriti, health practitioners and citizens of Aotearoa to better understand how Kaupapa Māori organisations affect their positive health outcomes and further, how manaakitanga, whanaungatanga and mātauranga Māori are invoked to build strong relationships. We were perhaps able to question some taken-for-granted assumptions by exploring these relationships from outside the Māori cultural world (Jones 2020).

All participants gave signed consent to participate in this research, and the University of Canterbury Human Ethics Committee approved this study on 27th May 2022.

3 | Results

The six themes that emerged from the data are ordered to reflect the temporal sequential process of developing relationships.

3.1 | Theme One 'First, We Were Just Turning Up and Getting Her a Kai Box'—Relationship Development Was Facilitated When Kaimahi Responded to a Family's Immediate Needs

Whānau and kaimahi identified that early trust and relationship building were facilitated when kaimahi first sought to respond to the most pressing priorities for whānau with appropriate resources. Whānau described that this responsiveness and connection to further resources assured them that kaimahi were genuinely interested in them rather than meeting the administrative requirements of their service. One mother described that she had initially declined multiple invitations to meet with a kaimahi, feeling concerned her baby might catch an infection; however, after the first meeting, she found her kaimahi supported her in accessing care, vaccinations and getting a protection order against an abusive partner. Her response is included below:

> *'I was like, yes, this is awesome. She's gonna do this, she's gonna help me with that () yeah, she got me through the toughest times'.*
>
> *(Mother, Te Puawaitanga Ki Ōtautahi Trust)*

Kaimahi shared how they engaged with whānau priorities, such as supporting access to food or helping a young person get their driving licence, even when they were not part of the service contract. A kaimahi below describes how she would focus on the most pressing family needs, such as food security, instead of prioritising school attendance:

> *'And asking yourself 'what are the needs of the whānau right now?'. Because does it matter if their kids aren't going to school? Well, actually, if you've got no kai on the table, [food] that is more important'.*
>
> *(Kaimahi, Purapura Whetū)*

However, kaimahi noted that the form of their response depended on the level of crisis for a whānau. One kaimahi described that she would support whānau to identify solutions to their problems where there was less acuity in a situation, saying the organisation favoured working as 'supporters' rather than 'solvers'.

3.2 | Theme Two: 'We Start with a Broad Picture'—Relationships Are Strengthened as Kaimahi Engage with Long-Term Social Determinants of Health

Whānau outlined that after addressing acute needs, they valued kaimahi engaging with longer-term social needs. Mothers described the value of support to access stable housing, which

in turn increased their ability to access other health determinants, such as a pre-school and to relationally engage with a local health service. One mother shared how she felt kaimahi were a helpful '*sounding board*' inraising her children. She also described the value of connection in a parenting group for young mothers that she had belonged to for over 12 months:

> *'So the kaimahi are a really important part of Pura. I think the other thing that they have here (at the parenting group) is a place for us to be together, (with) somebody extra to help you keep an eye on your children and hold your baby while you eat something or make yourself a cup of tea'.*
>
> *(Mother, Purapura Whetū)*

Family and kaimahi noted that over time, kaimahi often got to know the extended family, including grandparents, aunts or cousins who lived nearby or elsewhere. One mother described how she liked it that everyone from Purapura Whetū also knew her kids and her mum and other family, and that this strengthened the sense of being known and feeling connected. They described having their phone numbers with permission from clients and engaging with them in conversations and problem-solving at their clients' homes. Our observation notes on a visit outlined how a kaimahi asked a young mother about her father in Auckland, and knew his name, and asked after an aunty who lived nearby in Christchurch. The kaimahi described that this aunty would often be present during her visits and often offered to drop in to help her niece in the early evenings.

Kaimahi talked about understanding whānau members' broader social needs, which meant that they would be better placed to overcome barriers that limited access to healthcare. For example, knowing a client's transport needs meant that kaimahi could discuss transport options or provide taxi vouchers.

Kaimahi also shared the importance of working collaboratively with organisations in other sectors to access additional services and address other social determinants. One kaimahi described how connecting a family to another organisation strengthened her relationship with whānau clients as illustrated in the quote below:

> *'So it's been really good that I've built quite a network with one particular law firm and sort of another one as well. And so when you can have their communication and the whānau can see that you can proactively work with lawyers around these things'.*
>
> *(Mother, Purapura Whetū)*

3.3 | Theme Three: 'They are Mums and Aunties and Stuff Too'—Relationships are Strengthened When Kaimahi Share their Life Experiences

Whānau valued kaimahi sharing their personal stories and life experiences. As well as being helpful to whānau in providing examples of how they navigated problems, their experiences increased confidence in kaimahi as outlined below:

> *'They know what has to be done, or they can feel something's off? And yeah, they just, I just feel like they know what to do. Because they've experienced it, they've been through it for themselves'.*
>
> *(Mother, Purapura Whetū)*

One whānau member shared that this was not limited to similar life experiences; while having similar life experiences could be beneficial in developing a strong working relationship, she could also learn from her kaimahi because of their differences. Kaimahi also described how sharing details about their lives provided opportunities for whānau to feel connected, as illustrated in the quote below:

> *'... when I talk about fostering myself, you can see that instantly for her, there was that connection that someone would understand a little bit about what she'd been through... it can be a really, really small connection, but then they kind of realise that you are a person as well'.*
>
> *(Kaimahi, Early Start)*

A kaimahi from Purapura Whetū described her experiences as a young Māori mother and how she felt '*judged and blamed*', which meant that now, with clients, she wants them to feel trusted and not judged. A kaimahi supervisor underlined the value of reflecting on one's own identity and experiences. She described that recognising that client whānau with similar life experiences could be triggering for some kaimahi and outlined organisational supports to ensure boundaries and pairing of kaimahi and families to ensure a safe relationship for all parties.

3.4 | Theme Four: 'It Just Takes Time'—Relationships are Strengthened by a Long Period of Engagement

Whānau described how their fears based on previous experiences influenced their initial engagement with an organisation. They shared that it often took many visits and months to develop a trusting relationship. Kaimahi met whānau needs through resources and validation, which supported the development of trust and families then feeling safe to share deeper needs:

> *'It wasn't actually until this year that I actually confided in [kaimahi] about everything that's been happening because I just felt so, [I] didn't want to be judged'.*
>
> *(Mother, Early Start)*

As a relationship endures over a longer period, greater trust developed and whānau described that they felt comfortable disagreeing and setting boundaries with kaimahi.

> *'T'll be able to say, you know, if I don't feel comfortable, or I don't like something. I'm quite happy to just, you know, be honest'.*
>
> *(Mother, Purapura Whetū)*

Kaimahi shared how traumatic issues, such as violence and abuse, were not disclosed until the whānau member felt a high level of trust, which could take more than a year of regular meetings. Kaimahi described this process, for example, as outlined below:

> *'And so we're starting at a place where we're having to build so much trust, you know, that we're not going to let you down again, or we're not going to create more invalidation in their world that they've already been so traumatised by'.*
>
> *(Kaimahi, Te Puawaitanga Ki Ōtautahi Trust)*

One supervisor from Early Start commented that long-term relationships allow kaimahi to recognise when their clients are '*not themselves*' and tailor their service to client needs accordingly. Underlining this theme, kaimahi supervisors and senior administrators in organisations described the importance of service delivery contracts that gave opportunity for bespoke service delivery, and for a long duration to facilitate long-term relationships with clients.

3.5 | Theme Five: 'We're Whānau here'—Relationships with Whānau were Strengthened by Supportive Peer Relationships and Professional Development within Service Organisations

Kaimahi described the importance of organisational processes such as peer support and professional development to strengthen their skills in connecting with whānau. One kaimahi described both giving and receiving collegial support when working with clients disclosing harmful behaviour. In both instances, the support had allowed kaimahi to explore ways to improve interactions and the connection with whānau.

Kaimahi described how a collaborative environment was encouraged through 'open door policies' with managers, whole team development days, and through facilitating knowledge sharing between kaimahi. Kaimahi reported the benefits for their well-being and strengthened working relationships with whānau, as described below:

> *'So when you're working in a place where () you can come back from a visit that you've had a really hard time at, and cry and have your colleagues support you through that. You have a supervisor who supports you, you have managers that support you and the general managers support you. I mean you feel so nurtured within that'.*
>
> *(Kaimahi, Early Start)*

Kaimahi also described how their organisations provided opportunities for education, and how this was structured to support peers and supervisors to strengthen their relational skills. One kaimahi commented on the importance of building a greater understanding of New Zealand culture, society and history, including Indigenous knowledge and the impacts of colonisation and racism, as part of their ongoing personal development. This, in turn, helped to strengthen relationships, as:

> *'The more awareness I have around the inequity, and what colonisation has done to our people () the more validating I can be of a person's experience'.*
>
> *(Kaimahi, Te Puawaitanga Ki Ōtautahi Trust)*

3.6 | Theme Six: 'I Feel Safe'—Relationships are Strengthened by Coherent Values and Culturally Safe Practices

Whānau appreciated approaches that provided a safe and familiar cultural space and that were whānau-centred. For example, one mother described how the whole family were invited to the annual Matariki (Māori new year) celebration at Purapura Whetū and stated that this helped them all feel at home and connected to others.

Whānau felt that their choices were respected in their engagement with the organisation, which was evident in there being flexibility rather than a singular or fixed way of engaging with whānau. One mother described how grateful she was that she does not '*feel pressured into doing anything I don't want to do*'. Whānau also described appreciating flexible expectations in engaging with the organisation:

> *'Like, I'm not obligated to do this. But I want to say, I really enjoy having this friendship with [Kaimahi], and the support that comes with it'.*
>
> *(Mother, Early Start)*

The cultural safety of kaimahi was described as core to relationship building with people from any ethnic or cultural background. One kaimahi reflected on this saying,

'... we have had women from Argentina and the Czech Republic who have felt like, even though it's Te Ao Māori, () there is the sense that it's a place where they can come and be comfortable. I think even just having that sort of () focus on Te Ao Māori, it kind of acknowledges [that] there's not just the predominant Pākehā culture'.

(Mother, Purapura Whetū)

Organisational values were also reflected in how kaimahi build relationships. For example, Early Start (Early Start 2025) describes a core value of working with families' ways of doing things (tikanga), values, engaging and respecting culture and 'listening well' so that whānau are confident to share their needs, as outlined below:

'I think a lot of the values that we demonstrate in our working relationship are things like transparency, respect, genuine care and intent, empowering, encouraging, supportive, scaffolding, affirming, developing knowledge and skills, flexibility and listening. Listening is big'.

(Kaimahi Supervisor, Early Start)

A kaimahi from Early Start shared how '*... the values of this place* [Early Start] *are just so close to my own values*' and that she enjoyed working in an environment where her colleagues shared similar values to her own. She identified these shared values as an important factor in developing strong relationships with whānau.

Core for all three case study organisations was the value of working collaboratively with multiple organisations, with kaimahi supervisors describing that they spent significant time connecting with other organisations to avoid duplication and build on each other's skills. They also described working with existing strengths and resources within families, which they felt was core to working in te ao Māori (the Māori world). This was illustrated in the educational programs for whānau. A kaimahi supervisor from Te Puawaitanga ki Ōtautahi Trust shared how they built a sense of self-respect and agency below:

'... we teach all of those māmā ['mothers'] and pāpā ['fathers'] () and support people around what it means to be equal to any health professional, so that they have the ability to negotiate their own healthcare journey'.

(Kaimahi Supervisor, Te Puawaitanga Ki Ōtautahi Trust)

Kaimahi supervisors and organisational heads described that flexible service delivery was difficult with contracts that specified narrow outcomes or processes. They preferred contracts that allowed organisations to set their own processes and be responsive to each family. Supervisors also underlined that often their contracts had been developed from a different worldview, and that they had to put them into practice with their own Kaupapa Māori approach.

'We talked about contracts that are designed outside of te ao Māori, so those contracts and outcomes have been measured in ways that also sit outside of te ao Māori. Trying to fit a service to tick the boxes that are designed by somebody else, a westernised kind of approach. This means the work that we do is not captured, although it may eventually lead to the specified outcomes. () Fitting our services to the contract deliverables is like trying to fit a square peg into a round hole'.

(Kaimahi Supervisor, Te Puāwaitanga Ki Ōtautahi Trust)

4 | Discussion

The six themes in our study propose that trusting relationships support positive health outcomes because they support whānau to be more engaged with services, connected to resources and to feel greater agency, which leads to improved social and health outcomes (Donati and Archer 2015; Gifford et al. 2018; Gifford et al. 2021; Matheson et al. 2024; Mooney 2012). Our findings offer insight into the processes of development of high-quality relationships among kaimahi (frontline workers), the child health organisations they work for, and whānau (families). Key components of high-quality relationships are shared experiences, longer duration of relationships, reliability and good communication. These six themes also resonate with wider scholarship in areas such as service innovation (Barrios et al. 2023), stakeholder theory (see, for example, (Crane 2020)), procurement and commissioning for indigenous equity, (Boer et al. 2025)). In each of these diverse fields, trust is recognized as an important organisational resource and long-term engagement is an important organisational capability underpinning outcomes. In contrast, our analysis foregrounds the often invisible relational labour undertaken by community workers through which trust is developed and sustained in everyday interactions.

We found that trust (and therefore a strong relationship) is developed through a long period of engagement (returning to connect repeatedly over a long duration of time), a feature of relationships that has been described by others (Brannelly et al. 2013; Mooney 2012). Yet this seemingly intuitive finding is not reflected in health and social contracts, which can require short and fixed-term engagements with families (Hepi et al. 2017).

We also found that reliability is a key factor in developing trust. Examples of ways that kaimahi demonstrate that they are reliable are by coordinating and delivering resources in response to family members' most pressing needs (for example, providing school uniforms or food), and by doing what they said they would do (such as visiting at agreed-upon times and places, and bringing resources agreed on). A third key component of trust that emerged from our data was effective communication, such as communicating with validation, non-judgement and sharing of their own identity and experiences. Kaimahi noted that

relationship building and communication were enhanced when they disclosed shared lived-experiences. One kaimahi reflected on how her experiences as a young Māori mother have influenced her engagement with clients because she does not want them to have the same experiences of stigma.

The trust that develops through these three components then leads to whānau sharing and disclosing bigger picture challenges (such as family violence or debt), which in turn allows kaimahi to work with these upstream health determinants. Trust therefore leads to greater whānau engagement with kaimahi, connection to resources, affirmation and greater agency, leading to improved social and health outcomes.

Synthesising our findings, we developed Figure 1, which positions whānau, kaimahi, and the organisation as active participants within relationships and proposes the contributions and intersections across the three parties.

In the central intersection of kaimahi, whānau and organisations, our findings point to trust as central to all other aspects of good relationships. While front-line health workers are often framed as a pragmatic 'stop-gap' workforce who seek to replicate biomedical expertise in a health system lacking sufficient trained professionals, this study proposes that kaimahi offer a different and necessary form of expertise alongside the 'service user' who participates in the processes of healing and recovery (Chase et al. 2024; Jain et al. 2024; Scott et al. 2018; Stretton et al. 2022). The development of a trusting and enduring relationship can then trigger improved health outcomes for children and whānau (Tennant et al. 2020).

Kaimahi enable this by acting as *resource integrators* by drawing on their cultural and relational knowledge and skills to weave together the resources and abilities of the services and whānau to enable the co-creation of health outcomes (Hepi et al. 2017). This expertise held by the unregulated workforce

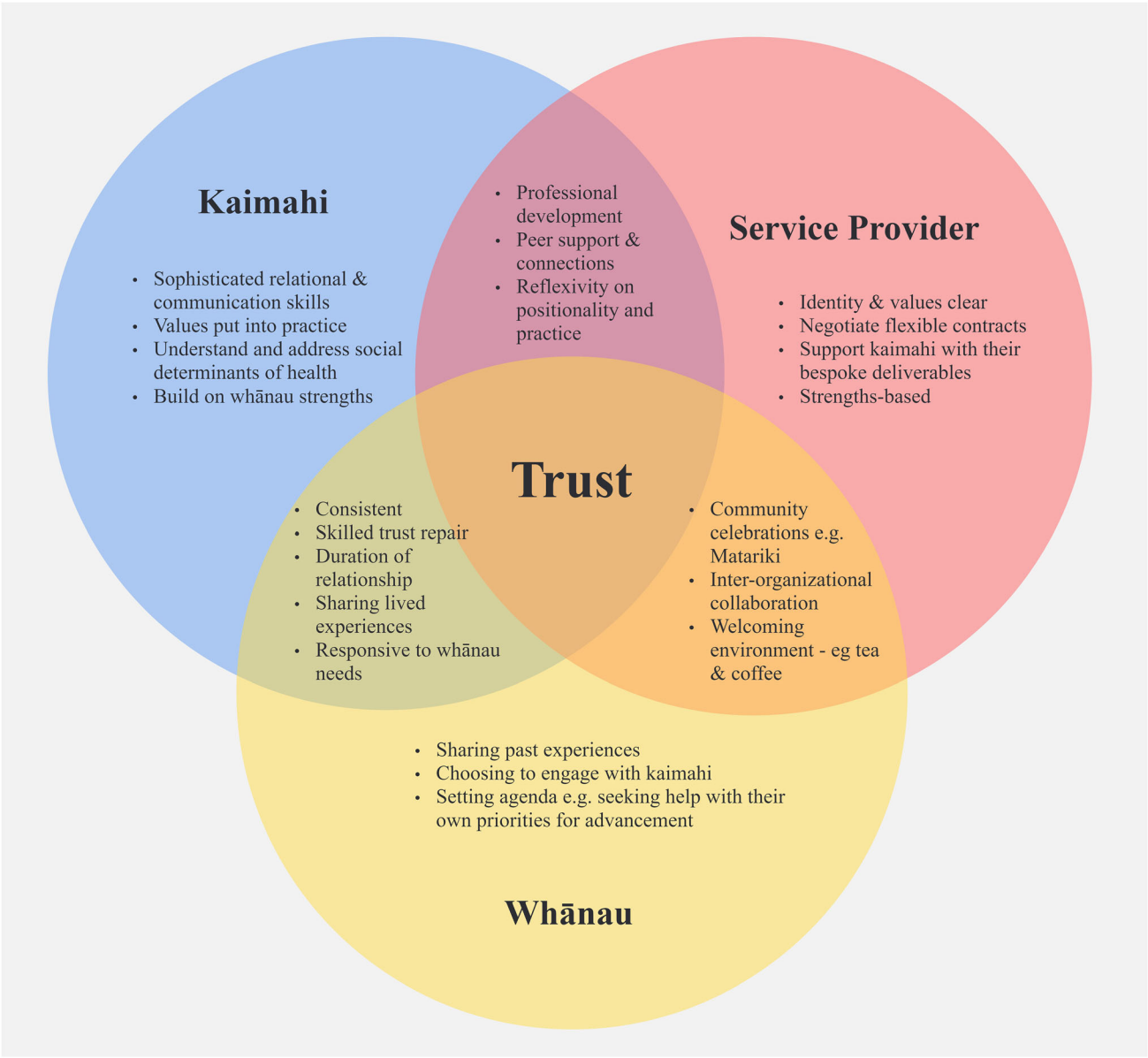

FIGURE 1 | Factors supporting the development of a high-quality relationship between kaimahi and whānau.

is typically undervalued in existing models of care, yet it is central to the effective functioning of organisational and clinical care processes (Chase et al. 2024; Foote et al. 2002; Mathias et al. 2025; Scott et al. 2018; Staden 1998).

In our findings, unregulated health workers also demonstrate ways that they engage with wider determinants of health in an integrated way, which can increase coordination and engagement in care, and help shape new therapeutic approaches (Chase et al. 2024; Dobl et al. 2017; Jain et al. 2024). A recent scoping review identified how unregulated community health workers can increase equitable health outcomes in low-income settings through advocacy for social transformation (Ahmed et al. 2022), and similar mechanisms may be at play in this study.

In the intersection between whānau and kaimahi, we noted the following key features:

Shared values, goals, and expectations were identified by whānau and kaimahi as beneficial to relationship development. Furthermore, the reciprocal exchange of life experiences facilitated a relationship that felt balanced and meaningful (Boulton et al. 2013; Mooney 2012). Kaimahi also described that when they engaged with social determinants in the whānau broader context, such as engagement with kapa haka or sports groups as cultural and community relationships, this can expand opportunities to leverage support from wider family, such as through providing transport or childcare (Hepi et al. 2017; Tennant et al. 2020).

We found that effective communication (such as active listening skills used by kaimahi) strengthens trust for families (Stretton et al. 2022). Clear communication allowed whānau and kaimahi to develop clear role definitions and shared objectives to advance whānau hopes (Hamley et al. 2023; Hepi et al. 2017; Mooney 2012). Both kaimahi and whānau also described a safe and non-judgmental environment as central. Others have noted that a sense of judgement can lead to unmet needs and ineffective care for whānau (Brannelly et al. 2013).

In the intersection between kaimahi and their organisations, both organisational leaders and kaimahi emphasised the value of flexible engagement, which meant they could re-prioritise work plans and respond to specific whānau needs. This flexibility and innovation by kaimahi is facilitated by organisational funding contracts of longer duration, which provide the opportunity to develop their own deliverables, a finding shared by others (Boulton and Gifford 2014; Boulton et al. 2013; Brannelly et al. 2013). Kaimahi supervisors also emphasised the value of inter-organisational collaboration to better meet whānau needs (such as accessing legal support), which others have noted (Gurung et al. 2022).

We also found that supportive workplace relationships improved service provision. Kaimahi outlined how they shared experiences and ways of working with peers, which could strengthen the knowledge and competence of all staff. This aligns with the seven skills in Keeping it Real | Kia Pono te Tika proposed by Te Pou, a national workforce centre in Aotearoa NZ (Te Pou 2026). Kaimahi considered that professional development and team building efforts within their organisations helped them feel nurtured, which positively influenced their relationships with whānau. A collaborative workplace environment facilitates a culture of trust and mutual respect, resulting in enhanced teamwork (Bartunek 2011; Tennant et al. 2020).

In the intersection between whānau and organisations

All three case study organisations described the importance of first engaging with whānau priorities. After engaging in immediate needs (such as driver's licenses or food security), families were more likely to act for child safety and wellbeing and to engage with the organisational contract focus (such as safety for children at home) (Hunt et al. 2021). Kaimahi were resourced and enabled by their organisations and managers to develop these reliable relationships over many years. Organisational leaders described negotiating contracts and re-structuring service delivery to support long-term relationships despite constraining contracts that centralised commissioning priorities, such as stipulating that care should only be provided up to 18 years (Eggleton et al. 2022; Oakden et al. 2021).

These types of activities are not typically visible or recognised in funding contracts, but are likely to lead to improved health outcomes (Eggleton et al. 2022; Oakden et al. 2021). Engaging with whānau long-term leads to trust and participation, which then triggers multiple positive health outcomes (Eggleton et al. 2022; Hunt et al. 2021; Oakden et al. 2021).

5 | Implications

Relational care can provide a sense of connection and trust, which can be less transactional than a focus on service deliverables and outcomes. For many whānau, this trust appears to be placed in the individual kaimahi rather than in institutions such as GP clinics or hospitals; this may be more acceptable to families who have experienced challenges in engagements with 'the system' (Espiner et al. 2021; Hunt et al. 2021; Tennant et al. 2020). Cognisant of this, kaimahi reflected on their own positioning relative to that of the families they worked with, to recognise and address power relations and hierarchies that might obstruct outcomes for whānau. They fostered safe and familiar cultural spaces through drawing on tikanga and reo (customs and language) in a considered way. In doing so, kaimahi enacted key aspects of cultural safety (Curtis et al. 2019) while working relationally (Kahika-Foote et al. 2026).

Evidence from other studies also suggests that culturally safe relational care leads to stronger engagement and better health outcomes for families, emphasising the need for kaimahi to strengthen relational skills such as safe self-disclosure and reflective practice shown in our findings (Boulton et al. 2013; Brannelly et al. 2013; Fleming et al. 2024; Hamley et al. 2025; Matheson et al. 2024; Tennant et al. 2020). Building on the intersections identified in Figure 1, we propose that higher levels of trust between kaimahi and whānau and organisations are facilitated by organisational support, which includes reflexivity on practice and positionality, professional development and peer support. In short, culturally safe and responsive relational

care is generated within culturally safe organisations (Curtis et al. 2025).

Recognising the growing numbers of unregulated health workers in Aotearoa, this study points to the need to allocate appropriate resources to build the capacity of kaimahi. The mandate for workforce development is underlined in the Pae Ora (Healthy futures) legislation (in sections 37 – 45) (Ministry of Health New Zealand 2022) and by Te Pou (Te Pou 2026).

Greater engagement with social determinants of health can be facilitated by the unregulated health workforce. When kaimahi engage with the priorities of whānau (like access to education, employment and housing) as well as engage with the wider community structures that assume collective responsibility for the raising of children (Hunt et al. 2021), they strengthen protective factors for health (like the social capital and connection) (Anurudran et al. 2020; Boulton et al. 2013; Gifford et al. 2018; Hamley et al. 2023; Hunt et al. 2021; Oakden et al. 2021). Further service delivery and research in Aotearoa NZ could focus on how social determinants are addressed by unregulated workers and note how whānau shape and codesign the care they receive with extantformal and informal resources within local communities (Mathias et al. 2024).

The contracts held by community child health providers can impact their ability to deliver outcomes (Boer et al. 2025; Eggleton et al. 2022; Oakden et al. 2021). Historically and today, contracts can use a deficit lens, have often been shaped to reflect the priorities of funders, and have marginalised Māori knowledge and ways of being, caring and long-lasting relationships. Contracts that are flexible, allow for contextual variations and are of longer duration may provide greater opportunity for providers to support whānau to self-determine and to ultimately achieve better health outcomes (Eggleton et al. 2022; Hepi et al. 2017).

5.1 | Methodological Considerations

We followed Lincoln and Guba's (1994) criteria for trustworthiness by ensuring credibility, transferability, dependability, and confirmability (Lincoln and Guba 1994). Credibility was achieved through data triangulation and verification of interview transcripts. We addressed transferability by providing a detailed sample description. Dependability was achieved through peer debriefing and data saturation. Confirmability was addressed through reflexivity and acknowledging potential biases. We sought to report transparently by describing our methodology, including sampling, data collection, and analysis procedures and acknowledging limitations.

This study has several limitations. Firstly, as the study focused on three healthcare provider organisations recognised for effectively addressing equity and health outcomes in Canterbury, findings may not be generalisable to other settings. Self-reported data risks social desirability bias. However, interviewing whānau with existing strong relationships through a strengths-based lens helped to mitigate these biases. We did not systematically collect data on the ethnicity of all participants and so could not present this in the findings. This omission obscures important context in the findings presented. Data collection and analysis were primarily conducted by Pākehā researchers (KK and LL), which may have limited the interpretation of cultural factors. We sought to mitigate this through discussions of findings with AA and also to explore the relationships and data to look specifically for ways that cultural safety and competency operated to strengthen connection (Jones 2020).

6 | Conclusion

This study highlights trusting relationships as central to improving health and social outcomes for whānau. They do this by increasing whānau engagement with services, access to resources, and strengthening agency. The six themes that emerged in our findings show that trust between kaimahi and whānau is developed over time through sustained 'turning up' (reliability) and effective communication. Kaimahi build trust by responding to whānau priorities and pragmatic needs and sharing their lived experiences. Our conceptual model positions whānau, kaimahi, and organisations as co-participants in relationship-building, with trust at the core of their intersection.

Our study suggests that unregulated health workers address social determinants of health, shape new approaches to social and health services and promote equity. Within the whānau–kaimahi relationship, shared values, reciprocal life experiences, and community engagement further strengthen relationships. Organisations support relationships and trust through flexible deliverables, inter-agency collaboration, and positive workplace cultures, as well as negotiating contracts that are flexible and allow long-term engagement with whānau. This can contribute to a virtuous cycle of trust, participation, and improved outcomes. These findings underscore the need to build workforce capacity to develop positive relationships with whānau as individuals and as organisations as a core to effective health service delivery. Trust, built through culturally grounded and responsive relationships, is core to achieving equitable health outcomes.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data for this study is qualitative and has multiple identifiable data fields and so is not available.

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