An Integrative Transformative Service Framework to Improve Engagement in a Social Service Ecosystem: The Case of He Waka Tapu

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Structured Abstract

Purpose – This study attempts to understand the engagement between an indigenous social service provider and marginalised clients deemed 'hard-to-reach' in order to gain an insight into how to improve the client's engagement and well-being through transformative value co-creation.

Design/methodology/approach – The exploratory study's findings draw on primary data employing a qualitative research approach through document analysis and in-depth interviews with clients, social workers and stakeholders of the focal social service provider in New Zealand.

Findings – The findings indicate that there are inhibitors and enablers of value or well-being co-creation. The lack of client resources as well as a mismatch between client and social worker are primary barriers. Other actors as well as cultural practices are identified as enablers of well-being improvement.

Research limitations/implications – This research reports on a single social service provider and its clients. These findings may not be readily transferrable to other contexts.

Practical implications – Findings indicate that social service providers require a heightened awareness of the inhibitors and enablers of social service co-creation.

Social implications – Both the integrative framework and the findings provide a sound critique of the prevailing policy discourse surrounding the stigmatisation of members of society deemed 'hard-to-reach' and the usefulness of such an approach when aiming at resolving social issues.

Originality/value – This is the first exploratory study that reports on the engagement between a social service provider and its clients in a dedicated Māori (indigenous) context by employing an integrative research approach combining Transformative Service Research, Activity Theory and Engagement Theory.

Paper Type

Research paper

Introduction

Recent developments in service research and calls to action (Anderson et al., 2013; Gebauer and Reynoso, 2013; Fisk et al., 2016; Ostrom et al., 2015; Rosenbaum et al., 2011) outline the need to focus service researchers' efforts on improving and enhancing the well-being of service customers (Anderson and Ostrom, 2015). This contemporary movement in the service research discipline focuses on areas such as financial services to reduce one's debts, or educational opportunities that improve literacy (Anderson et al., 2013). Furthermore, vulnerable populations have been highlighted as a focal point of attention, for example, alleviating poverty of populations at the bottom of the pyramid (Fisk et al., 2016; Gebauer and Reynoso, 2015) or assisting populations marginalised because of their cultural background or ethnicity (Corus and Saatcioglu, 2015).

Despite being emphasised as one of the potential areas where service-related well-being research or Transformative Service Research (TSR) is significant (Anderson et al., 2013), the area of social services and its transformational effects on vulnerable and other populations is currently understudied in service research. The only scant applications of TSR to social services, and some of these appear to not directly focus on the concept of TSR, are Wang's (2015) work on nursing homes, and Rayburn's (2015) analysis of consumer captive experiences with social service provision. Hence, a significant gap remains in studying social service provision from a TSR perspective. This work contributes to filling both, the practical and theoretical gaps. It applies TSR to social services and

extends theory via a more comprehensive understanding of the activity systems of provider and consumer when aiming at creating transformative as well as highly engaging social service interactions.

The present study reports on the interface of social service provision and clients who – whether justified or not – have been deemed "hard to reach" (Flanagan and Hancock, 2010, p. 92). 'Hard-to-reachness' can be an issue, especially if service propositions for vulnerable members of society are not suitably co-created between client and service provider due to a lack of 'reach' and engagement from the actors involved. This case study analyses both service provider and service client perspectives by applying an integrative research framework. It combines some of the concepts outlined as novel thinking approaches in service research (Russell-Bennett and Baron, 2015). Based on the notion of "human service systems" (Fisk et al., 2016, p. 46), with the aid of Activity Theory (Leontiev, 1977; Vygotsky, 1978) and its more recent concept of activity systems (Engeström, 2015), the relationship between client and social worker engagement is investigated. Linking Engeström's (2015) extension of Cultural-Historical Activity Theory (CHAT), Transformative Service Research (TSR; Anderson et al., 2013) as well as (Regulatory) Engagement Theory (RET; Higgins and Scholer, 2009; Scholer and Higgins, 2009), and employing a general 'co-creation language', also used across other approaches (Prahalad and Ramaswamy, 2004; Vargo and Lusch, 2016), this study explores the complex social challenges of actors experiencing personal issues, such as drug use or family violence. Hence, this study extends theory through the creation of a novel integrative framework fusing three theoretical approaches. It does not aim at comparing existing frameworks for the co-creation of value or well-being, such as undertaken by Kuppelwieser and Finsterwalder (2016). Rather, it enriches theory and praxis via the application of the novel conceptual framework to address crucial social issues.

The case study focuses on a New Zealand context and reports on engagement in transformative social service relationships. The organisation in focus is a kaupapa Māori (indigenous) social service provider called He Waka Tapu which offers specialised social services to predominantly Māori clients.

To outline the framework, this paper introduces the key concepts – Transformative Service Research, Activity Theory and Engagement Theory – which inform the empirical part of the research study. The paper outlines the integrative approach and then explicates the context of the study, i.e. the cultural context, well-being disparities amongst the different cultures in New Zealand, the notion of being 'hard-to-reach' in regard to vulnerable populations, and introduces the kaupapa Māori (indigenous) social service provider He Waka Tapu (2016). Next, the methodology is explained, before the findings, discussion and conclusion are presented. This research paper then illuminates ideas for improving well-being through transformative value co-creation for future research.

Theoretical Framework

Transformative Service Research

Transformative Service Research (TSR) focuses on creating meaningful changes in order to advance people's lives and their well-being (Anderson et al., 2011). TSR combines both consumer and service research (Anderson et al., 2013) and aims to solve real world issues (Mick, 2006). For this framework, which integrates service research with well-being outcomes (Anderson and Ostrom, 2015), four different domains are suggested (Anderson et al., 2013): service entities, consumer entities, the macro-environment and well-being outcomes. For the description of the different approaches in the forthcoming sections, a more generic 'co-creation language' used across the service discipline (for example, Fisk, 2009; Prahalad and Ramaswamy, 2004; Vargo and Lusch, 2016) will be employed.

Service entities are some of the *actors* in TSR, i.e. providers who enable co-creation for consumer entities, i.e. other actors. These can be individual consumers, or multiple actors, i.e. collective consumer entities, such as families, communities, neighbourhoods, cities and nations (Anderson et al., 2013).

Value is conceptualised as well-being (Black and Gallan, 2015; see also Environmental Health Indicators New Zealand, 2016; New Zealand Productivity Commission, 2015). Well-being outcomes can

be eudaimonic or hedonic. Eudaimonic well-being embodies the actualisation of an actor's potential (Waterman, 1984). Eudaimonic well-being elements are, for example, access to a service, literacy, better decision making, health, decreasing health and well-being disparities, consumer involvement, harmony, power, respect, support and social networks (Anderson et al., 2013). Hedonic well-being relates to the notion of happiness by experiencing pleasure and avoiding pain (Ryan and Deci, 2001; cf. Higgins and Scholer, 2009) and comprises life satisfaction, positive affect, and the absence of negative affect, such as tension, fear, strain and stress (Anderson et al., 2013).

For the benefit of the consumer entities and based on the identified *targets of value co-creation*, well-being is co-created through the interaction of the entities and the use of the appropriate *resources* and tools. Yet, besides positive effects well-being efforts can also have a negative impact on other actors (Anderson et al., 2013) as some well-being outcomes may not have the intended effects or 'side effects' (Rosenbaum et al., 2011).

Institutions in the form of service entities, such as organisations like government entities, influence well-being measures and initiatives (cf. Anderson et al., 2013; Fisk et al., 2016). Furthermore, TSR is applied at different system levels from micro to macro complexity (Anderson et al., 2013; cf. Fisk et al., 2016). TSR places importance on the macro environment and the influence of public policy, cultural, technological and economic environments on consumer and service entities. These macro-economic forces are seen as enablers or inhibitors of well-being (Anderson et al., 2013).

Activity Theory

The aim of Activity Theory is to comprehend and explicate human activity, dialectically linking the individual and the social structure (Engeström and Miettinen, 1999; Foot, 2014). Introduced by Vygotsky (1978) and Leontiev (1977), it was further developed by Engeström (2015), and is a multidisciplinary approach also known as Cultural-Historical Activity Theory (CHAT) (Engeström, 1999).

Activities are "processes (...) that realise a person's actual life in the objective world by which [they are] surrounded" (Leontiev, 1977, p. 2).

Figure 1 illustrates Engeström's (2015) conceptualisation of activity theory as an *activity system*. Moreover, for the application and later integration of the theoretical approaches, co-creation language is employed to compare the elements of the model. Engeström (2015) highlights six elements, each of which holds cultural and historical dimensions, notably subject (actor), object(ive) (target of value or well-being co-creation) as well as outcome (i.e. value or well-being), instruments (resources), rules (and norms, and beliefs), community (other actors) and division of labour (actors' contributions).

-- Figure 1 about here --

Engeström (2015) suggests that the primary actor (subject) is part of a community containing all actors related to the activity. The actor engages in specific 'doings' to fulfil a specific need (Foot, 2014) and uses material and immaterial instruments (or *resources*), i.e. tools and signs (Vänninen et al., 2015). The actor interacts with other actors and the (modifiable) tangible or intangible object(ive) (Engeström, 2015; Vänninen et al., 2015) or *target of the value co-creating activity*. Activity as a *co-creative act* can be achieved through division of labour (*contribution to co-creation*) between community members (Engeström, 2015; Vänninen et al., 2015). Activity Theory focuses on the subject-to-object relationship, mediated by artefacts, i.e. instruments (resources) and division of labour (contributions to co-creation), but also including rules (Engeström, 2015). The combination of these elements leads to the accomplishment of object-oriented activity with a positive or negative outcome (*value or well-being*) for the subject (cf. Leontiev, 1977) and, if jointly actioned, to a 'division' of benefits amongst the actors within the community (Vänninen et al., 2015). Agency enables the change of existing routines (i.e. practices; Schatzki, 1997) and conditions related to an activity (Engeström and Sannino, 2010). Sense and meaning making are involved in the process from object to outcome

(Engeström and Sannino, 2010) and result in a *contextual value experience* (or well-being). In Engeström's (2015) Activity Theory, the unit of analysis is the dynamic activity system consisting of the six elements and it can be analysed from different viewpoints (Engeström, 2015; Foot, 2014; Vygotsky, 1978) and in relation to *other activity systems* (Engeström, 2001).

Engagement Theory

(Regulatory) Engagement Theory defines engagement as referring to *"sustained attention"* (Scholer and Higgins, 2009, p. 138; italics in original), i.e. a *psychological state* which is driven by a motivational force of either attraction to or repulsion from something (Higgins and Scholer, 2009). The more 'pull' or 'push', the more drive towards or away from the target (*behaviour-related component* of engagement). Hence, Higgins and Scholer (2009; Scholer and Higgins, 2009) conceptualise *value* as the motivational force of experiencing repulsion (negative value) or attraction (positive value). Yet, apart from approach or avoidance the *value* experience is also influenced by its intensity (weak or strong) (Higgins and Scholer, 2009).

Actors derive value from engagement as well as from experience (Higgins and Scholer, 2009). An actor can be exposed to *other actors* that are endogenous or exogenous to the preferred course of action (Higgins and Scholer, 2009). Other authors relate to agent-to-agent or actor-to-actor contexts (cf. Brodie et al., 2011). When pursuing a goal, actors use *resources* described as 'proper means' (Higgins and Scholer, 2009, p. 109) to create a value experience. The *value target or goal object* here can be seen as the subjective pleasure or pain properties of the desired end-state (Higgins and Scholer, 2009).

Co-creation can be understood as goal pursuit activity and is supported when a regulatory fit exists, i.e. when orientation towards the goal is maintained by how it is pursued (Higgins and Scholer, 2009). Strengthening or weakening engagement in goal pursuit can influence the value intensity of a target object at a later point in time which might be separate from the earlier activity (Higgins and

Scholer, 2009). Environment can be viewed as a force which can act as an opposing interfering force during goal pursuit. Such environmental forces can be physical barriers or other actors who are or are not part of the preferred course of action (Higgins and Scholer, 2009).

Actor's contribution to co-creation can be interpreted as an actor's engagement and resource integration (cf. Higgins and Scholer, 2009). The relationship between actor and target and hence approach or avoidance can be predisposed by *norms and standards* at interpersonal or societal level (Higgins and Scholer, 2009).

In earlier work, Higgins and Trope (1990; Higgins et al., 1995) postulate the concept of Activity Engagement Theory. When individuals engage with an input of any kind, for example a resource, such as a colouring storybook, they identify *primary and secondary activities*. Hence, a resource can stimulate numerous likely activities (Higgins et al., 1995). An actor might start with the primary activity identified (for example, reading) but potentially after a while deem the secondary activity more appealing (for example, colouring) (Higgins et al., 1995). Hence, the secondary activity competes with the primary activity and might replace the former (Higgins and Trope, 1990).

Engagement has been studied in a number of fields, including social sciences (Cortis et al., 2009; Wild et al., 2006). In the area of service research, engagement often labelled as customer engagement (Brodie et al., 2011), has recently gained more attention (Ostrom et al., 2015). Yet, each discipline defines and conceptualises engagement somewhat differently. For this reason, it is proposed that actor engagement should be conceptualised to bridge disciplines (Finsterwalder, 2016). In a co-creative service context it is viewed as having psychological as well as a behavioural component, emerging in interaction with different stages and levels of engagement (Brodie et al., 2011). This implies that it should be analysed from all actors' perspectives as an *actor-to-actor construct* (Finsterwalder, 2016). Such a view fits well with a social and health service perspective of engagement. Client engagement is described both as a client-owned concept (Wild et al., 2006) as well as a social worker-related construct (George et al., 2015; Petriwskyj et al., 2015).

An Integrative Approach

The theories outlined above depict a closeness of the three approaches, especially when employing a common 'co-creation language'. The next sections present an integrative framework for analysis.

In line with Black and Gallan (2015; see also Environmental Health Indicators New Zealand, 2016; New Zealand Productivity Commission, 2015) this paper views co-created value as well-being. To co-create such value or well-being, interaction within "human service systems" (Fisk et al., 2016, p. 46) occurs. In such service ecosystems, an actor's activity system intersects with other actors' activity systems. The activity system (Engeström, 2015) functions as the theoretical umbrella which encapsulates all four TSR dimensions — consumer entities (actors / clients), service entities (actors / social workers), macro-environment (in particular culture but also other, such as social policy) and co-creation outcome (well-being or value) as well as the construct of engagement. This paper focuses on service entities and consumer entities and their activity systems in particular. Analysing each actor's activity system and its elements as well as the juncture of the systems is pertinent to comprehending the intricacy of actor-to-actor co-creation and engagement.

Actor A's Activity System

Actor A's activity system consists of a *focal actor* with the system's core being the *actor's co-creative activity* which connects the actor with the *realisation of certain targets of value co-creation* related to a desired *experience* (Engeström, 2001; 2015; Higgins and Scholer, 2009) to improve their own life circumstances. Yet, as outlined, in an activity system *other actors* relevant to an activity are also to be considered. One important group of other actors is the direct reference group of the actor, for instance, the family unit. Fisk (2009, p. 136) states: "[t]he family is the essential and original service organization in human history". Cheung and McColl-Kennedy (2015; Black and Gallan, 2015) highlight

that the involvement of families may enhance transformative service delivery, rather than relying on the service provider alone. The focus on the immediate social unit is also important in regard to engagement. For example, in a social service context, "family engagement (…) recognize[s] that those who *engage* [behavioural component] and *are engaged* [psychological state; Brodie et al., 2011; Higgins and Scholer, 2009] include patients, families" (Carman et al., 2013, p. 223; italics added). This draws attention to the basic unit of an actor's social structure, the family (cf. Firth, 2011). Further actors who might *contribute co-creating* and improving well-being of the focal actor can be the community the focal actor lives in (Black and Gallan, 2015; Cheung and McColl-Kennedy, 2015). In addition, *resources* such as devices to monitor one's health, or other available resources, such as 'connecting to nature' can assist in the process of co-creating value and well-being (Engeström, 2015; Higgins and Scholer, 2009; Vänninen et al., 2015). Co-creative acts are also influenced by the *norms, rules and beliefs* (Engeström, 2015) of the *institutions*, such as family, as well as the *culture* the actor is embedded in. Improving well-being and one's life (Anderson et al., 2013) is connected to cultural-specific sense and meaning making (Engeström, 2015) in regard to co-creating as well as perceiving the "value experience" (Higgins and Scholer, 2009, p. 101).

Actor B's Activity System

Another activity system which might interact with actor A's activity system is, for example, actor B's activity system. B could be a service provider's employee. B in their activity system, like actor A, is connected to *other actors* whose contributions might help to accomplish the job, such as co-workers. *Rules, norms and beliefs*, for example, regulations, guidelines of the service provider, potentially including government imposed rules, influence B's co-creative activities (Engeström, 2015). *Resources*, such as information brochures, office equipment and funding assist in achieving the *target(s) of value co-creation*. Apart from helping create value for actor A (primary objective / activity; Higgins et al., 1995), *value* for the employee could be derived from accomplishment ('doing the job well') through

job satisfaction (secondary objective / activity). Yet, apart from resources, *co-workers' contributions, and the rules, norms and beliefs*, actor B needs to equally feel *engaged* and has to be willing to *engage* with actor A (Brodie et al., 2011; Higgins and Scholer, 2009).

When the activity systems of actor A and actor B interact potential *tensions* might arise due to the fact that the *joint target of value co-creation* is either unclear or there are *contradictions*, ambiguity or tensions in the understanding of the objective of the potential co-creative processes (Engeström, 2001; Engeström and Sannino, 2010). Other contradictions could lie within each of the activity systems, such as different cultural backgrounds of actor A and actor B; different *institutional logics* (rules and regulations of the service provider vs family values / 'rules'). Moreover, there could be a reluctance to co-create certain types of services with actor B or to engage with the service provider in the first place (George et al., 2015). Additionally, a past negative experience may have created barriers to further engagement (Higgins and Scholer, 2009).

Therefore, it is proposed that when two activity systems intertwine, a 'fit' between the two activity systems, or in the words of Engeström and Sannino (2010), a match between the object(ive)s is central. That is, the primary target of value co-creation has to be agreed on to become a joint target for shared co-creative activity of the desired value experience (cf. Engeström and Sannino, 2010; Higgins et al., 1995). Agreement in regard to the target is necessary so that both actors can negotiate the service co-creation proposition. For the co-creative activity which follows, each actor integrates the elements of their respective activity system. Through sense and meaning making value or well-being is co-created in the interaction between the actors. Activity between the two actors might become routine activity, that is, a *practice* (Engeström, 1987; Schatzki, 1997). For example, actor B might apply certain institutional practices when interacting with actors like actor A. These known practices might be shared knowledge amongst the co-workers (Schatzki, 1997). Such practices, however, might not be known to actor A and they might have to learn them first. Yet, a practice might be altered (Engeström and Sannino, 2013) amongst actors and their 'own' version be implemented

that better caters for the actors' needs. Furthermore, actor A might be used to certain culture-specific practices that actor B needs to be aware of, to enable value co-creative activity and potential routinisation later on. Figure 2 provides an overview of such a 'meeting' of the activity systems of actors A and B and employs a generic co-creation language.

-- Figure 2 about here --

Context for Case Study

Cultural Context: Māori as the Indigenous Population of New Zealand

Māori are the indigenous people of New Zealand. In 1840 Māori signed the Treaty of Waitangi with the British Crown which "established the terms and conditions of British governance and subsequent settlement and granted Māori equal citizenship rights with the British" (Came, 2014, p. 214). Like many colonised indigenous people across the globe Māori suffer inequalities disproportionately to the non-indigenous people of their country (Stephens et al., 2005). Through a process of cultural colonisation some Māori have been alienated from their culture, and it is this alienation along with institutional racism and poverty that many believe are the root cause of health disparities (Came, 2012; Durie, 1998; Reid and Robson, 2006). Institutional racism is defined as "a pattern of differential access to material resources and power determined by race, which advantages one sector of the population while disadvantaging the other" (Came, 2012, p. 17).

Well-being Context: Māori and Well-being Disparities

In regard to health, social and economic disparities within the Māori culture, for example, the harm associated with alcohol and tobacco is highly significant. Māori and non-Māori are equally likely to consume alcohol but Māori are more likely to engage in hazardous drinking behaviours (Ministry of Health, 2015). Māori secondary school students are more likely to have tried alcohol and engaged in

heavy binge drinking than non-Māori students (Clark et al., 2013), a concern as drinking habits formed early on are related to problem drinking later in life (Hingson et al., 2000). Māori are over-represented in alcohol-related harm statistics. For example, Māori are two and half times more likely to die from alcohol related conditions than non-Māori including cardiovascular disease, cancer, suicide and road fatalities (Connor et al., 2015).

Māori are more than twice (38%) as likely to smoke than non-Māori (17%) with Māori women being more likely than any group to smoke (42%) (Ministry of Health, 2015). Tobacco use significantly contributes to the burden of ill health and premature mortality in New Zealand (Glover et al., 2013). Māori die at higher rates from smoking related conditions compared to non-Māori (Glover et al., 2013; Robson et al., 2016).

Like other indigenous people Māori hold a holistic view of well-being. Well-being is not viewed as only biophysical and individualistic, but one that encompasses not only themselves, but their family well-being, cultural concepts, practice and identity (Cram et al., 2003). In response to Māori well-being inequalities in New Zealand, Whānau Ora (healthy families) was developed as a service delivery model. The model seeks to develop a holistic service design with a strengths-based service delivery to build on family / whānau strengths and capacity (Heatley, 2016; Te Puni Kōkiri, 2012; 2016). Whānau (family) has a wider application in Māori culture compared to the Western view of immediate relatives. The definition of whānau is, "extended family, family group, a familiar term of address to a number of people — the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members" (Māori Dictionary, 2016). While the service delivery model includes mainstream service providers working collaboratively to address whānau needs it also includes kaupapa Māori providers (indigenous providers) delivering services to whānau utilising cultural practice to address individual and whānau needs.

Vulnerability Context: Māori and 'Hard-to-Reachness'

The term 'hard-to-reach' is contestable with differing opinions in regard to how it is used. Brackertz (2007) argues that hard-to-reachness should broadly include demographic, cultural, behavioural and attitudinal, and structural features to define populations deemed as 'hard-to-reach'. Boag-Munro and Evangelou (2012, p. 211) list a number of features and synonyms of 'hard-to-reach' that are commonly referred to in international government reports and research; these include: "hidden populations, vulnerable, under-served, (…) socially excluded, disengaged marginalised, non- (or reluctant) user[s], high risk [or] at risk, families with complex needs, minority groups, (…) ethnic communities, and [those] less likely to access services". Such terms along with others resonate with the New Zealand governmental context, and because Māori have poorer well-being and social indicators than others in New Zealand, they are often included in the category of 'hard-to-reach' (Environmental Health Indicators New Zealand, 2016; Ministry of Justice, 2010).

In the social services sector and the literature, the term 'hard-to-reach' is recognised as problematic, as it can label and stigmatise, as well as placing the onus and attributes of being 'hard-to-reach' solely upon populations (Flanagan and Hancock, 2010). Flanagan and Hancock (2010) also identified that the blame of the 'hard-to-reach' not accessing services may not lie with the individual, but rather the service, and is a failure of the system. For this reason, it is preferred here to refer to 'hard-to-reachness' as co-created and to view this as a system-related issue. Therefore, the aim is to 'make services more reachable' by initiating or improving the engagement between service provider and service user (cf. Heatley, 2016) in a manner that aims at co-creating value and hence improves well-being.

Service Context: Indigenous Social Service Provider He Waka Tapu

He Waka Tapu is an indigenous social service provider which offers a range of services for families / whānau and their members which support their healing and restoration, rebuilds whānau

capacity, rejuvenates and refashions traditional practices, and strengthens whānau mana (family well-being). Whānau can access services such as anger management, an alcohol and drug (including a residential) programme, whānau services, personal health services and services to help individuals look for work (He Waka Tapu, 2016). He Waka Tapu receives referrals from over 30 different providers New Zealand wide. The service provider employs 37 staff which include six management roles along with frontline staff. He Waka Tapu has over 2,000 clients registered with the service at any one time (Burrows, 2016).

Methodology

Given that relatively little is known about how social services engage with 'hard-to-reach' clients, this study adopts an exploratory case study approach to examine the utility of the theoretical framework (Yin, 2014). Mixed methods including document analysis and semi-structured interviews were used to collect data from April to September 2014 (see Table 1). Ethics approval for the methodology as well as permission to publish the results from the social service provider was obtained, the latter also received a full report with the findings.

Data Collection

A total of 27 semi-structured interviews were undertaken with staff (5), clients (15) and stakeholders (7) including He Waka Tapu board members, referring services and funding agencies. The interview guidelines were developed drawing on publically available documents, such as policies, and on the conceptual approach. The guidelines covered topics including who and what the service as a system consists of, what each actor seeks to offer in the service relationship, what each client expects from the service, how the service is understood, configured, negotiated and delivered and what historical and cultural background is necessary to understand how the client—service engagement functions.

Thirty clients were initially approached to participate in an interview and 15 of them accepted to partake in one-on-one interviews at a time and place of their convenience. There were nine females and six males, 13 were Māori, one was Niuean/Māori and another was Samoan. Although He Waka Tapu services cater predominantly for the indigenous people of New Zealand, other ethnicities, such as Pacific Islanders (for example, Samoan, Niuean) living in New Zealand can also utilise the provider's services. The respondents' ages ranged from 25 to 61 years old, with the mean age being 36 years old. A range of perspectives were sourced to minimise respondent bias, including from clients, staff members and stakeholders. Clients accessed a range of services including Alcohol and Other Drugs (AOD), Domestic Violence, Parenting, Whānau Work and Women's Groups. Most clients had accessed more than one service. The frequency of accessing services depended on the type of services the clients were utilising. For example, some residential clients accessed the in-house AOD programme, others accessed services once or several times a week, others again only used the services as and when needed through their ongoing relationship with their caseworker. Most clients were from the Canterbury region but those who were in the AOD programme could also be from outside the region.

Five staff with management responsibilities were interviewed including team leaders and the Chief Executive Officer. All staff members were Māori, four were female and one male.

Seven stakeholders including He Waka Tapu board members, referring services and funding agencies were interviewed. Stakeholders were mostly non-Māori (5) and female (6).

The research team for the He Waka Tapu case study consisted of a blend of Pākehā (New Zealanders of European decent) investigators and a Māori researcher with a range of professional backgrounds, such as in systems theory, policy, service research and marketing, social anthropology, social work, health and well-being amongst others. For the interviews of the case study, to adhere to cultural protocol the Māori researcher conducted the interviews with He Waka Tapu clients and the Pākehā researchers could interview staff and stakeholders. The participants were given the opportunity to amend or confirm their interview transcript.

Data Analysis

Following Miles et al. (2014) the semi-structured interviews were audio-recorded for later transcription. Verbatim notes supplemented audio recordings. Transcripts and notes were entered into Dedoose, version 7.1.3 to be coded thematically. Dedoose (2014) is a cloud-based software used in a range of disciplines, such as in Consumer Studies, Tourism and Recreation, Branding (Chen, 2016; Flax et al., 2016; Florenthal, 2015; Lieber, 2016; Razani et al., 2016), Management and Organisational Studies (Reinecke and Ansari, 2016), Education (Bearman et al., 2016), and Healthcare and Social Work (Akiva and Petrokubi, 2016; Brooks et al., 2011; Farthing, 2016; Hunter and Hollis, 2013, Lakind et al., 2015). Dedoose was designed particularly for the analysis of qualitative and mixed methods data and, due to the cloud-based nature, for the use of team research (Lieber, 2016) with team members dispersed across time and space (Moylan et al., 2015). Due to combining research streams of service research and social work and the fact that team members were spread out across New Zealand, Dedoose was deemed a suitable computer-assisted qualitative data analysis software (CAQDAS) package for the research project and a software which has proven suitable for the New Zealand context (Neely et al., 2016).

All data was examined and re-examined in multiple cycles of coding against concepts set out in the research framework above, i.e. the theoretical synthesis of Transformative Service Research, Cultural-Historical Activity Theory as well as Engagement Theory. Open coding identified new codes to capture emergent themes. A process of constant comparison refined the categories (Goulding, 2005) which were then "compared with (…) existing literature on the topic" (Creswell, 2013, p. 65; Spiggle, 1994) as well as with the research framework. Coding was undertaken separately by two researchers, discrepancies identified and discussed until an agreement was reached. The relationship between engagement, service uptake and outcomes was modelled as two interacting activity systems relating to client system and social worker system. For an overview of the data collection and analysis see Table

1. Verbatim quotes were used in the results to illustrate the themes and elements of the research framework.

--- Table 1 about here ---

Triangulation (Begley, 1996; Denzin, 1970; Kimchi et al., 1991, Yin, 2014) was ensured in multiple ways. Multiple researchers catered for investigator triangulation, theoretical triangulation was employed by using multiple theories and concepts in studying and interpreting the research phenomenon, and data triangulation was achieved by using multiple sources of data (interviews, document analysis) as well as interviewing different parties (social workers, board members, referring agents, clients) (Begley, 1996; Denzin, 1970).

Findings

Engagement in the Client Activity System

The client is the *focal actor* in the client activity system. Clients appear to have different levels of engagement (psychological component; Higgins and Scholer, 2009; Brodie et al., 2011; George et al., 2015) during the interactions with the social workers, dependent on the co-creative activity, as expressed by one client:

> "Depending on what we were doing, but I was definitely engaged the whole way through, but I never went under engaged. I was either very engaged or extremely engaged" (Māori male, 28 years).

Other clients pointed out that the support they received was invaluable, while engagement emerged as a result of time and contact with the social worker (cf. Brodie et al., 2011). The persistence of the social worker assisted the client to adapt to a place where they were able to cease resisting personal change (cf. Higgins and Scholer, 2009) and to begin to engage with the He Waka Tapu social worker as well as their own social challenges. A client reveals:

"Yeah, I just think that this [He Waka Tapu] is good and [the social worker] wants you to come every week and they want you to make that commitment and be engaged and that. It's not easy to get out of it [the appointments] if you don't feel like going, you can't cancel or anything. [The social worker] said, well she can get as many sessions pretty much as she needs for me or the clients, you know (…) she's definitely, yep, they're definitely on to it, their service, what they're doing in helping people" (Māori female, 37 years).

Moreover, in the above described Whānau Ora context (Te Puni Kōkiri, 2016), the client is viewed not solely as an individual seeking service, but one who also embodies the interests, needs and values of *other actors* in the activity system (Engeström, 2015; cf. Anderson et al., 2013), i.e. as also pointed out by Cheung and McColl-Kennedy (2015), Black and Gallan (2015) and Heatley (2016), such as the wider *family* (whānau). Importantly, it is also their ancestors (tūpuna) as well as the next generation (mokopuna) who provide a rationale and spiritual motivation for their personal transformation. One Māori staff member described the cultural and family value system:

"So we come with our tūpuna, we come with a whole tribe. So even though one might walk in the door, we know that there's a whole heap of them, you know, with them. So we will – I think that's the beauty about the whānau intervention team. Once we meet with the one who comes in and from there (…) we'll pull in the whānau and go from there" (He Waka Tapu staff member).

The *target of value co-creation* can therefore be multifaceted and include dealing with specific issues such as alcohol abuse and anger management problems (primary objective / activity; Higgins et al., 1995), but can also extend to cultural and spiritual determinants of well-being (secondary objective / activity; Higgins et al., 1995; Engeström, 2015) including recognising the profound impact of their well-being through colonisation:

"[T]hey [He Waka Tapu] offer that spiritual reality and the wairua [Spirit], and that is, you know, for a lot of government agencies or [rehabilitation places], it's not really covered (…). Whereas Māori-based [ones], which this is, you know, takes that focus on the spirituality side of, that's what you're lacking, you know" (Māori male, 49 years).

For many clients, engagement with the social service represented a journey and due to the *co-creative activity* this helped to improve the client's perceived *value-in-context* and well-being (Vargo and Lusch, 2016; Anderson et al., 2013). The context of value co-creation was at times influenced again by *other actors* in the activity system *contributing to co-creation* (Vänninen et al., 2015) by providing

mutual support and opportunities to learn from each other. The quote below shows the change in engagement due to context of the co-creative activity:

> "[In] the beginning when I didn't really wanna go there even though I knew I needed to (…). But, definitively being in a [group], listening to other people's way of dealing with things is more beneficial than someone just telling you the answer" (Māori male, 27 years).

This client's initial reluctance to engage (Higgins and Scholer, 2009; George et al., 2015) changed when interacting with *other actors*, i.e. other clients in group sessions at He Waka Tapu. It also demonstrates that value was derived from peers rather than from interacting with the social worker alone (Cheung and McColl-Kennedy, 2015; Black and Gallan, 2015). However, the social worker was extremely important to the well-being transformation of clients. Their ongoing support and engagement for the client provided a platform for growth and healing. As one client states:

> "They've [social worker] taught me that I don't need to put up with any more crap in my life. I'm worthy of more, my children are worthy of more. They've put me back on the right path, I guess that you know living in violence is not okay, or acceptable" (Māori female, 34 years).

Depending on the service accessed by the client, staff adopted particular roles including counsellor or nurse but also took on roles such as client advocate (when dealing with *other actors*, such as mainstream services) and support worker (for example, providing transport). The contribution to co-creation of value and well-being between staff and the client was seen as facilitative rather than directive:

> "You know how you see a garden and a footpath and there's those little lights on the side that guide you down, they [the social service] are those little lights. They ain't the footpath, but they help you down it, yeah" (Māori male, 25 years).

For some clients, the first step in transforming their lives was to realise that their general target(s) of value co-creation, or in a wider sense their attitude and (lack of) objectives in life, had to be revisited. In many cases this first step was 'crisis driven' and prompted by an intervention by a statutory agency such as a court or family:

> "(…) my missus [partner] said that if I don't [get help] then we'll probably break up, 'cos we had a bit of a fight and then [I] went there [to He Waka Tapu]" (Māori male, 27 years).

Making use of the programmes offered by the social service depended on the ability of clients to mobilise *resources,* including transport and child care, and to integrate the service offerings into their day-to-day lives. Many clients lived in difficult socioeconomic circumstances due to dependence on government subsidies and low paid (and inflexible) employment as a result of the adoption of neoliberal economic and welfare policies (Maidment and Beddoe, 2016). Due to this, He Waka Tapu also provided practical support including taking clients to appointments:

> So, I appreciated [the social worker] keeping me in touch when it [the programme] was due to start, and (…) because I no longer drive and it's evening, [the social worker] offered, if I could get myself there, to bring me home after the course rather than in the winter time wait for a bus (…)" (Māori female, 61 years).

Yet, despite offering services in a child friendly way, the lack of *client resources* (Engeström, 2015; Higgins and Scholer, 2009) also created quite a few barriers to engaging with He Waka Tapu:

> "They were looking at trying to put me into the parenting courses and that, but it didn't work with childcare. Yeah, they were running it on a day that was suitable for me and then they changed the day and it just didn't work with my wee [little] ones (…)" (Māori female, 34 years).

Furthermore, the ability to initially engage depended on what *resources* the client possessed, such as an awareness of the service as well as the skills and competencies to judge whether the service proposition of a social service provider was the 'right fit' for them and was sufficiently aligned with their interest, needs and values. One client stated:

> "You have a need and it's a matter of trying to fit a round bolt in a round hole and I've been getting triangles and squares [with mainstream providers]" (Māori female, 41 years).

For clients, a culturally holistic approach to well-being was highly valued and served to differentiate the He Waka Tapu social services from other mainstream organisations where one client said that they felt they had been put in the 'too black basket' (referring to one's darker skin essentially meaning 'too hard basket') by some of the mainstream services which judged them as difficult and likely beyond rehabilitation. Such a quote also relates to the earlier discussion of 'hard-to-reachness', but in this context applies to the mainstream services who were not willing to reach out and engage

with clients and provide the required social service(s) (Flanagan and Hancock, 2010). In contrast to other mainstream social services which may neither recognise nor understand the holistic health and well-being needs governing the Māori culture, clients reported feeling accepted and understood when interacting with He Waka Tapu. This responsiveness and empathy was fundamental for the positive (rather than negative) experience of active engagement between client and social worker of He Waka Tapu. This is mirrored by both Māori and Pacific Island clients who especially referred to the cultural aspect (Engeström, 1993) of service co-creation:

> "It's enabled me to go back into past hurts and talk about things that I'd buried deep inside me and stuff and get in touch with my Māori culture as well (…), because they use a lot of Māori language, well [the social worker] does especially. (…) And, yeah, at the women's group we had these cool Māori songs as well which was good (…)" (Māori female, 37 years).

> "(…) that's why I came here, because very similar cultural aspects that aligned to my own, and I couldn't see any other way of seeking the help I needed and for me to be able to maintain what I know now. I don't believe that I could have gotten that in mainstream [services] (…). In fact I've tried and that failed" (Samoan female, 46 years).

For some clients, an *insufficient fit* with other mainstream services resulted in the offer of engaging with this social service being rejected (Higgins and Scholer, 2009) and ultimately disengagement. One of the He Waka Tapu clients talked about their experience with a social worker from a mainstream provider:

> "Because I'm looking at this little wee 18 year-old social worker I've been given. This tiny little wee thing who is looking down at me. I'm like, so you've got a social workers degree. So, you're reading straight from the book to me. Oh, I see, so you've got no children either. Okay, I've got five. You're a child yourself. I have children older than you, go away. Go away, get a life, have a child, with luck the world will be nice to you or at least cruel to you (…) and then come back and you might actually be a decent social worker" (Māori female, 41 years).

For others, repeated attempts to engage with mainstream services still did not produce the necessary *fit of activity systems*. A sign of this was that clients were unable to make sense of the service co-creation proposition by a mainstream provider (Engeström, 2015):

> "I've been to a [mainstream service provider], day group but they [the staff] work in a box, and that's how they work, and I couldn't figure anything out with them. I mean I still gave them [my best effort], like they tried their best." (Māori male, 45 years)

In contrast to past dissatisfying experiences with mainstream services, clients identified that He Waka Tapu provided a good fit between client and staff activity systems. Clients appreciated *resources* that many of the staff had in their respective activity system, such as staff having been 'in their shoes' with past drug and alcohol, anger or parenting problems. Many of the staff were able to use these past experiences to empathise and make a connection with clients. This helped build trust and enabled clients to feel comfortable and facilitated a *match of the target of value co-creation*. The quote below demonstrates that it was vital that the activity systems of client and social worker connected:

> "It surprised me a lot too, how the [staff] aren't someone who like, had a good life and then gone to university and thought 'I might help people'. They've actually struggled through a lot of things and so they're more qualified. Yeah, they're qualified 'cos they've conquered [their problems]" (Māori male, 27 years).

Clients were also alert to the *resources* of the service to meet their cultural needs. Use of the Māori language and cultural practices (Cole and Engeström, 1993; Engeström, 1993; Schatzki, 1997) such as pōwhiri (a traditional Māori welcome) signalled that the service was culturally competent and a good fit. As noted by clients, being respected as an individual which included their culture was vital to engaging with staff:

> "It's very important that [my culture is respected] because at the end of the day it's who I am, you know, and to have … your culture respected and that, it's not just showing that they respect you as a person but they respect you as like a whole. And it's just so much easier to be able to relate and talk to other people as well, when you are fully respected like that" (Māori male, 28 years).

The above quote illustrates the way in which various cultural *rules* and relational *norms* in the activity system of the client (Engeström, 2015) govern how client and the social worker activity systems interact to produce fit, to negotiate value propositions and to engage in co-creative practices. Inviting clients to become part of a whānau / family and to participate in whakawhanaungatanga (the practice of establishing relationships) established norms of respect, trust and commitment that lay the foundation for ongoing interactions, as a He Waka Tapu board member points out:

> "Yeah, they [the clients] all talk about [whanaungatanga / relationships], although some of them don't know the word, but they know whānau, and they (…) always (…) use the

word family, yeah, in a very positive way. Even though they come from an experience that's been negative around whānau and family, they understand what a positive experience it should be and they find that in the group sessions" (He Waka Tapu board member).

A client perspective mirrors this:

"I feel comfortable at Māori agencies because like, I mean, I talk about my stuff and they talk about their stuff too, and like, there's a connecting and there's a relationship there. Yeah, I just feel with mainstream [social services] that you don't have that sort of connection" (Māori female, 36 years).

The presence of *rules and* relational *norms* of whanaungatanga / relationships was sensed in a variety of ways by clients, for instance through other cultural practices, such as manaakitanga (the practice of hospitality):

"Oh, just you know, 'kia ora' [hello], as soon as you walk through the door, it's 'kia ora, kia ora, are you here to see somebody? 'Oh yeah, [the social worker]'. 'Oh, yep, I'll just give him a buzz for you, just take a seat, do you want a cup of tea?'. You know, it's just that simple gesture and the smile you get (…)" (Māori male, 25 years).

The process of whakawhanaungatanga (building relationships), being recognised as belonging to a whānau (family), hapū (sub-tribe) and an iwi (tribe) and that clients had whakapapa (genealogy) and tūpuna (ancestors) once again highlights the importance of the *other actors* as well as their felt (spiritual) *contribution* that locate the client's activity system in a cultural context.

Engagement in the Social Worker Activity System

He Waka Tapu's suite of social services, as one of its managers stated, intends "to make sure (…) what's in place with the whānau is appropriate with what they need". Engaging with social services requires considerable work on the part of the client and the ability of the staff to conceptualise value in a cultural context (Akaka et al., 2013) makes the client's evaluation of 'fit' more favourable. It also increases the permeability of the service by recognising the lived reality of clients and the need for practical support to ensure service uptake (for example, client advocate role with other mainstream services). For this reason, the *focal actor* of the social worker activity system is the frontline staff.

For staff the *target of value co-creation* transcends individual problems such as poor parenting and focuses on *rules* and relational *norms* such as tino rangatiratanga (self-determination) as a key determinant of well-being. Clients were seen as active resourceful actors and not considered 'hard-to-reach':

> "This trying to fix people up stuff, it's never worked. So how do you actually invite people to actually stand up and walk alongside them, and get them to bring their own skills and knowledge to it, you know? Which is then moving people away from treatment – 'this person has got a problem, we have to fix it up' whereas 'this person's actually got huge potential. How can we help them unlock it?'" (He Waka Tapu board member).

Staff engaged with clients by drawing on a variety of *resources* to create a supportive environment where clients felt accepted, not judged and welcomed by making people feel at ease, establishing a connection based on a shared cultural identity and providing practical support (for example, transport to appointments, as mentioned above). Establishing and maintaining relationships, essential to engagement and service uptake, was facilitated by social skills such as being kind, caring and respectful as well as cultural practices (Cole and Engeström, 1993; Engeström, 1993; cf. Schatzki, 1997), such as karakia (prayer), waiata (song) and whakawhanaungatanga (relationship building). However, staff did not presume that clients were comfortable with these practices, as one social worker stated:

> "[We] will say, along the lines of 'look, you know, this is a kaupapa [Māori] service, and are you comfortable if I open with a karakia [prayer] first?' Or just a 'would you like to open?' And you just get a sense, and if they're comfortable with that, we do a karakia (…). So, I'll tell you a little bit about who I am, where I'm from, then (…) 'who are you?'. So, how we can make a bit of a connection there" (He Waka Tapu staff member).

Staff also drew on their personal histories to empathise with clients and to negotiate 'fit' between the two activity systems:

> "So my life experience certainly has been helpful and I had to overcome some major barriers myself, and trying to access services." (He Waka Tapu staff member)

Given that clients presented complex problems and often had a chequered history with mainstream services that did not necessarily recognise cultural context, this meant that clinical and cultural skills of staff were equally important. As a *resource* to create fit with the client, clinical and

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cultural skills were seen to go hand-in-hand. One of the staff with management responsibilities noted that they were "as proud of the ability of [their] kamahi [staff] to [do a] mihi [a cultural greeting] (…) as [they were] with them getting degree qualified". For the social service, the necessary mix of clinical, social and cultural skills created difficulties in recruiting and retaining staff given current levels of funding, a vulnerability partially addressed by supporting staff to undertake ongoing education, in either cultural or clinical skills.

He Waka Tapu as a kaupapa Māori (indigenous) service provider has *rules* governing each social worker's (and the provider's) service co-creation (Engeström, 2015). These can be expressed as eight kaupapa Māori principles including: Tino Rangatiratanga (self-determination); Taonga Tuku Iho (cultural aspiration); Ako Māori (culturally preferred pedagogy); Kia piki ake i ngā raruraru o te kainga (socio-economic mediation); and Whānau (extended family structure) (Kaupapa Māori Research, 2016). These principles underpin organisational policies, values and practices and guide both professional and personal behaviour. Staff are also subject to *institutional regulations* (for example, Nursing Council requirements) and *norms* (for example, accepted best practices).

 Social worker co-creative activities were influenced by a range of *other actors* including peers, professional bodies, the community, funding agencies and other (potentially) mainstream organisations including statutory agencies and non-government organisations. These relationships provided additional *resources* that enabled a 'fit' with the client with their needs also being met, although at times a lack of coordination within the social service sector meant that accessing services outside of He Waka Tapu was difficult, creating a tension in the social worker activity system:

> "I rung [another social service] and there was just no one, there was nowhere for [the client] to go. And so I left my numbers and cellphone and I am ringing people that I know and I never got a returned call." (He Waka Tapu staff member)

To enable the social worker's activity system to function, a number of *other actors* were pivotal for specific roles (*others' contributions*; Engeström, 2015). These co-workers had clinical, administrative or management responsibilities. Clients and social worker formed a partnership to co-

create value and well-being outcomes for the client and their whānau / family as well as for the social worker, and the social service provider. Figure 3 summarises the findings of the empirical study and depicts them in the integrated conceptual framework.

-- Figure 3 about here --

Discussion

Practical Implications

The findings of this exploratory qualitative case study have illustrated how engagement, service co-creation and well-being outcomes can be understood as to how social worker and client activity systems interact.

The case of He Waka Tapu has highlighted primary barriers to engagement with the 'hard-to-reach' including the inability of clients to mobilise the *resources* necessary to co-create service and the difficulties that some mainstream services appear to have in negotiating sufficient *'fit'* between client and social service activity systems. The case study has also identified main enablers to co-creation of value and well-being, i.e. *other actors* and in this specific context *culture* in particular.

Social service providers need to develop greater awareness that not only includes the social service on site but the entire activity system of the client. This includes the enablers / inhibitors for service co-creation. The findings also indicate that to facilitate co-creative activities, a 'fit' is necessary by what Engeström (2015; Engeström and Sannino, 2010) calls the 'objects' in the activity system and what has been conceptualised here as the *targets of value co-creation*. The findings reveal that to enable such 'fit' of what to achieve during value co-creation, an underlying fit of the social service worker with the client's activity system is imperative to identifying commonalities. Achieving 'fit' is a practical accomplishment of skilled actors who draw on the tools, rules and relationships with others that make up an activity system including integrating resources from other activity systems. For

example, the case study analysis highlights the wider set of relationships that He Waka Tapu clients bring with them to a service encounter including those with tūpuna (ancestors), whānau (family), hapū (sub-tribe) and iwi (tribe). By understanding the way in which value and well-being is co-created in this context, these relationships enable and enhance transformative service co-creation.

This notion is well embedded in Whānau Ora which views the basic unit of the tribal social structure – the whānau / family – as self-managing, empowered, leading towards healthier lifestyles and full participation in society (Te Puni Kōkiri, 2016). This premise points to one of the main enablers of value co-creation identified, and echoes previous findings by capitalising on the value co-creation abilities and *contribution* of *other actors* (Cheung and McColl-Kennedy, 2015; Black and Gallan, 2015). Moreover, cultural practices (Engeström, 1993; Schatzki, 1997), such as traditional greetings and hospitality, can be central to the transformation of an actor's well-being. Yet, social service providers need not only be aware of the desired cultural fit when they accept clients into their programme but of a wider fit relating to the activity systems which intersect, i.e. the client's and the social worker's activity systems. Implications of engaging with a social worker are anticipated improvements in client's conduct, i.e. towards oneself and towards other actors, in terms of a change in awareness, views, habits and behaviour, such as adjustments when experiencing anger issues, reduction in alcohol and drug consumption, increase in individual and family well-being or higher likelihood of employment. A perceived fit should allow the client to feel more grounded because of the experienced support and an increase in quality of life for both individual client and whānau.

Theoretical Implications

Integrating Transformative Service Research, Activity Theory and Engagement Theory draws attention to the systemic and dynamic nature of co-creation. Co-creative acts improve well-being (Anderson et al., 2013) but require sufficient alignment between the skills, competencies and

resources held by client, family / whānau, social worker and social service provider within the social service ecosystem.

Engagement then is a multi-level concept and applies at micro, meso and macro levels (cf. Anderson et al., 2013; Fisk et al., 2016). Engagement at the micro level often occurs in spite of a lack of 'fit' with transformative service provision, especially the macro level, as illustrated by the difficulties that He Waka Tapu faced in recruiting staff with necessary clinical, social and cultural skills.

While individual and multiple actors in service relationships can be differentiated (Anderson et al., 2013), this research makes the activity *system*, rather than individual *actors*, the unit of analysis. This has a number of important implications: focusing on activity explicates the "fundamental *reason* of the existence of a process, the object and output" and describes "better the *context* of a process" (Kuuti and Molin-Juustila, 1998, p. 78, italics in original). Crucial for analysis, this context includes the cultural and historical development of the client and social worker activity systems such as the way in which neoliberal economic and social policies created a climate in which kaupapa Māori (indigenous) health services emerged in the 1990s but also contributed to increased disparities between Māori and non-Māori (Durie, 1998; Reid and Robson, 2006).

The concept of activity provides a powerful way to understand value-in-context and how the macro-environment is ascribed in activity (cf. Anderson et al., 2013). By bridging the macro and the micro (Nicolini, 2012), activity theoretic understanding of engagement echoes similar attempts to take seriously the recursive relationship between agency and structure (Edvardsson et al., 2011) and the transformative capacity of actors to alter social structures to create uplifting changes (Anderson et al., 2013). The renaissance of Māori language and culture, recognition of the Treaty of Waitangi, and emergence of kaupapa Māori health and social service providers has established culture as a key determinant of well-being (Durie, 1998). This has seen indigenous models of health and well-being gain prominence especially in mental health and preventative health services. Yet, as the case of He Waka Tapu shows there are limits to the extent that services can address structural causes of social

problems including alcohol and other drug abuse, domestic violence and child neglect. Similarly, as peace, shelter, education, food, economics, a stable ecosystem, sustainable resources, social justice and equity are necessary prerequisites to well-being (World Health Organisation, 1986), an analysis of uplifting change needs to incorporate an understanding of structural causes and examine how services can link with societal service systems including public policy development and the labour market to enhance well-being.

Lastly, the integrative framework provides a robust theoretical critique of prevailing policy discourses about the 'hard-to-reach' – those who constitute as passive recipients of service and locate problems of service uptake with the individuals who (for a variety of reasons) do not access services. Interventions that target the 'hard-to-reach' can lead to victim blaming which Duvnjak and Fraser (2013, p. 167, italics in original) signal as posing "some *hazardous* possibilities for oppressed and stigmatised groups, particularly in the context of welfare austerity". Yet, identifying contradictions within and between activity systems can create 'springboards' for change (Engeström, 2001) as evidenced by the way in which indigenous service providers such as He Waka Tapu adopt an expansive framing of issues, such as alcohol and other drug abuse to focus on the cultural and spiritual determinants of well-being. To achieve an emancipatory intent of uplifting change in individuals, communities and societies (Fisk et al., 2016), theoretical frameworks are required that recognise the way in which disadvantage is created and reproduced in everyday practices and societal structures as well as a methodology to support actors to create change at the individual, community and societal levels.

Conclusion and Future Research

The concept of the growing research field of Transformative Service Research (Anderson et al., 2013) was combined with Activity Theory (Engeström, 2015), which has already found a pathway into service research (see, for example, Mickelsson, 2013), as well as with Engagement Theory (Higgins and

Scholer, 2009), to create a framework for investigation of social service co-creation to improve well-being. A case study approach was chosen to investigate the indigenous social service provider, He Waka Tapu. Findings have indicated inhibitors as well as enablers of service co-creation when applying the integrative research framework to He Waka Tapu. Yet, some limitations have to be kept in mind. The above analysis represented in Figure 3 sits in a historical / political context. Significant health, social and economic disparities have arisen between Māori and non-Māori due to colonisation, institutional racism and poverty (i.e., the co-destruction of value or well-being) and kaupapa Māori social services are facilitating a recovery, revitalisation and restoration of whānau well-being. Within this historical / political context, a richer analysis then needs to not only understand the past and present but also future trajectories of these interacting activity systems. Further, the findings might not be readily transferable to other contexts, such as other ethnicities, social service scenarios or other well-being settings.

Future research could capitalise on the integrative framework and apply this activity system-related and engagement-focused framework to co-creation of value and well-being in such other contexts as mentioned above. These could include but are not limited to focusing on other ethnicities as clients and a comparison with the present findings for a predominantly Māori context. Further, a wider range of social service providers (see Social Service Providers Aotearoa, 2016) nationally and their clients could be investigated and compared. Moreover, the integrative framework could be used to link or contrast New Zealand practices on an international level, and for example, Australian Aboriginal social service providers and their indigenous clients could be investigated and contrasted.

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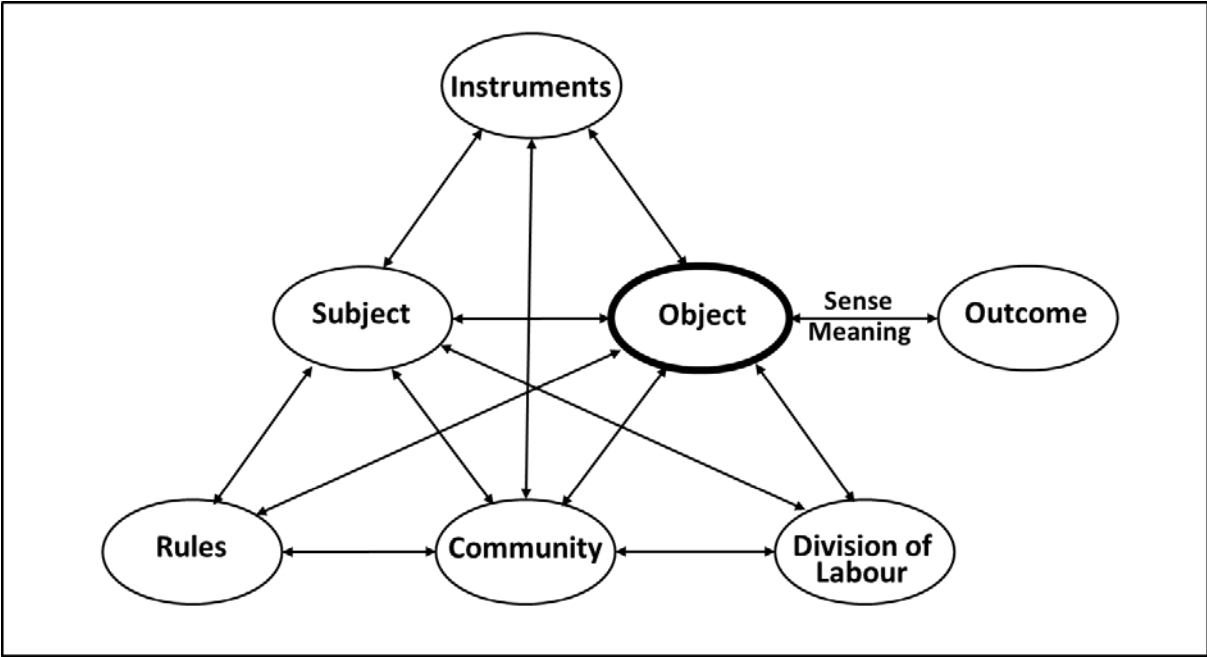**Figure 1: Engeström's Activity System (Based on Engeström, 2015)**

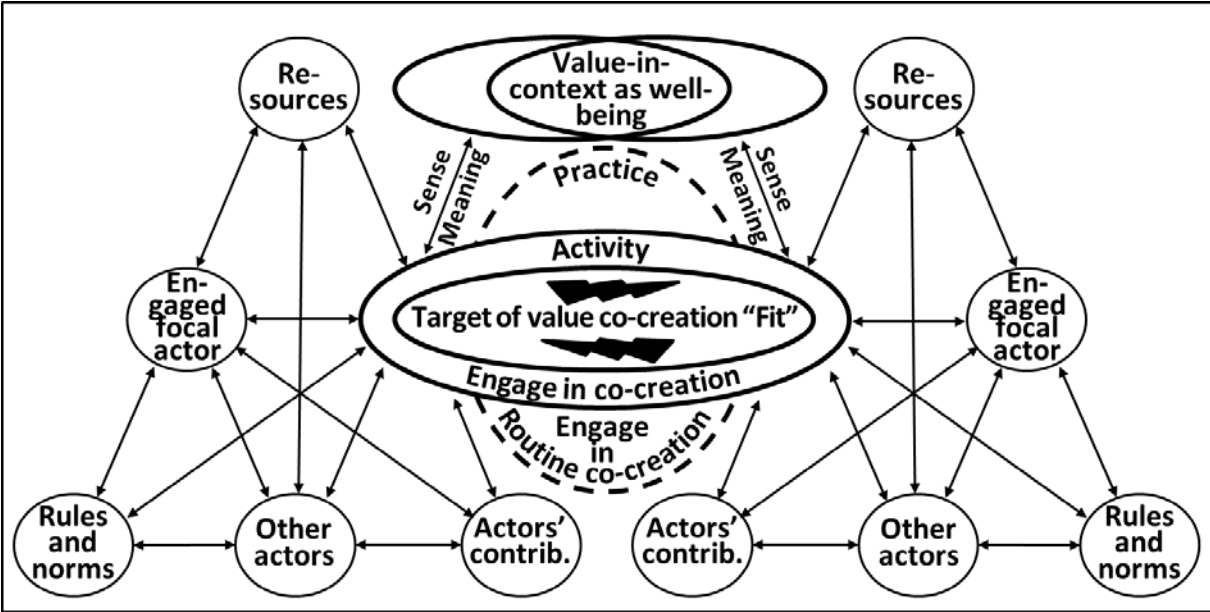**Figure 2: Co-creation amongst two Activity Systems (in extension of Engeström and Sannino, 2010)**

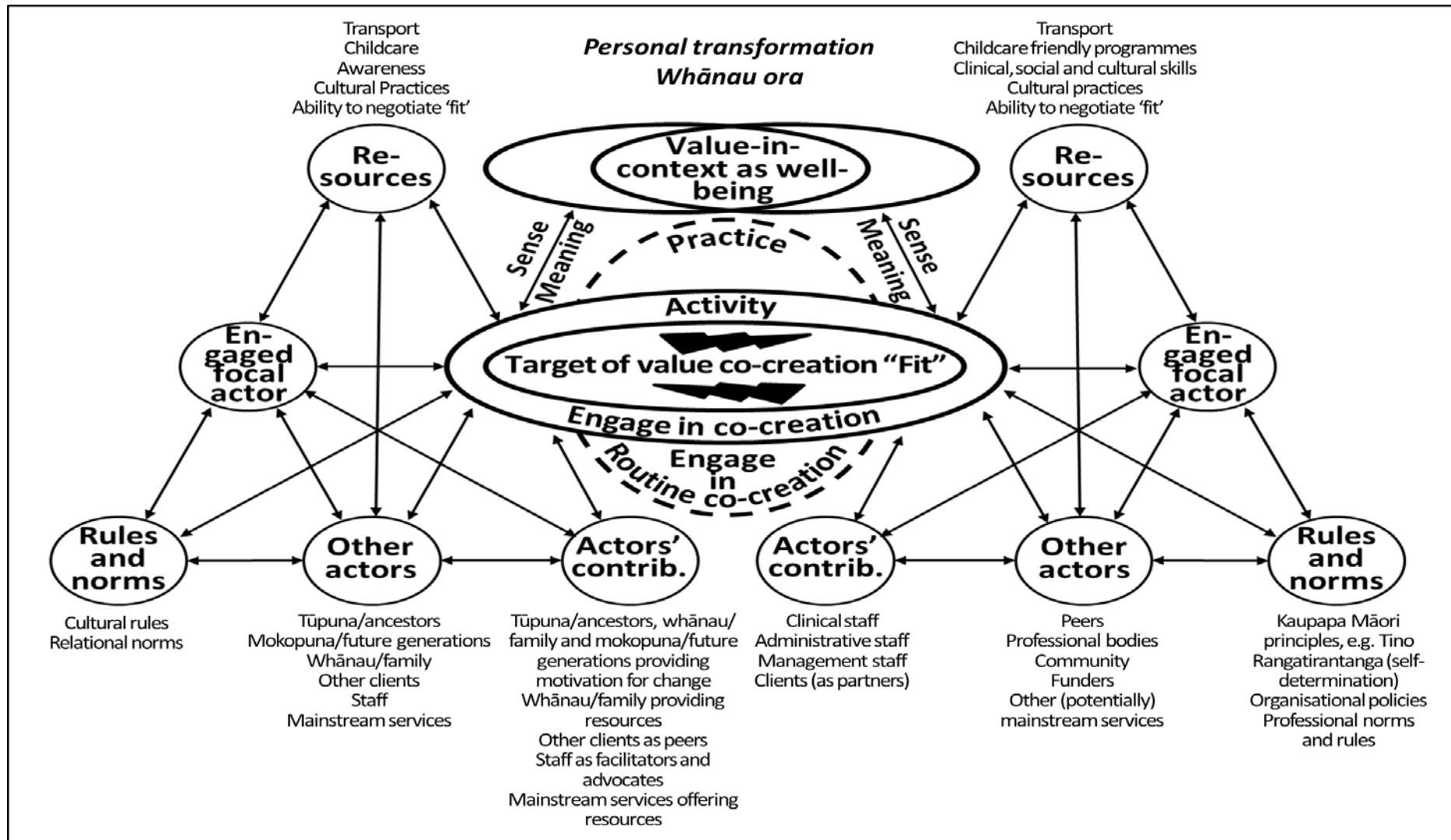**Figure 3: Co-creation amongst the two Activity Systems of Client and Social Worker at He Waka Tapu**

Table 1: Overview of study design

Method	Data Source	Procedure
Document analysis	Documents including policies, procedures, evaluations, strategies and accountability reports	Documents were reviewed to provide context to semi-structured interviews for the development of the interview guidelines
Semi-structured interviews	Interviewees were identified in consultation with management and interviewees were asked to recommend other suitable individuals (snowballing).	Semi-structured interviews were undertaken and where consent was given were audio recorded for latter transcription. Verbatim notes supplemented audio recordings.