The following extract has been taken from an essay titled Social determinates of Health – Education, a requirement of Annah Stretton's Masters Degree in Social Science of Public Policy.

My positionality

For the last eight years I have worked in the New Zealand women's prisons with high and complex wahine (women) offenders. This work is effected through RAW 2014 (Reclaim Another Woman), an organisation that I have foundered with my sister (a mental health practitioner). RAW's work has identified this particular group of wahine, predominately Māori, as having extreme social disadvantage and strong intergenerational influence, that unless willingly interrupted through models they trust, they are likely to continue on this socially destructive intergenerational criminal pathway, not only for themselves but also by way of setting higher and higher benchmarks for their tamariki and mokopuna. Through this work I have observed their absolute lack of exposure to education, their ongoing battle with health, and absolute distrust all things Pakeha, these have been severe life enablers for them. Firstly, there is little knowledge as to what out-comes can be achieved through an educational journey and subsequently very little appetite to advance life differently. The wahine have normalised the disadvantage, the chaos and the disruption that their lives have become. RAW has an absolute focus on education and this operates against all levels of life, wellness, and academia.

We have identified this as the only way the disadvantage can be understood and interrupted, assuming there is willingness from wahine to embark on the RAW journey. The wahine on the RAW program have largely been in the justice system all of their lives and with RAW's older wahine they are also now incarcerated alongside their tamariki.
RAW's educational focus starts inside with the building of trusted relationships that advances possibility over a period of time, this is done through literature, conversation and hui with relevant and inspirational (nominated by the wahine) guests. Wahine electing to come to RAW and advance on a pathway of educational amplification generally do incredibly well. In fact RAW itself has had some impressive outcomes, but this essay is to establish my credibility to have commentary on the education-health relationship, which is well observed in RAW's work.

Wahine that choose to educate in the higher educational space have managed to experience sustainable change that continues to grow, they have secured jobs they love, bought their own homes through social schemes (Habitat for Humanity), and completed degrees and diplomas. Once living with stability and support they have selected schools that will assist tamariki with their educational and learning challenges. These tamariki then become the circuit breakers of whanau social disadvantage, as they educate and advance the family's coping strategies.

The social welfare system we have in New Zealand today is well structured to continue to provide handouts to those that are most at need, but with no real strategy to assist the transition from 'hand out to hand up', the entitlement and despair grow and the poverty simply increases, as no one values what they get for nothing. Benefit payments to recipients increased from 286,225 in June 2017 to 363,497 in June 2021 (Palmer, 2022), and Maori as 15% of the population are over represented, receiving 36% of the benefits (WEAG, 2022). Therefore 'teaching wahine to fish' rather than simply continuing to provide them with fish has been the RAW philosophy, giving them back their tino rangatiratanga (self-determination) and creating a life place to stand in the RAW whare (home) with their sisters.

RAW, unusually, is a model for life, and as with most change it is an ongoing process that can take a lifetime to achieve, and RAW's model acknowledges this. Wahine arriving at RAW also come with a myriad of health challenges, these are systemically linked to a birth-right that has been bestowed upon them, of violence, crime, sexual molestation and drug and alcohol abuse. The wahine have simply learnt to normalise these social disruptors and manage their health through avoidance or masking with drugs and alcohol. Their health challenges are many, from the dental rot and cognitive decay that the many years of drug and alcohol use has caused, to the health challenges that align with obesity, once the drugs have gone, (methamphetamine especially) weight management becomes a challenge and often diabetes is a result. Regular hospital visits to manage health care are the norm, enabling them to deal with a new normality, these are always via the emergency care in public hospitals. With no regular doctor of their own to assist and manage their wellness, and even more so, no likelihood of this opportunity, as all medical books are largely closed, this privilege remains with the functionally privileged. The wahine struggle to understand their health challenges and often resort to strong medication reminiscent of the drugs they used to take. This time they are treating themselves with legal pharmaceuticals, that ironically also have street value in criminal spaces, hence the wahine are never far from their past lives and negative influences. Those that choose not to add to their educational portfolio, if they can find a company that won't apply criminal checks against employment outcomes, remain on minimum wages, unskilled and voiceless to even negotiate their worth with their employers. They are often shifting from job to job as their dissatisfaction continues and the lure of criminal activity strengthens. The disconnect from society is so systemic that only a few courageous wahine totally leave a criminal lifestyle, when they do the intergenerational outcomes are expediential, but they often exist within a capsule of mental and physical health challenges that continue to raise their heads, reminding them constantly that their normality is never far away and it may just be the easier way to exist.