

# Whanau Ora Integrated Health Services – Third Quarter Report

Report on Services Provided by Te Runanganui o te Atiawa 1 January  
to 31st March 2019

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# Whānau Ora Integrated Health Services

Third Quarter Report to the HVDHB for the period 1<sup>st</sup> January to 31<sup>st</sup> March 2019

## Executive Summary

This report sets out the achievements of the Whānau Ora Integrated Health Services for the third quarter 2018/19. It highlights the positive impacts of the Runanga community outreach activity that culminates in the Te Rā o te Raukura festival celebrated in February of each year.

This report highlights for this quarter which include:

- Te Rā o te Raukura and its success in engaging the community and promoting men's health
- Refreshing the Runanga Strategic Plan for 2019-2024
- Strengthening the Marae network
- New health promotions with hearing clinics being added to other services offered
- Recruitment and induction of new staff
- Further development of Ara Whanui to reflect the integrated services

The report also outlines the progress made in addressing the challenges identified in the second quarter report namely:

- Building the Marae network through regular governance meetings.
- Ensuring all roles are filled to effectively deliver services across the region.
- Progress in strengthening ICT infrastructure
- Supporting staff in training, gaining of qualifications and professional development activities.

In addition to these activities, in this quarter a review of reasons for WCTO core checks being overdue was undertaken and the results of this along with actions taken as a result of this review will be reported in the next quarter.

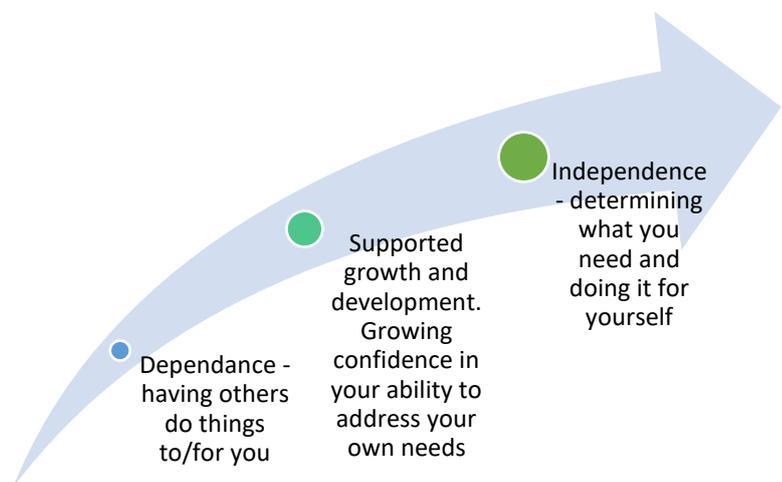
## Background

The Runanganui o te Atiawa delivers a range of integrated health and social services to individuals and their whānau within the Awakairangi rohe aimed at supporting whānau wellbeing.



In 2018, a contract recognising the integrated nature of the services with its goal to improve the health and wellbeing of whānau was negotiated with the Hutt Valley District Health Board (HVDHB). The kaupapa underpinning the service delivery is based on the following principles:

1. **Whānau first** – the whānau is at the centre of the service that is provided and regardless of the first contact point a client may have with the service, the case manager (Kaiawhina/ Kaiarahi/Kaiarataki) will seek to identify all wellbeing issues impacting the whānau and address these.
2. **Holistic response** – assessments and development/treatment plans aim to improve health and social outcomes for whānau and may involve other agencies in delivering an appropriate response to identified needs.
3. **Working together to address complex issues** – complex issues often cannot be resolved with simple solutions. They require a team approach, utilising expertise from a range of sources. Building a multi-disciplinary team approach to delivering integrated services is at the core of the case management approach.
4. **Agility and flexibility** – as the service aims to support and assist whānau wherever they may be on their journey, the services provided must be agile, flexible and responsive to need. Every response and intervention will be unique and tailored to the needs of the whānau.
5. **Manaakitanga** – all services provided aim to build the mana of the people who are part of the process. Mutually respectful and trusting relationships are at the core of service provision, along with practices that develop resilience, cultural identity and confident social citizens.
6. **Moving from dependence to independence** – the goal of the services provided is to build resilience and the skills that enable individuals and their whānau to be self-actualising, able to sustain their own wellbeing and to be contribute to the social and cultural wellbeing of the community in which they reside.



The contract to provide integrated Whānau Ora Health services was signed in September 2018 and this third quarter of the contract delivery period (January 1 to 31<sup>st</sup> March 2019) reports on the services delivered, as well as reporting on progress in embedding the integrated services framework, the values-led approach to management and performance and the progress in addressing the challenges raised in the second quarter report. This report also foregrounds the work of the Runanga in revising its Strategic Direction, ensuring the mahi embeds Atiawatanga, and embedding values-led management, evidence-based performance and continuous improvement management practices.

## Third Quarter Highlights

### *Te Rā o te Raukura*

A highlight for this quarter has been Te Rā o te Raukura festival held in February. This festival is a highlight of the Runanga community services, providing an event that brings together cultural awareness and understanding, social connection, health and wellbeing information and advice, education services and employment advice, opportunities to learn about a range of services, products and activities available in the community – all within an entertaining, safe, inclusive and engaging environment. Health promotion and health screening are key components of this festival and the Runanga is supported by Te Awakairangi Health Network as well as a range of other NGOs to make this event successful.

Health promotion is a cornerstone of this event and in 2019 we worked with THAN to screen more than 215 individuals and to provide health advice to many more. Of the 215 screened, 50 were referred for follow up with their GP. By the end of March, the majority of these had been seen by their GP. A full report of Te Ra and its outcomes is attached as Appendix 4.

### *Runanga Strategic Development*

In this quarter the Runanga has revised its Strategic Plan and presented a final draft to its Board. This Strategic Plan embeds Atiawatanga and matāuranga Māori, using the symbolisms, practices and meanings associated with the Matariki constellation to set our path for the future.

We have further developed our Wellbeing Framework to provide a cohesive and holistic portrayal of the way that our services work together to support whānau wellbeing. Work continues on integrating the range of services offered to deliver a cohesive approach to addressing whānau wellbeing needs.

### *Strengthening the Marae network*

In addition, the governance meetings being held regularly with Marae managers, in this quarter regular meetings with Marae kaiarahi have been implemented and this has resulted in agreement on regular training to ensure consistent practices and recording of data across the network.

One meeting of kaiarahi has been held along with one training session on needs assessments. Two further training sessions are planned for April – one on RBA and one on narrative reporting.

A study group for the kaiarahi undertaking the NZ Certificate in Health and Wellbeing L4 has been set up and 5 staff have enrolled to study this qualification.

First Aid training for staff across the Marae network has been planned for the 4<sup>th</sup> quarter.

### *New health promotions*

This quarter has seen the addition of monthly hearing clinics to the suite of health promotion services available. Work is also underway on developing relationships with local health professionals to deliver podiatry and gout clinics from the Runanga complex.

Other health promotion activities this month include:

- Wainuiomata Marae
  - Health Clinic Promotion on Health and Safety, Alcohol Drug and Smokefree with Rangatahi/Pakeke.
  - Te Mauri End of Life Care/Cancer Support and Tangihanga Korero for Tangata Whaiora Patients and their whānau.

- Acupuncture Clinic to promote/educate whānau clients using rongoa Māori /referrals to Ora Tika.
- Tautoko Kapaz 2019 Promo Marae Health and Social Services
- Waiwhetu Marae
  - Advice and session on palliative care and services from the Cancer Society
  - Advice from an ear specialist regarding grommets for three mokopuna.
- Korauui Marae
  - Breast and cervical screening
- Orongomai Marae
  - Health eating
  - Breast and cervical screening

*Recruitment and induction of new staff*

This quarter has seen the recruitment and induction of 2 new kaiarahi and a Tamariki Ora nurse to fill vacancies in the Runanga and Waiwhetu Marae staffing. The new staff have undergone training in the use of Ara Whanui and the two kaiarahi are starting their New Zealand Certificate in Health and Wellbeing L4. The new Tamariki Ora nurse is a recent graduate and has started her WellChild training.

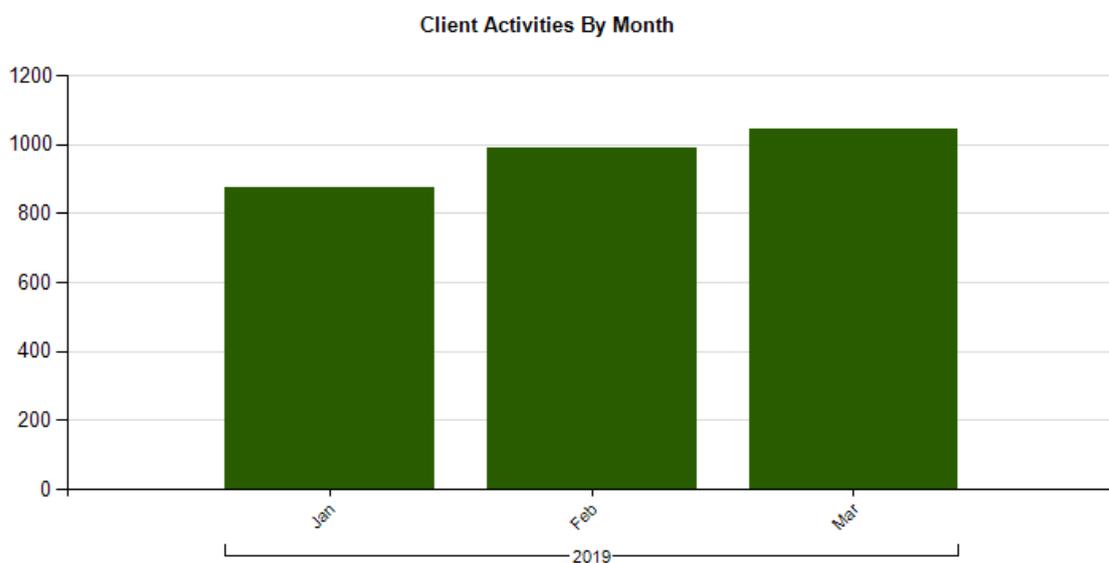
*Further development of the Ara Whanui database*

Work continues on developing the Ara Whanui database to enable the reporting of service delivery and outcomes in a whānau-centric approach that integrates the differently funded programmes. This enables the Runanga to maintain a whānau-centric, as opposed to an individualistic view, of planned initiatives, impacts and outcomes.

*Summary of Q3 achievements in integrated service provision*

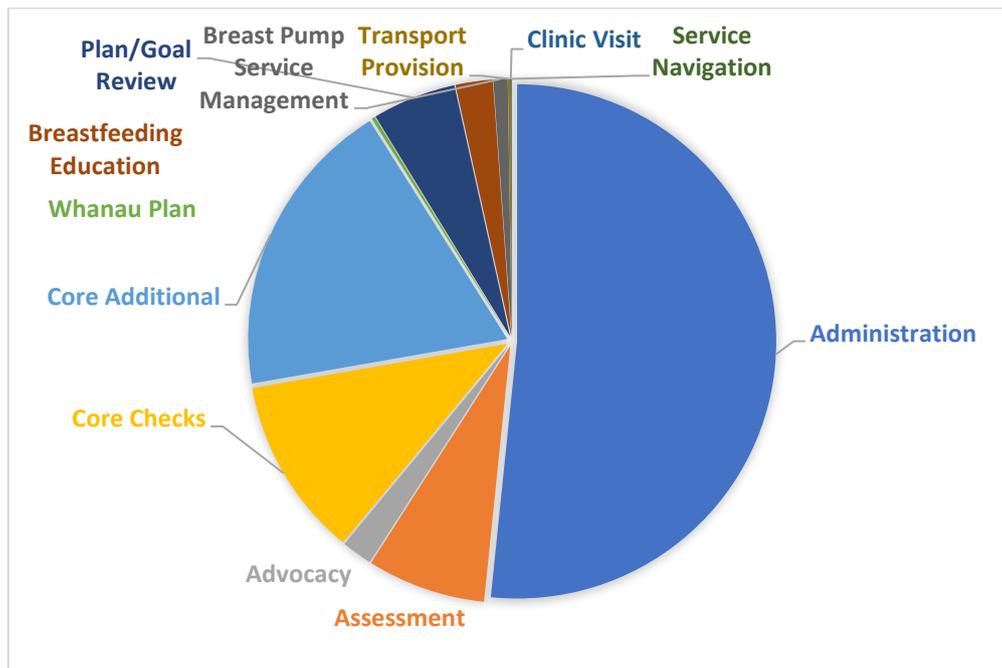
Across all Runanga services supporting whānau in this quarter reported through Ara Whanui (including Tamariki Ora) there have been 2,910 client contacts (compared with 2,864 last quarter) but this is not the complete record of Runanga and Marae network activity for the following reasons:

- Not all Marae activity has been captured. Waiwhetu Marae commenced reporting on Ara Whanui this quarter but staff training in the use of the database continues
- Workloads have meant that not all activities have been reported



Year	Month	Total	%
2019	Jan	873	30.0%
	Feb	991	34.1%
	Mar	1046	35.9%
<b>Total</b>		<b>2910</b>	<b>100.0%</b>

Of those activities reported in Ara Whanui the breakdown of activity is shown below.



Progress in addressing issues raised in the second quarter report

#### *Marae network*

Regular meetings with the Marae managers are being held each month with the last one held 4<sup>th</sup> March. Matters covered included:

- Training for kaiarahi
- Ara Whanui training
- Reporting in Ara Whanui
- Meeting with DHB

These meetings are proving to be a useful means of sharing information, resolving issues and focussing on strategic developments. The next meeting is scheduled for April 15<sup>th</sup>. Marae staff continue to receive training in Ara Whanui, and we are seeing some improvement in overall reporting. There is still some work to do in this space.

#### *Filling vacancies and capability developments*

There have been a number of role vacancies that we have been seeking to fill. In this quarter the last of these vacancies have had staff appointed into them and the on-boarding process has commenced. This has included training in Ara Whanui, Runanga policies and procedures and ensuring necessary training is planned for.

New staff include:

- Beth Maroney who has moved into a kaiarahi role supporting Lisa in providing social care services to whānau
- Kelsey Broughton who has taken the vacant role of Tamariki Ora nurse
- Jasmine Moreahu who has taken a kaiarahi role supporting Peggy Luke delivering social care services for Waiwhetu Marae

Five staff across the marae network have enrolled to complete the NZ Certificate in health and wellbeing L4 and Kelsey is completing her Tamariki Ora training.

In addition to this, staff across the network have undertaken training in a range of areas including well child, health and safety procedures, and emergency preparedness and first aid training/retraining is scheduled for April.

#### *Infrastructure development*

Work has continued in this quarter to refresh policies and procedures, particularly in relation to health and safety and implementing an integrated case management approach to dealing with clients.

Considerable work has been also undertaken to develop the IT infrastructure with a particular focus on strengthening the ability for staff to be mobile, upgrading the software to include use of Microsoft Teams, enhancing video-conferencing capability and upgrading the computer network.

#### *Staff Professional Development*

All staff who have not yet obtained their New Zealand certificate in health and Wellbeing L4 have now been enrolled to complete in 2019. A study group has been established to assist staff complete this study.

Staff at Waiwhetu attended a tongue tie hui this month and a four-hour session with Hawaiian practitioners of Romiromi.

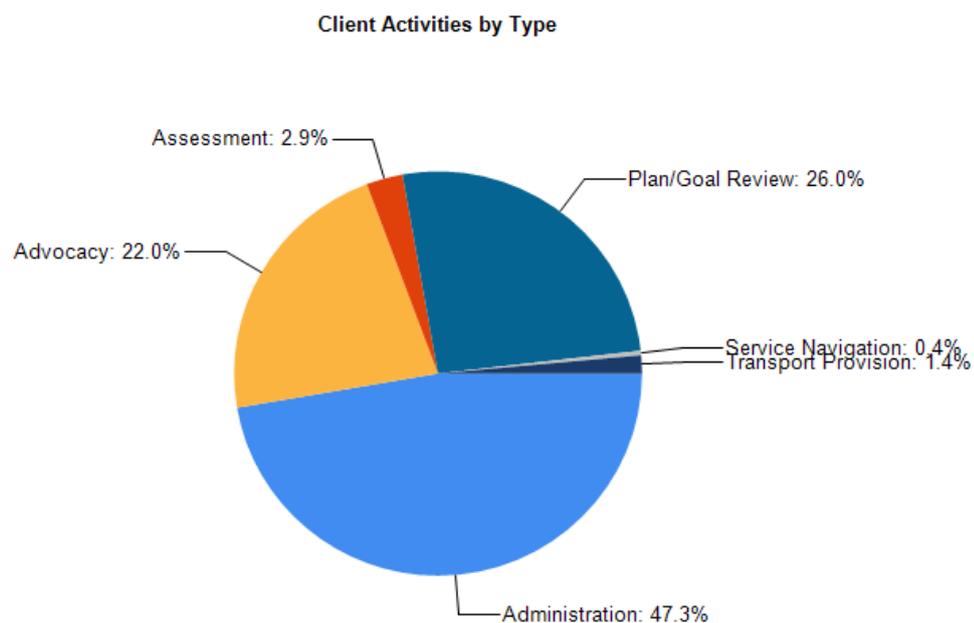
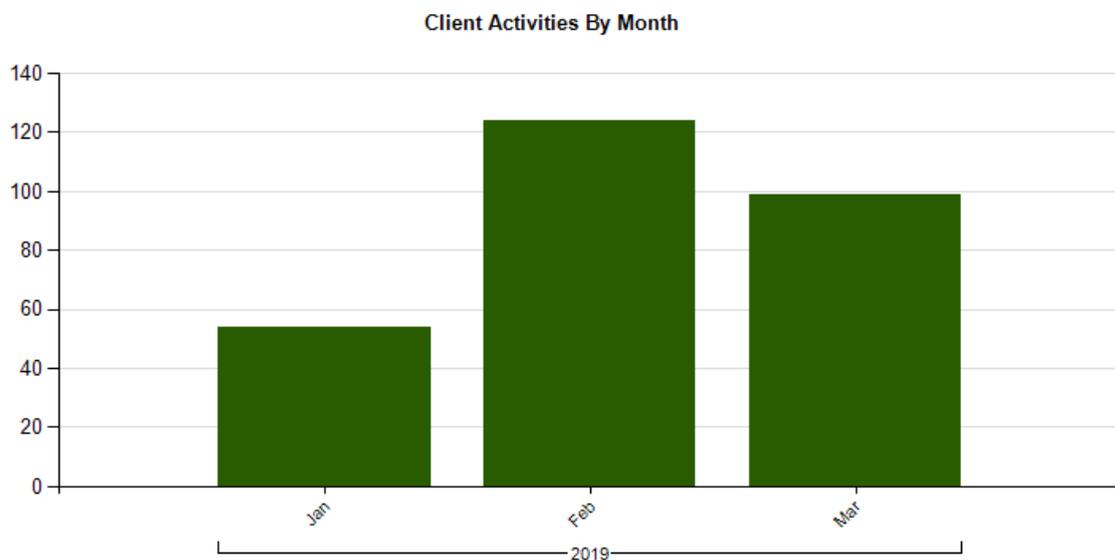
## Service Delivery Report for Quarter Two 2018 – October to December 2018

### 1.0 Whānau Ora Service

#### 1.1 Overview

For this quarter, Marae data remains incomplete reflecting the roll out of training and some issues identified in using the database. No records have yet been entered from Waiwhetu Marae although training for staff in the use of Ara Whanui has been provided. Records are also incomplete for Wainuiomata and Orongomai Marae.

The data recorded in Ara Whanui shows there were 43 new enrolments and 277 engagements for the quarter (compared with 112 engagements recorded for Q2). The Marae not fully using Ara Whanui report 177 clients enrolled (57 from Waiwhetu and 120 from Kokiri Pukeatua) giving a total of 330 for this quarter.



The Marae providing manual reports report that they have 177 clients enrolled this quarter – 57 from Waiwhetu and 120 from Pukeatua. This gives a final tally of 330 clients enrolled at the end of the quarter.

The majority of the new enrolments reported in Ara Whanui came from the Runanga with the majority of referrals coming from self-referral, Tamariki Ora Well Child, and the Breastfeeding support service.

<b>Existing Enrolments as at 1/01/2019</b>	<b>116</b>
<b>New Enrolments</b>	<b>48</b>
<b>Referral Source</b>	
Self/Family/Friend/Neighbour	22
(blank)	14
Wanaga (Polytechnic, University)	7
GP Team	3
Marae	1
Other Healthcare	1
<b>Discharges</b>	<b>1</b>
<b>Satisfaction Survey Outcomes</b>	
Excellent (5)	0
<b>Total</b>	<b>0</b>
<b>Final Enrolments as at 31/03/2019</b>	<b>163</b>
With NHI	77
Missing NHI	86

A total of 126 clients (37%) are missing their NHI number.

Needs assessments are being completed and training session held this quarter identified that there had been some confusion amongst Kaiarahi about what was expected. With the training we expect to see improved results in this area.

In this quarter we have seen an increase of whanau who are high risk. Issues include head injuries, self-harm, suicide, mental health and long-term health conditions. There is an increase in clients who demonstrate aggressive behaviours to themselves or to others and some clients are unable to speak out for fear of being victimised. As a result we are increasing working together as a team to develop better plans and solutions that work in the best interest of all. Particularly following the events in Christchurch there has been an increased awareness of the need to have staff working in pairs for home visits. We also know from experience that we are stronger in pairs and able to back each other to support whānau through their own journey.

## 1.2 Staffing

Staffing has remained relatively stable and the remaining vacancies have been filled as reported above.

*Kaiarahi*

<b>Marae</b>	<b>FTE</b>	<b>Staff Name</b>	<b>Qualifications</b>	<b>Training/development</b>	<b>Comment</b>
Koraunui	1.0	Charmaine Peachy	Completed NZ Certificate in Health and Wellbeing L4	Staff attended the following training: <ul style="list-style-type: none"> <li>• Referral processes</li> <li>• Needs assessment</li> <li>• Ara Whanui training</li> <li>• Tongue tie hui</li> <li>• Training for suicide prevention</li> <li>• Training for Violence Intervention</li> <li>• Health and safety</li> <li>• Emergency preparedness</li> <li>• Mana Wahine Training Programme</li> <li>• Working with vulnerable People training</li> <li>• Palliative Care – Cancer Society</li> <li>• Hutt Hospital Training for Violence Intervention Programme</li> </ul>	Training in RBA and narrative reporting are planned for early April
Waiwhetu	1.0	Peggy Luke-Ngaheke	National Certificate in Health and Wellbeing L4 Bachelor of Alcohol and Drug Counselling Certificate in Workplace Supervision		
		Jasmine Moeahu	Enrolled in NZ Certificate Health and Wellbeing L4		
Orongomai	1.0	Nga Powhiri Webster	Working towards a degree Te Korowai Aroha-Mauri Ora Enrolled in NZ Certificate in Health and Wellbeing L4		
Wainuiomata	1.0	Georgine Tuari	Enrolled in NZ Certificate in Health and Wellbeing L4		
Kokiri Pukeatua	1.0	Rebecca Storey	Enrolled in NZ Certificate in Health and Wellbeing L4		

*Kaiarataki*

<b>Location</b>	<b>FTE</b>	<b>Staff Name</b>	<b>Qualifications</b>	<b>Training/development</b>	<b>Comment</b>
Waiwhetu	2.5	Lisa Temple	Bachelor of Bi-Cultural Social Work Annual Practicing Certificate (APC) Member of Aotearoa NZ Association of Social Workers	Professional supervision in place. Fortnightly sessions held	Additional specialist support will be contracted in as required.
		Beth Moroney	Plunket Nurse Well Child Training	Ara Whanui Computer skills	
		Dallas Ratu	National Certificate in Health	Use of Ara Whanui and training others in its use	

		Dr Larisa Koning	GP		
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### 1.3 Service delivery

All 5 Marae delivering health and social services, report a total of 289 clients enrolled and managed during the quarter, however, only 92 have been reported through Ara Whanui. For the quarter, 246 client contacts have been reported.

Providers report that there are 41 NHI numbers still outstanding and work is underway to gather this data. The 112 engagements reported through Ara Whanui show that in the second quarter there have been 9 new enrolments with a mix of referrals including from Marae, whānau and GPs.

Other services delivered this quarter include:

- Advocacy
  - Facilitating whānau hui with Oranga Tamariki
  - Advocating for whānau with MSD/WINZ
  - Advocating for clients with doctors/specialist/other health providers
  - Advocating for clients to gain access to medial services
  - Advocating for clients with police
- Community wellbeing
  - Home visits (Kaumatua support & home help)
  - Kaibosh (food relief)
  - Support for tangihanga, kaikaranga and ringa wera
- Transport
  - Transport provision (doctors, specialists, airport, blood clinic, marae programmes & local events)
  - Transport and advocate clients to doctors, specialists and blood clinic
  - Kaumatua assistance with food shopping
- Whānau Hauora
  - Facilitate whānau hui, conduct assessments, whānau ora plans & advance care plan
- Hauora
  - Kaumatua support
  - Alcohol and drug support
  - Smoking cessation
  - Acupuncture Clinic
  - Rongoa and mirimiri clinics

### 1.3 Key relationships and linkages

Clients continue to be referred to Kaiarahi from the police, Te Pae Oranga – the iwi justice panel, Tamarki Ora staff, medical centre staff, other service provider, Marae staff and their community contacts. Referrals and integrated service support also continues with other agencies including DHB Community Midwife Services, kohanga reo, kura, secondary schools and tertiary education providers.

Referrals for further support for clients include:

- Health
  - Hutt Hospital – medical ward
  - HVDHB Specialist Services
  - Hutt Valley GPs
  - Waiwhetu Medial Centre

- HVDHB: Māori Health Unit
- UH Community Mental Health
- Te Awakairangi Health Networks
- Silverstream Health Centre
- Cervical Screening – cervical smear clinic
- Tamariki Ora
- Ora Tika – Rongoa
- Te Omanga Hospice
- Hutt pharmacies
- Hutt Valley Breastfeeding Networks
- Upper Hutt Foot Clinic
- Social Services
  - WINZ
  - MSD
  - Marae Social Services
  - Ascot Park – dementia care
  - ETER – transport provision
- Legal support
  - Just Law
  - Community Law
- Housing support
  - ACCESS
  - Trust House
  - Wellington Backpackers
  - HNZ
  - Salvation Army
  - Tuatahi Housing
  - Kahangungu Housing Services
- Budgeting
  - Whānau Family Support Service Trust
- Counseling support
  - Marae Social Services
  - Orongomai Social Services
- Marae services
  - Kokiri Health and Social Services
  - Wainuiomata Marae Health clinic
  - Koraunui Marae – bicultural supervision
  - Mana o Te Tangata: Palmerston North
  - Te Hikoitanga
  - Orongomai E Tipu E Rea
- Parenting support
  - Family Works – parenting support
- Employment support
  - Corrections
  - Workbridge
- Police

#### 1.4 Challenges

Some challenges the Kaiarahi and Kaiarataki are encountering include:

- Complex cases particularly where there are underlying mental health issues. The following narrative highlights this issue:

*A couple who were an external referral from WINZ and Police to Orongomai Marae Services, who were seeking support required for the male partner's immediate health needs. The couple recently moved from Waiheke Island to Upper Hutt and were staying in emergency housing. He was a Māori male in his late 50s, recovering from a serious head injury and receiving ongoing support from his GP at Waiheke Island. The partner, a European female also in her 50s has a past history with violence, relationship problems, mental health, gambling addiction and has a temporary police safety order (PSO) issued for physically abusing her male partner.*

*We completed the male's assessment, picked up the female from the motel and the three of us returned to Marae for lunch and proceeded to follow up on the Male's primary health needs. We then visited Unichem where the pharmacist costs of medication was \$15. We then visited two banks to obtain proof of male's bank account details and then visited WINZ, and handing the receptionist a verified bank statement and an urgent request for assistance for the male. During our visit to WINZ, the female partner began displaying behavioural concerns of anxiety and expressed threats of self-harm. She was highly stressed, agitated and feared that partner would be taken away from her. I was able to calm her and she opened up and started sharing personal life histories. This intervention enabled the male to resume his appointment with the case manager (CM). The CM verified the client's needs and arranged direct payment for his medication then advised the couple that their joint benefit had been ceased and each would receive individual benefits. The CM reinstated male's benefit and indicated when payment would start, and also granted \$50 emergency funds. We then picked up the medication and some groceries and they found their own way back to their motel. I attempted to contact them the next day but they had done a runner and ended up in the North with no place to stay. By this time the male had no medication and ended up in Whangarei Hospital for treatment. They were both tracked down and transported back to a motel in Upper Hutt. This couple require an urgent mental health assessment and Orongomai Marae have been staying in touch with Kaibosh - food relief. Police, MSD (Health and Disability) and ACC have asked to work in collaboration with Orongomai Marae Services to support the couple's ongoing health needs.*

- Unsafe living conditions making it difficult to seek help illustrated by the following narrative:

*In February, we have been supporting a single wahine, in her late 20s, in part-time employment and with mental health concerns (hinengaro). She is an external referral from HVDHB - Māori Health Unit to Orongomai Social Services and Whānau Hauora with priority housing and employment support requirements. An assessment has been completed by Crisis Resolution Services and supported by MHAIDS for medication and specialist requirements. Assessment has revealed historical abuse from childhood. She also faces ongoing threats, intimidation, abuse, conflict and relationship problems towards her by another person who lives in the same house as well as a lack of communication and respect at her work. These issues have caused the Wahine to feel unsafe in both the home and workplace, and as a result she has opted out of her joint tenancy and resigned from job. All these factors have contributed to her experiencing humiliation, anxiety, depression, stress, financial hardship, poor diet, lack of sleep & rest, drug & alcohol and suicide/self-harm including isolation. The Wahine has received Kaumatua Support including communicating her concerns to Whānau within the home. The Wahine has been actively door knocking and applying online at Warehouse, Pak n Save, Countdown, KFC for employment, meeting MSD job seeker obligations. As well as searching on trade me for accommodation. Orongomai has provided Kaibosh - food*

*relief, referral to Workbridge for assistance with job search, WFSST for budget support, registered self-interest for Wahine Ma Programme and we remain in regular contact with the Wahine on a weekly basis. She is not confident requesting for referral and enquiries for tenants rights and entitlements. Attempts to secure housing accommodation for this wahine by contacting eight organisations has been unsuccessful so far this month due to:*

- no space available,*
  - not meeting criteria (i.e. must be in employment),*
  - unable to obtain current landlord's details,*
  - being told to call back next month for vacancies,*
  - having to register for waiting list,*
- *Social isolation and disconnection from whānau*

*A young mother with a 15-month-old baby - was working full time but had her hours reduced by employer to part time and then reduced again to casual. She had to move out of the home they were in as they couldn't afford the rent. She moved in with her partner's parents and began looking for work. The child was in care and WINZ is helping with 9 hour subsidy. The mother had an argument with her partner's mother who then kicked them out of her home. The only choice they had was to sleep in their car with the baby. I called around to see if she could get into the local shelter but they didn't respond in time. Luckily an extended friend had offered for them to sleep at her house for the night. Currently they are resolving the issues with her partner's whānau and her and baby are back in the home however they are not happy with their current living situation. She is focussing on finding another job and trying to find a new place to live.*
- *Difficulties in connecting with specialist services, particularly in relation to cancer treatment illustrated by the following narrative:*

*This woman has cancer which is currently in remission but she has been feeling sore and cannot explain why. Appointments were made to see the doctor and tests done and then on to see the specialist. This took over 4 weeks. The negative outcome is that although it took 4 weeks to find out why she was feeling so sore and unwell, she has finally been given the timeline for the remaining time of her life. She unfortunately has gone into denial about this, and approaches to the Cancer Society for assistance have resulted in wonderful help. This case is still a work in progress.*
- *Lack of empathy from GPs to client's situations:*

*A 40-year-old man has liver problems and is beginning type two diabetes. Requested GP to refer him for weight loss surgery as he is 240kg and is obese. He is also an asthmatic. GP declined. Client unhappy but made appointment to see surgeon on his own. Surgeon and specialist have agreed to perform the surgery and have noted that this will clear the diabetes and assist with the asthma as well as the weight. The client unhappy at the lack of support from his GP. He is a non-smoker, is young and has a family. He removed himself from the medical centre and now travels to Wellington to a medical centre there.*
- *Lack of support in the community for people suffering from mental illness.*

*This client is a young 12-year-old girl who doesn't cope with loud noises. She is feeling very anxious at school about participating in athletics as she doesn't like the gun that goes off. She stopped attending school and mum has asked for help as to what she should do. The mother was advised to speak to the therapist she has been dealing with to see what the best options are. Since starting back at school mum has noticed a massive change in the girl's behaviour and mum is unsure how to handle this situation. The child is really anxious about most things she does which impacts on her school and home life. The girl is currently being tested for ADHD and once a diagnosis is made hopefully some help will be provided. We hope there can be strategies put in place to help her cope.*

- The complexity of issues clients face, for example, a single client may be dealing with past traumas, alcohol and drug issues, mental health, loss of connection due incarceration, financial and housing difficulties, and removal of children by Oranga Tamariki.

Other issues include:

- No shows for appointments continue to be an issue.
- Lack of responsiveness from external agencies.
- Lack of funds for doctors' visits and treatments on top of day-to-day costs of food, housing, electricity and transport.
- Ensuring the safety and security of whānau especially in whānau with gang connections, a history of domestic violence and/or drug use.

A number of challenges relating to the delivery of the service are noted including:

- Completing the roll-out of the Ara Whanui system to ensure reporting fully captures the mahi. Training for existing and new staff continues.
- Training staff to report on outcomes so that the impact of the services provided can be better captured. While progress has been made on this, there is still work to be done to improve qualitative narrative reporting.
- Reporting of NHI numbers. Agreement has been reached with the HVDHB on sharing data regarding this.

### 1.5 *Client feedback*

Anecdotal feedback continues to rate the services provided as excellent. Some client feedback has been recorded in Ara Whanui this mainly coming from the well Child Tamariki Ora service. This is very positive.

### 1.6 *Case studies – Whānau Journeys*

#### Runanga

##### **Case 1**

H a mum of two, presented to GP clinic with her three months old baby and two and the half years old sibling. Mum had a history of post-natal depression with her older daughter. She was concerned that the baby has noisy breathing, which was scary. H was referred to specialist Kaiarataki Larisa and on examination the baby appeared to have breathing difficulties. During examination and discussion mother burst into tears and said she felt she was not coping, was very tired, couldn't concentrate, did not have enough sleep. She said that she did not sleep at night as she was watching baby and did not rest during the day. She also said she had financial difficulties and needed to go back to work, but felt baby was not well enough to be placed to day care. She said that she had been seen by her GP who diagnosed her with depression and offered medications, but she refused. We had a long discussion with H and explained that she had depression that required medication. Immediate contact was made with her GP, and she was given appointment the same afternoon. Telephone contact was also made with a paediatrician consultant, and baby was given urgent appointment. A follow up phone call was made the following day, and H said that she started with medications for depression, and baby had been admitted to hospital. Baby was consequently seen by an ENT specialist, and diagnostic procedures showed congenital abnormalities on upper respiratory ways. She had

consequently three operations, her breathing has improved, and she continues stay under Paediatrician and ENT surgeon. H's mental health has gradually improved.

### **Case 2**

A seven weeks old baby girl was brought to Tamariki Ora for her Core one check with her mother and grandmother. They both looked exhausted and tired, and the mother was in tears. She admitted that baby was not feeding, and not able to take neither breast no bottle. Baby was screaming constantly as it was hungry, and as mum did not have any rest day and night, she was totally exhausted. Mum admitted that the TO clinic was a 5th health provider they had approached, and no one could find appropriate specialist to solve the problem. On assessment it appeared that the baby had not put on weight on and was very unsettled. Attempts to feed were observed and were unsuccessful. The Kaiarahi immediately contacted the Paediatrician on call and head of Child Development Service. Advice was given to send an urgent referral to the Speech and Language therapist in Child Development Service, and to the HVDHB paediatrician, which was done. Mum was contacted by Speech and Language therapist from CDS the same afternoon and visited the following day. The paediatric nurse visited the following day, and an urgent appointment with the paediatrician was given. The baby was promptly seen by paediatrician and the paediatric nurse continued visiting her regularly for following 3 months. Baby is now doing well.

### **Case 3**

B a mother of 8 presented to TO with a 6 weeks old baby, together with an older sister 3.5 years old. None of 8 children in that family never had well child checks as mum did not see need for that as all her children were healthy. Examination of the 3.5-year-old girl showed signs that indicated a possible hearing problem. B agreed to have a hearing test performed, even she thought it was not necessary. The hearing test was performed and revealed hearing loss that required hearing aid which was fitted. Discussion with B agreed that all the siblings should have their hearing tested and all six had hearing tests performed. One older sibling was also diagnosed with hearing loss. B was very happy with outcome and blamed herself for not having well child checks for her children timely. Her next two babies were enrolled to the Tamariki Ora service and had their checks regularly.

## Waiwhetu Marae

### **Case 1**

C is a 36-year-old young woman who has cancer of the brain and stomach. She was given a treatment plan spanning from November 2018 through to 8.01.19. All went well and home care was arranged, the medication regime and care giver were sorted. C was supported to ensure appointments kept to the timetable. C has completed her treatment; her hair has grown back and she is presently in surprisingly good health. She had her first haircut on the 16.02.19 and she was very happy about that. C spends her mornings walking three times a week and swims two times a week. This has helped her strengthen her body and stay on top of her diabetes.

### **Case 2**

D is a 32-year-old woman who is a bad asthmatic and over-weight. She wants to reduce weight and stop smoking tobacco and marijuana. She attended the doctors and was

prescribed antibiotics for her asthma. She could not take the patches for stopping smoking as they affected her asthma and she had an allergy. We made an appointment for her to see a counsellor. When this was completed, she worked on a plan to reduce her drug intake and stop smoking. Her diet plan was a winner for her because she set a goal to both stop smoking and lose weight. That was her first priority. We obtained 6 months sponsorship for her to join the gym and she has been able to attend daily. In January she weighed 120kg. As at the 28.02.19 she had lost 18kgs and was feeling great. During her planned schedule she has reduced her drug intake from 1 per day to 1 per three days and is working to get to 1 per week and then slowly stop. She is enjoying beginning to taste her food and sees her counsellor every Friday and states this is really helping. Encouragement from people on how she is looking is also helping her. Her asthma is under control and the more weight she loses the better and the more energetic she has become. She is looking for work but not liking the fact that she may have to pass up the morning gym sessions which she states are a God send because they set the pace for her every day and she is feeling so good.

### **Case 3**

E is a women with cancer whi has needed a social worker to assist in getting a quicker referral process to get hospice intervention and assistance. A referral to our Kokiri hauora and social worker was completed on a Monday, straight after consultation with the specialist at the Hutt Hospital. By Wednesday of the same week, the client had been seen by her GP with the social worker and by the Friday the hospice people had seen her. Visits to the hospital and specialist have been timetabled and home care; three times per week have been confirmed. E is very happy with the process and the speed with which her needs have been met.

### **Case 4**

F is a family of four - mum, dad and two young children aged 3 and 18 months. All are asthmatics and a lot of time is spent in and out of hospital, especially for the mum and the youngest child. Housing was their biggest concern. The application process proceeded with them through Work and Income and Housing NZ. Medical certificates from doctors verifying illnesses and the various needs of the family were required and obtained. The family were given priority but offered a place where only one bus route was available and the need for a car was necessary. Also, it was too far away from any medical centre and the hospital. A solution was found to settle the family in the Naenae area BUT the house was not suitable. They therefore have been relegated to the bottom of the priority list. In the meantime, they are living in overcrowded conditions and a ministerial approach for assistance is underway. Presently they are awaiting an allocation of a new home in the Waiwhetu area which is being built now and expected to be ready by April.

## Orongomai Marae

### **Case 1**

G is a Kaumatua who was admitted to hospital with pneumonia, early January. The kaiarahi worked with whānau to ensure whānau support was in place before discharge in mid-January. They followed up to ensure the supported decision-making for ADVANCED CARE PLAN was discussed and supported by G and his immediate Whānau Members. In late January, G was re-admitted to Hutt Hospital for the same illness including some complications. Delays were experienced with Hutt Hospital (Social Worker and ACCESS, Occupational Therapy, Equipment Office) organising appropriate equipment, home care, personal care and social services before and after discharge. As a result, it was strongly recommended to G's whānau that G not return home, until appropriate supports are in place. Not enough is done when caring for Kaumatua in or out of hospital putting a lot of

responsibility on whānau who are not qualified. Doctors, nurses, caregivers, contractors and social workers, please note, these roles sit with the DHBs, stop pushing these responsibilities onto whānau.

### **Case 2**

A female Kaumatua, F, in her early 70s, suffered from long history of heart disease and diabetes and passed away in mid-February from lung cancer. During 2018 Whānau approached Orongomai - Whānau Hauora for whānau ora and advocacy support. Support included advocating for hospital admission and end of life care. Kaiarahi stressed the importance of putting in place plans for end of life including completing an ACP to avoid any complications and conflict regarding the finance and assets belonging to the deceased. A further option offered was to encourage whānau to go along and participate in the Te Mauri Programme that is run by Mana Wahine through Kokiri Marae. This programme allows whānau to share their concerns and grief for a person with cancer. Prior to the passing of F, I was very impressed with her beautifully manicured feet. Externally the skin was soft and smooth and in a very healthy condition as a result of the care and attention given through regular mirimiri by the whangai daughter who also expressed a strong passion for working with feet and being open to learning and mentoring. I would like to recommend consideration be given to coordinating a Mirimiri Service to increase health and wellbeing of Kaumatua/Whānau with diabetes by sourcing funds and supporting referrals. The urgency to complete the ACP is that the person of concern could die tomorrow.

### **Case 3**

A middle-aged wahine H, employed by a contractor to provide a service within a government department approached Orongomai Marae with her work concerns in mid-February. She was feeling depressed and overwhelmed and was stressed about not knowing what to do and procrastination for fear of losing her job. She expressed to several people at the Marae about an employment relations matter and everyone advised her to “seek legal representation”. She was able to do this and as a result built her confidence to follow through with her rights and entitlements with the Marae walking alongside her offering guidance and direction. We began by advising her to seriously consider the need to fight for her life to prevent dismissal from employment. We also encouraged her to work with the following organisations:

- Orongomai Marae Services, Kaumatua, Whānau Support,
- Community Law and her lawyer,
- Corrections and Contractor - Employer.

We made referrals for her to seek free legal advice, free legal representation, and provided access to Marae resources and services, and for kaumatua, cultural and whānau support. Engagement with H included kanohi-ki-te-kanohi home visits, marae visits, arranging appointments and hui, making phone calls, sending texts, and providing access to a computer, emails, printing, and letter writing. She was able to action and achieve her optimal health and wellbeing by taking leave during March.

As a result of this intervention, H's access to work was reinstated, specified conditions for improvements in the workplace were made and H was approved to return and start work from the beginning of April.

## Wainuiomata Marae

### **Case 1**

J is a mother of 3 children with background issues including domestic violence which is related to drug and alcohol abuse. In December she attempted suicide and was taken to hospital and had a mental health assessment. She was referred to the Mental Health and

Addictions where she is currently receiving ongoing counselling and is on medication prescribed by her psychiatrist. With the support of the Marae, she is progressing well, and her children are partly in her care and with her whānau. She is slowly returning back to work keeping her mind occupied and motivated.

### **Case 2**

K is a homeless, solo dad with 5 children aged 5, 7, 11, 14 and 16. He was a walk-in client with nowhere to go and receiving support. We provided advocacy support for him to WINZ who required quotes for a motel stay for him and his children, but we were not able to find anything in the Hutt Valley/Upper Hutt area. We managed to find a lodge stay out in Plimmerton for 7 days. At the end of the 7 days K came back to us because he been unable to find accommodation. I offered him a place in my boatshed for 2 nights after which he was able to return back to the lodge and was very happy there. K's case manager at WINZ was very helpful and supportive and managed to find a place in Upper Hutt for a couple of days until they had confirmation that Housing NZ had a home for them all in Cannons Creek Porirua. K is very happy they and are managing well, setting the children up at school - primary and Intermediate. He has the 3 youngest in his care and the other older children chose to live with their mother. At the moment they are living comfortably but still require a few more resources. I have people looking out for a washing machine and a table and chairs for them.

### **Case 3**

L is a 26-year-old solo mother of 3 - ages 1, 6 and 8, who was homeless as a result of stress related incidences including domestic violence, is now living in a 3 bedroom home. It has taken 8 months for us to finally find her a suitable home that fits her budget. We are still working closely with her and her children due to the affects the domestic violence has had on them mentally.

### **Case 4**

M is an elderly gentleman who has kept himself isolated from his whānau for more than 60 years. When he returned to NZ from Australia over a year ago with a terminal illness, he found it hard to build up relationships with his whānau (or anyone) as he had been away from home too long. The only supports he had been the clinical /health social support workers, myself and a few others including a nephew. He didn't want to join any kaumatua programmes and kept to himself, although he gave it a go with Rongoa Māori and some other alternative medications. He spent time being independent and then ended up in residential care. I had seen him a week before he died. Sadly, he died a very lonely man. I managed to see him before he went on his last journey for cremation and he chose to have his funeral arrangements done by Haven Falls Funeral Services and, in my opinion,, I think it was the best decision he made in his life.

## Koraunui

### **Case 1**

Koraunui Kaiarahi have been supporting a Māori male N who is in his 50s and lives with his wife and their dog for nearly 6 months. He presented with multiple issues which include supporting him to manage his diabetes with everyday living. N is currently engaged in a health plan of daily swimming 5 days a week and after his swim he goes to the gym to build his physical strength and endurance. Recently a dog jumped on his right foot which became infected. He visited outpatients and was put on antibiotics for a week and was informed to stay off his feet and rest. His foot has healed, and he is getting back into his routine of swimming and the gym. Because of his age and ailments he has to be more vigilant and

careful of his surroundings to ensure he does not get hurt or injured. Although there has been this injury, he has not let that stop him continuing with swimming and exercise.

#### Kokiri Pukeatua

##### ***Case 1***

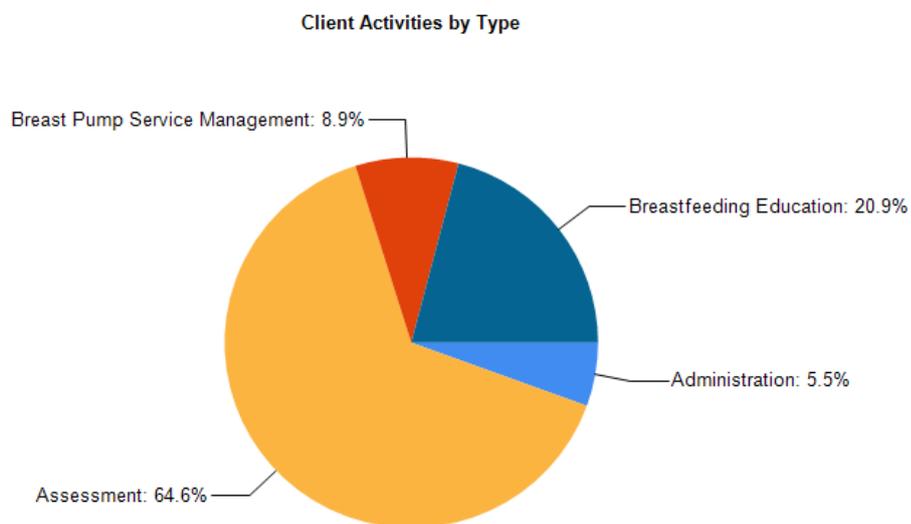
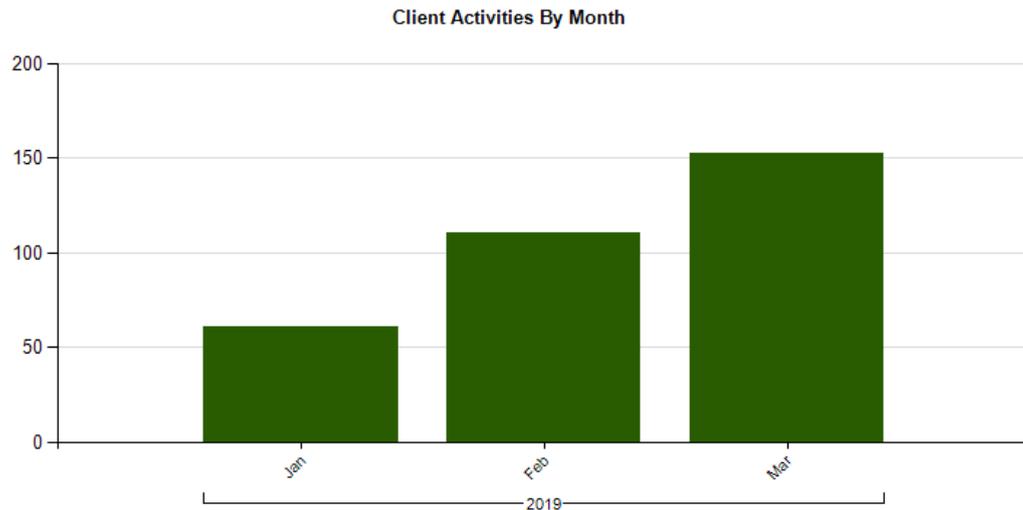
A Cambodian family, recently moved to Wainuiomata from Miramar, and were looking to change their doctor as they do not want to travel to Wellington to see a GP. Most of the local practices were not taking on new clients however she did mention that her son has really bad eczema and needs help with managing that. I found that the Upper Hutt Health Centre are taking on new clients and also have a skin clinic available. Unfortunately, she struggles to fill out forms so I had the receptionist email me the forms needed and we filled them out together. All she needs to do is go in and drop the forms off. She was very grateful to find a skin clinic to help with the eczema.

## 2.0 Breast Feeding Support Service

This section of the report summarises the work of the Breast-Feeding Support Service (BFSS) for the period 1<sup>st</sup> October to 31<sup>st</sup> December 2018.

### 2.1 Overview

A total of 325 client interactions have been recorded compared to 286 for quarter 2. There have been 40 new enrolments and 47 discharges this quarter giving a final enrolment of 38. Of these 27 have an NHI and 11 (29%) don't.



Client activities are broken down as follows:

Activity Type	Count
Assessment	210
Breastfeeding Education	68
Breast Pump Service Management	29
Administration	18
<b>Total</b>	<b>325</b>

Twelve referrals have been made this quarter. These are set out below:

External Referral Type	Count
Internal - Marae-based Services	3
Other	3
TT-CCDHB Midwives	2
TT-HVDHB Midwives	2
HVDHB SLT	1
Osteopath	1
<b>Total</b>	<b>12</b>

## 2.2 Staffing

Milly Carter is the Lactation Consultant (LC) leading this service and in 2018 she began to regularly subcontract to other lactation consultants, Maria Hakaraia and Heather Cotter, a Breastfeeding Education Specialist.

## 2.3 Service delivery

The BFSS aims to target Māori, Pacific and teen mothers. Eighty-four (84) mothers have been supported in this quarter, of whom:

- 55.95% were Māori
- 10.71% were Pacific Island
- 8.33% were teenagers

Forty-seven (47) babies were discharged in this quarter, and 91.3% of these were receiving some breastmilk on discharge.

Of the 84 mother/baby dyads seen this quarter 96.42% had more than one contact with the service.

In addition to supporting mothers and their babies, Heather Cotter has undertaken a number of education sessions this quarter including:

- Six hours of education sessions at Orongomai Marae;
- Two-hour education session for Tamariki Ora and Runanga staff; and
- Two-hour education session for Sport Wellington and Tamariki Ora staff.

Heather also attended Breastfeeding Network and MECH meetings and organised the Breastfeeding Promotion staff at Te Rā o te Raukura festival.



#### 2.4 Breastfeeding Support Service Highlights

The BFSS is now entering its sixth year of operation and it is a highlight to reflect on the gains we have achieved over this time, as listed below. We:

- Seeing the benefits of having the relationship with clients and how this support can help them address long term health and social decisions
- Great feedback from Health and Community support workers about the Breastfeeding education sessions
- Increased referrals from MAKE (marae based antenatal class) due to Maria's involvement
- Meeting with HVDHB LMCs to promote the Breastfeeding support service and access more timely referrals



- Collaboration with Atiawa Toa FM to produce advertising scripts around supporting Breastfeeding in Public and Workplaces and how whānau can support a mother to breastfeed
- Involvement in the Breastfeeding Promotion stall at Te Rā o te Raukura
- Half of the toddlers at Titiro Whakamua (Teen Parent unit) are still breastfed alongside solid food and two of the three babies there are fully breastfed.
- The Breastfeeding support service workers have all been involved in a recent Ministry of Health (MOH) workshop to assess and plan a way forward for evidence-based tongue tie assessment and treatment in New Zealand. This will mean that consistency and equity in care provided will be hopefully possible in the future.

#### 2.5 Breastfeeding Support Service Challenges:

The following challenges to service provision have been noted during this quarter:

- The degree of social and mental/emotional issues affecting people in the community and the challenge to guide someone to get help. Clients are often reluctant to see another person or service.
- Affordable access to quality houses for people to live in so they are living in overcrowded houses, five in a bedroom, in a house with others who smoke but aren't receptive to not smoking inside.
- Lack of health literacy and parenting knowledge in some families often means the LC covers these areas in her visits. When the client is open to being referred on to another service that specialises in these areas the LC does.

- The impact of advertising means that toddlers are being given toddler milk formula because their mothers believe their child is better off with it. It has sugar and flavouring additives and is expensive compared to cow's milk.
- Slow roll-out of the Nationwide Tongue tie Guidelines by the MOH means it is likely there will continue to be a problem in the Hutt Valley with equity around the treatment of tongue tie when it affects breastfeeding.
- Barriers to clients getting timely help have been:
  - GP's receptionist not listening when a mother needs an urgent appointment for her three young children
  - Clients not prioritising appointments and getting help when it is available, instead waiting till a crisis occurs
  - Clients reluctant to ask for help due to previous bad experiences with health and social sectors.
  - Clients not receiving information of where they can access breastfeeding support despite it being advertised in their well child book (orange card) and their midwives having this knowledge.

## 2.6 *Whānau Journeys*

### ***Journey No.1:***

A has been a client of the Lactation Consultant for over a year. They initially met when A had her 3rd child and had painful nipples breastfeeding. The LC supported A with treatment of the eczema and infection. Then LC has continued to work with A over the past 12 months providing support as A has encountered several obstacles along her journey. A has since had a fourth child, now 6 weeks old, and again has the painful issue of eczema and thrush infection on her nipples.

A's wider issues have included home and financial security and the LC has been able to advocate for her and link her to social support services at her local marae as her previous social support was not working for her.

The LC has provided ongoing emotional support for A and guides her with her own and children's health care. Recently when they met up A informed the LC that she had stopped smoking for 11 days now and declined any nicotine replacement therapy or linkage to other support as felt she was ok to do it on her own. A also weaned her toddler off the toddler milk formula that she was buying after the LC suggested the toddler didn't need it and that it contained increased sugar and flavourings and was more expensive than normal cow's milk.

In the past year A has received:

- thirteen home visits
- twenty phone calls
- twenty-two text conversations
- six phone calls to social support
- two phone calls to Medical centre
- four phone calls to Midwife
- one referral to HVDHB Child development unit

The toddler was breastfed for eight months and new born baby continues to be fully breastfed.

***Journey No.2:***

J is a 24 year old and single with a supportive mother and her own Housing New Zealand house. The LC initially met J when she had her first child two years ago. J contacted the LC when she was due to have her second, requesting the LC's help as "she didn't want to fail at breastfeeding this time."

The LC's support for J involved helping with initial latching difficulties and then assisting her to increase her milk supply. J had a lot of stress in her life due to previous emotional events and financial strain caused by outstanding debts. J's stress levels and busy life has seen her choosing to give her baby formula at times and this had impaired her milk supply.

The LC has provided breastfeeding support over the last 5 months, including listening and encouraging conversations with the aim of Jane seeking counselling help to address her anxiety and medical help to address low iron and thyroid function levels. J has agreed to get social support for help with budgeting and food security and the LC was able to refer her for this. J's baby was exclusively breastfed on admission to the service and continues to be partially breastfed alongside one or two formula feeds a day.

Over five months J has had:

- Five home visits
- Twenty-one text messages
- Three phone calls
- One phone call with the GP's Practice nurse
- One phone call with the Midwife
- One referral for Social support

At times it has been difficult to contact Jane as she will not always return calls and cancels appointments.

These two cases demonstrate the holistic support the LC provides and in these two cases the emotional and social support required was bigger than the breastfeeding support needed, and key to supporting breastfeeding.

Both J and A had a trusting relationship with the LC and the LC was able to offer support alongside them when they first met the social workers. The LC understands the importance of staying connected with these mothers for the moment despite the breastfeeding issues resolving.

Activity report summaries are provided as Appendix 2.

### 3.0 Tamaiti Whangai Rangatahi Service

This section of the report summarises the activities of the Tamaiti Whangai service provided by Te Runanganui o Te Atiawa in collaboration with the Wellington Institute of Technology (WelTec) for the period 1 January to 31<sup>st</sup> March 2019. During this period Wainuiomata High School indicated they would not be using the Runanga services in 2019. This means that the Runanga will focus on the students at WelTec (particularly those doing the Māori Pacific Trades Training (MPTT)) for 2019.

### 3.2 Staffing

The service is based at Te Whare Awhina at the WelTec Petone campus and Errol Weston is the Tamaiti Whangai Advocate/Mentor tasked by the Runanga to deliver the services. Errol is supported by other Runanga staff as needed.

### 3.3 Service Delivery

Fifty-eight taura (students) have been enrolled with the service in 2019 mainly new students enrolled in the Māori and Pasifika Trades Training (MPTT) programmes offered by WelTec.

In addition to these new students, support has been provided to 40 students from the MPTT programme in 2018 to assist them into employment.

### 3.4 Networks and linkages

The Tamaiti Whangai Mentor works with a wide range of networks and agencies to assist Taura achieve their goals. These include with:

- Waiwhetu Medical Centre
- Social service providers
- Tertiary education organisations (TEOs) particularly WelTec
- Police and Te Pae Oranga
- Youth Justice
- MSD and WINZ
- Employers e.g. Downer

### 3.5 Highlights

One highlight for this quarter has been having students who completed their studies in 2018 move on to apprenticeships and/or employment in 2019. Twelve students have been placed in apprenticeships and 22 are in full time employment with 1 in part time employment and 1 unemployed. One graduate has enrolled in further study.

The second highlight has been enrolling the 2019 cohort of students and working with them to identify and address needs for themselves and whānau. Referral processes to enable these rangatahi to work with the health and social services delivered by the Runanga have been clarified to ensure a cohesive and collaborative working relationship.

### 3.6 Challenges

Challenges faced this quarter have included:

- Wainuiomata High School withdrawing from the agreement to work with the Runanga to support Trades Academy students.
- Enrolling new students and getting to know their needs. These include needing support to address:

- Financial needs
- Mental health issues
- Alcohol and/or drug issues
- Housing needs
- Transport assistance

### 3.7 *Tauira Journeys*

As stated above the success in placing students into employment and/or apprenticeships has been high and supports whānau wellbeing by ensuring these individuals and their whānau have access to sustainable employment and the income associated with it.

There have been no new tauira journeys recorded for this quarter reflecting the start of the new academic year.

#### 4.0 Health Promotion Service

This section of the report summarises the health promotion activities of te Runanganui o Te Atiawa, including cervical screening, as required under its agreement with the Hutt Valley District Health Board. It covers the third quarter – 1<sup>st</sup> January to 31 March 2019.

##### 4.1 Staffing

Location	FTE	Staff Name	Qualifications	Training/development	Comment
Waiwhetu	1.0	Miri Luke	National Certificate in Healthcare Assistance L4	Attended North Island Cervical Screen Hui Hamilton March 2019	This role works closely with the Kaiarahi across the marae network

##### 4.2 Service delivery

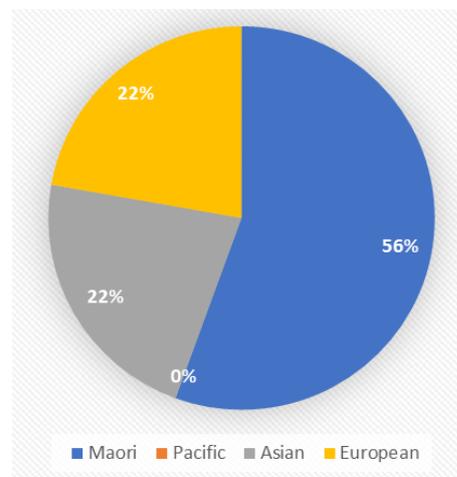
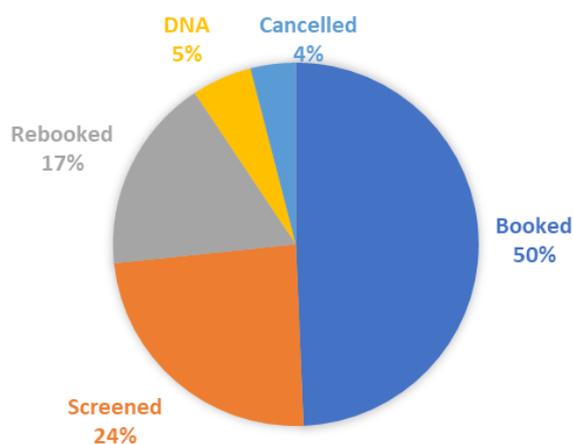
At all points in which clients interact with the services provided through te Runanganui o Te Atiawa and the Marae network, opportunities to assess and promote healthy lifestyles are used. These services are part of the holistic approach where kaimahi/kaiarahi work with clients to set plans and goals for their health and wellbeing needs.

The major health promotion activity held this quarter was Te Rā o te Raukura. The report of this event is attached as Attachment 1. Other services offered this quarter across the Marae network included:

##### Cervical screening

Cervical screening in this quarter was provided through three locations Timberlea, Orongomai and Puketapu Kokiri. In this quarter, 18 clients were smeared giving a total for the year of 223 against a target of 350.

In this quarter 18 clients have been smeared, from a total of 65 bookings. The majority of clients were Māori and many of those receiving smears are overdue for these. The period wahine were typically overdue for screening ranged from 5 months to 14 years.



### Hearing Clinics

This quarter saw the introduction of monthly hearing clinics at Waiwhetu Hauora Centre. These have been well attended.

### Emergency Preparedness Workshop

On 14<sup>th</sup> March and Emergency Preparedness hui was held at the Te Aroha Sports Complex. This was attended by a

range of people from the community.

Participants were provided with information about how to prepare for emergency events and were



provided with resource packs including an emergency kit. A further session was held at Wainuiomata Marae in March.

### Health Promotion

The radio station, Atiawa Toa is used to regularly promote health across the region through its broadcast and on-line channels. The scope of activities covered include: support for national health campaigns; healthy lifestyle promotion including nutrition, exercise and support to manage addictions. In this quarter it has been used to promote breastfeeding, services offered by the Runanga, flu immunisation, and general health promotions. In addition to this the 1737 Help Line was promoted following the Otautahi event.

In addition to this medium for promoting health, kaimahi/kaiarahi have provided to following health promotion services in this quarter:

- Waiwhetu Marae:
  - Rongoa/Mirimiri clinics every Tuesday.
  - Hapu Ora every Thursday.
  - Wahine Ora sessions held in February and March
  - “Lets keep on top of our health” promotions at Matatini
- Wainuiomata Marae
  - With te Omanga Hospice – Palliative Care support, Advanced Care planning and Te Mauri Māori Cancer Support programme
  - Tautoko Kapaz 2019 Promo Marae Health and Social Services
  - In March judged the Wild Food Festival – over 40 participants
  - Te Pumanawa o te Iwi
    - Promoting Health and safety emergency evacuations
    - Serving Nutritional food
  - Te Roopu Taumata – supporting participants to learn te Reo Māori, Waiata, Kaikaranga and kaikorero and provided health kai.
  - Running a stall at Matatini serving healthy kai
  - Support for people impacted by events in Christchurch
- Koranui Marae Stokes Valley

- Promoting health and social services in February focussing on breast and cervical screening
- Orongomai Marae
  - Orongomai Open Day Waitangi Day – promoting breast and cervical screening
  - Training for Suicide Prevention programme (UHCC)
  - Noho Marae for Otago University Students – presentation of marae services
  - Mana Wahine programme – promoting prevention and detection of cancer by promoting regular screening checks
  - Upper Hutt March Madness – promoting Parakore – Zero Waste

#### 4.3 *Networks and Linkages*

In this quarter Miri attended the North Island Cervical screening Hui in Hamilton.

In addition to this, Kaimahi have continued to work to support a large number of agencies in promoting health. These include:

- HVDHB
- Awakairangi PHO
- GP practices
- Vibe Hutt Valley Youth Health Service
- Breast Screening Aotearoa
- Cervical Screening Aotearoa
- Plunket
- Hutt Valley Breastfeeding Network
- HVDHB Maternity Services
- Fire and Emergency Services
- Oranga Tamariki
- Family Planning
- Drug and Alcohol counselling services including Salvation Army
- Prostate Cancer Foundation of NZ
- Hutt City Council and Upper Hutt City Council
- Ora Tika Rongoa

Discussions are underway to introduce Podiatry and Gout Clinics at Waiwhetu Hauora Centre.

#### 4.4 *Highlights*

The following health promotion activities are highlighted for the second quarter:

- Te Rā o te Raukura and its success in promoting health services and screening whānau
- Matatini and the promotion of health, and awareness of kapa haka in benefiting overall health
- Atiawa Toa FM pre-season Netball tournament
- Support for Weetbix Kids Triathlon

#### 4.5 *Challenges*

Challenges kaimahi face in further developing the health promotion service include:

- The availability of authoritative information that enables people to navigate the conflicting messages they receive through product advertising, the internet and health providers.
- The lack of coordination between different agencies.
- Embedding comprehensive education and the distribution of quality information about the services available which is vital to help whānau make informed decisions. Atiawa Toa Radio, kanohi-ki-te-kanohi (face-to-face) consultation, the delivery of programmes, promoting information, organising group and individual discussions and facilitating whānau hui are all part of the mix, and ensuring these are used effectively and efficiently remains a challenge.

## 5.0 Conclusion

A highlight of this quarter have been the community engagement and health promotion events Te Ra o te Raukura and Orongomai Marae Open day. These events provided an opportunity to promote cultural connection, social cohesion and better understanding of health outcomes.

Te Runanganui o Te Atiawa continues to develop its model of integrated services delivery using the Marae as hubs to support social cohesion and community engagement and building its capability to deliver and report of the services. The value of having specialist health and social workers in Kaiarataki roles is producing valued outcomes as this service grows and develops.

The Runanga acknowledges that this is a work in progress and that there is still work to do to fully embed the model. Building staff capacity and capability to work in integrated delivery, using case management models, underpinned by matāuranga Māori will take time and will be a key focus of the mahi for 2019.

Having said that, it is pleasing to note that while enhanced systems and processes continue to be rolled out, service delivery continues to meet targets set. Improvements in outcomes reporting and the use of Ara Whanui to collate and report on activities and outcomes in a consistent and transparent way will see services continue to evolve.

Revision of the Runanga strategic plan to overtly embed matāuranga Māori and Atiawatanga reflects the growing confidence in the Runanga being able to express its mahi from a Māori worldview and supports staff to embed the Runanga values of Manaakitanga, Whānaungatanga, Hauora and Tu Tangata. We acknowledge the commitment of staff to the mahi and the committees we serve.

Appendix 1: Service Delivery Summary for Whānau Ora

Service Delivery Summary for Marae-based Services		ara whanui insights to care		
for information collected between 1/01/2019 and 31/03/2019				
<b>Existing Enrolments as at 1/01/2019</b>	<b>116</b>			
<b>New Enrolments</b>	<b>49</b>			
<b>Referral Source</b>				
Self/Family/Friend/Neighbour	22			
(blank)	14			
Wanaga (Polytechnic, University)	7			
GP Team	4			
Marae	1			
Other Healthcare	1			
<b>Discharges</b>	<b>1</b>			
<b>Satisfaction Survey Outcomes</b>				
Excellent (5)	0			
<b>Total</b>	<b>0</b>			
<b>Final Enrolments as at 31/03/2019</b>	<b>164</b>			
With NHI	77			
Missing NHI	87			
<b>Activity Type</b>	<b>Count</b>	<b>External Referral Type</b>	<b>Count</b>	
Administration	133	Hospital	2	
Plan/Goal Review	72	<b>Total</b>	<b>2</b>	
Advocacy	61			
Assessment	9			
Transport Provision	4			
Service Navigation	1			
<b>Total</b>	<b>280</b>			
<b>Assessment Type</b>	<b>Count</b>	<b>Plan Type</b>	<b>Plans</b>	<b>Goals</b>
Whakatapu Assessment	6	Health Plan	6	5
<b>Total</b>	<b>6</b>	Housing Plan	2	3
		Education Plan	2	2
		Connectedness Plan	1	1
		Cardiovascular Disease - Long Term Support Plan	1	0
		<b>Total</b>	<b>12</b>	<b>11</b>

Appendix 2: Activity Report for Breastfeeding Service

for information collected between 1/01/2019 and 31/03/2019

<b>Existing Enrolments as at 1/01/2019</b>	<b>45</b>
<b>New Enrolments</b>	<b>40</b>
<b>Referral Source</b>	
(blank)	16
Self/Family/Friend/Neighbour	6
Hospital Midwife	6
Community Based Services	3
Plunket	2
TPU	2
PH WCP	2
LMC	1
Other	1
Other Community	1
<b>Discharges</b>	<b>47</b>
<b>Satisfaction Survey Outcomes</b>	
<b>Total</b>	<b>0</b>
<b>Final Enrolments as at 31/03/2019</b>	<b>38</b>
With NHI	27
Missing NHI	11

Activity Type	Count
Assessment	210
Breastfeeding Education	68
Breast Pump Service Management	29
Administration	18
<b>Total</b>	<b>325</b>

Assessment Type	Count
<b>Total</b>	

External Referral Type	Count
Internal - Marae-based Services	3
Other	3
TT-CCDHB Midwives	2
TT-HVDHB Midwives	2
HVDHB SLT	1
Osteopath	1
<b>Total</b>	<b>12</b>

Plan Type	Plans	Goals
<b>Total</b>		

Appendix 3 – Activity Report for all Hauora Services

**Existing Enrolments as  
at 1/01/2019** 1061

**New Enrolments** 241

Referral Source	
LMC	96
Self/Family/Friend/Neighbour	48
(blank)	36
DHB	11
Community Agency	9
Other WCTO Provider	8
Wanaga (Polytechnic, University)	7
Hospital Midwife	6
GP Team	4
Other	3
Community Based Services	3

Activity Type	Count
Administration	1460
Core 1 - Additional	299
Assessment	220
Plan/Goal Review	155
Core 1	78
Breastfeeding Education	68
Core 7 - Additional	67
Core 6 - Additional	61
Advocacy	61
Core 2	60
Core 3	57
Core 5	51
Core 5 - Additional	47
Core 2 - Additional	44
Core 3 - Additional	42

External Referral Type	Count
Other	14
Other Service Own Organisation	7
Internal - BF Support	6
Specialist Medical Services	6
Paediatrician	4
Internal - Marae-based Services	3
Car Seat Rental	2
Hospital	2
TT-CCDHB Midwives	2
TT-HVDHB Midwives	2
Ear Health Service	1
HVDHB SLT	1
Osteopath	1
Outreach Immunisation	1

**Total** 52

Plunket	2
TPU	2
PH WCP	2
Marae	1
Other Community	1
Other Healthcare	1
Hospital	1

**Discharges 119**

Satisfaction Survey Outcomes	
Excellent (5)	37
Performing Well (4)	3
Satisfactory (3)	0
Needs Improvement (2)	3
Not Performing Adequately (1)	0

**Total 43**

**Final Enrolments as at 31/03/2019 1183**

With NHI	1077
Missing NHI	106

Core 4	34
Core 4 - Additional	31
Breast Pump Service Management	29
Core 6	20
Core 7	17
Whānau Plan	6
Transport Provision	4
Clinic Visit	2
Service Navigation	1

**Total 2914**

Assessment Type	Count
Whakatupu Assessment	6

**Total 6**

Plan Type	Plans	Goals
Whānau Plan	79	10
Health Plan	6	5
Housing Plan	2	3
Education Plan	2	2
Connectedness Plan	1	1
Cardiovascular Disease - Long Term Support Plan	1	0

**Total 91 21**



## Appendix 3 – Te Rā o te Raukura 2019 Post-Event Report



### Background to the event

Arohanui ki te Tangata, Goodwill to all mankind. This is the guiding statement for Te Rā o te Raukura, the premier cultural event developed by Te Atiawa. It is a feast of stage entertainment, activities, education and health services held every year, free to the wider community, at Te Whiti Park.

Te Rā o Te Raukura is an annual community celebration event, held on the weekend closest to Waitangi Day organised and hosted by Te Rūnanganui o Te Atiawa (Runanga). It is a celebration of te Atiawatanga and Māoritanga and is seen by the Runanga as a means of connecting with and giving back to the community.

The event embeds Atiawatikanga, opening and closing with karakia, showcasing te Reo Māori and reo-rua (bilingual) music, celebrating local musicians and kapa haka performers, ensuring delicious Māori cuisine is plentiful, and that Māori culture is alive in all corners of the event. Atiawatikanga ensures the event embeds the values of:

- **Aroha** – giving with no expectation of receiving.
- **Whānaungatanga** – being connected.
- **Whakapapa** – knowing where you belong.
- **Mana Manaaki** – building the mana of others.
- **Korero Awhi** – promoting positive communication and actions.

Guided by the overarching theme “Arohanui ki te tangata”, Te Rā o te Raukura provides for the community:

- A place to celebrate being Māori
- A place for all to celebrate being a treaty partner
- A great day for all in the whānau
- A place to improve health, learning, and wellbeing for all

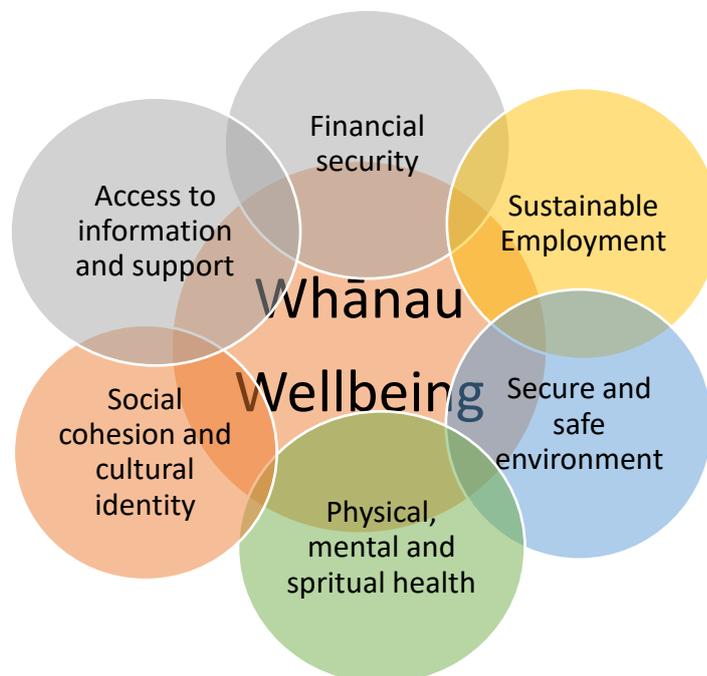
As such, the event aligns with the Runanga’s kaupapa set out in its Whānau Ora Wellbeing Framework.

## The Well Being Framework

The Whānau Ora Wellbeing Framework illustrates the Runanga's understanding of and approach to supporting an integrated model of wellbeing. Social cohesion and cultural connection are key components in the model and link to the other wellbeing domains of:

- Physical, mental and spiritual health
- Sustainable employment
- Financial security
- Safe and secure environment including secure and safe housing, healthy environment and communities free from violence and criminal offending
- Information and support including education, training and support.

The Wellbeing Framework is illustrated below:



## What we set out to Achieve

Te Ra o te Raukura is a highlight of the Runanga's community services, providing an event that brings together cultural awareness and understanding, social connection, health and wellbeing information and advice, education services and employment advice, opportunities to learn about a range of services, products and activities available in the community – all within an entertaining, safe, inclusive and engaging environment.

### Supporting social connection and cohesion

The event as whole set out to celebrate our cultural diversity and to highlight Māoritanga. Performers, performances and stalls showcasing this diversity included:

#### Social cohesion and cultural identity

- Atiawa Toa radio station providing MC services and background music
- A showcase of performers from the Hutt Multicultural Council Inc. including a Chinese Lion Dance, Nepalese Cultural dances, Filipino Cultural Dances, and a Ianano Dance.
- Performance from General Fiyah and Three Houses Down
- A wide range of food trucks offering ethnic food.
- A range of arts and crafts stalls celebrating Toi Māori and arts and crafts from other cultures
- UNICEF highlighting global connection
- Te Puni Kokiri in their role of showcasing Māori development.
- A range of entertainment activities for young and old.



Citizenship as a key enabler of social cohesion was also evident with a stall from the Electoral Commission providing opportunities for people to enrol or update their enrolment to vote. Two political parties were also present namely Labour and The Opportunity Party.

#### Cultural identity

Atiawatanga was embedded within the event and celebrated through:

- The Karakia tiaha/wero opening
- Kapa Haka performances
- Atiawa Toa radio station promoting te Reo and Māori music
- The presence of Ngati Poneke
- The presence of ta Moko artists offering ta Moko transfers for whānau.

Music and entertainment are key enablers of social connection, creating events where people are able to mix and share good times.

## Hauora – Physical, Mental and spiritual Health

Health promotion has been a key component of te Ra o te Raukura. In 2019 as in previous years Te Awakairangi Health Network (TeAHN) organised the Hauora Warrant of Fitness zone. As always, the staff from TeAHN, local general practices and a wide range of community organisations played their part in touching the lives of festival participants through either health screening, health promotion or hosting conversations on what matters to them....and the Hauora Warrant of Fitness zone was humming all day!

### Physical, mental and spiritual health

Participants showcasing their services in this zone included:

- Stroke Central
- Family Planning
- Life Unlimited Hearing
- Breast Screening Aotearoa promoting the Regional Breast Screening Service
- Bee Healthy Dental
- Hutt Foot Clinic
- Arthritis NZ
- Regional Screening Service promoting Bowel Screening
- Regional Public Health highlighting Sexual Health
- TROTA Hauora
- Cancer Society
- Tamariki Ora/Well Child Services
- Kokiri Marae Hauora
- St John Ambulance
- Pacific Health Services
- Sports wellington
- Les Mills
- Kawakawa Spa
- Wai Ora

Messages promoted included;

- Services available, including: Te Omanga Hospice; mobility equipment; oral health; foot health and wellbeing; Plunket
- Causes of illness/loss of wellbeing, including: stroke; hearing loss
- Positive health, for example, sexual health, safe and healthy relationships; parenting children/young people about growing up; nutrition; sun care
- Health promotion including information and access to contraceptive and sexual health services; immunisation; breast screening; bowel screening; cervical screening; positive sexual health; oral health
- Nutrition and drinking water
- Māori health including Rongoa Māori and mirimiri





## Matauranga – Education and Pathways to Employment

Another key plank to the te Ra o te Raukura event is the promotion of education and career opportunities. This year the following education providers participated and engaged with people attending the event:

### Sustainable Employment

- WelTec
- Life Events
- The Learning Connection
- Victoria University
- The Open Polytechnic of NZ
- Yobee
- Te Wananga o Raukawa

Downer NZ also attended providing career advice and information regarding pathways to employment.

### Safety and Security

The Whānau Ora Wellbeing Framework highlights the importance of ensuring people have secure and safe housing and living environments. A number of stalls at te Ra o te Raukura highlighted this aspect of wellbeing with information and promotion of:

- Life Unlimited
- Fire and Emergency NZ
- Well Homes RPH
- The Mobility Centre
- Wellington Water

Safety messages being promoted included:

- Healthy homes
- Tamariki home safety
- Fire safety in the home

The event itself presented a relaxed and safe environment where people could enjoy the day. Health and Safety plans ensured the event without any major accidents or events. One small altercation between young people from different gangs did occur but was quickly dealt with.



### Waste management

Waste minimisation and management was a key focus at te Ra in 2019. Pare Kore, the Waste Warrior team worked with stall holders prior to the event, giving them recommendations on actions they could take to minimise waste. This resulted in an increase of vendors using compostable packaging which was pleasing.

Waste management stations were placed around the event site encouraging people to sort their waste and these were checked and maintained throughout the day. As a result of these activities, 78.7% of the waste was diverted from landfill which was an excellent result.



### Access to support and information

A number of stall holders attended and promoted access to and information about services available in the community. These included health services, community law, support for women and children and services for young people. Stall holders included:

#### Access to information and support

- Te Omanga Hospice
- Lower Hutt Women's Centre
- Oranga Tamariki
- Hutt Breastfeeding Networks
- Hutt Maternity
- The Salvation Army – Oasis
- Plunket
- Mapu Mia
- Naku Enei Tamariki
- VIBE
- Community Law

Messages being promoted include

- Empowerment and Education for women
- Health, caregiving and care of children
- Maturity care
- Breastfeeding
- Sources of legal advice
- Support networks for teenagers



## Outcomes and Feedback

Attendance at the 2019 Te Ra o te Raukura event appeared to be slightly down on 2018 which was expected. The event in 2018 had doubled as the regional Kapa Haka competition and with Matatini scheduled to take place within 2 weeks of te Ra it was anticipated that numbers would be down. Having said that, it was estimated that over 5,000 people attended the 2019 event on a hot and sunny Saturday.

As stated above the day went off without any major incidents. The performances and music was well received and flow around the stalls enabled people to access entertainment areas, food stalls and information booths without undue congestion. The embedded video illustrates the atmosphere of the day.



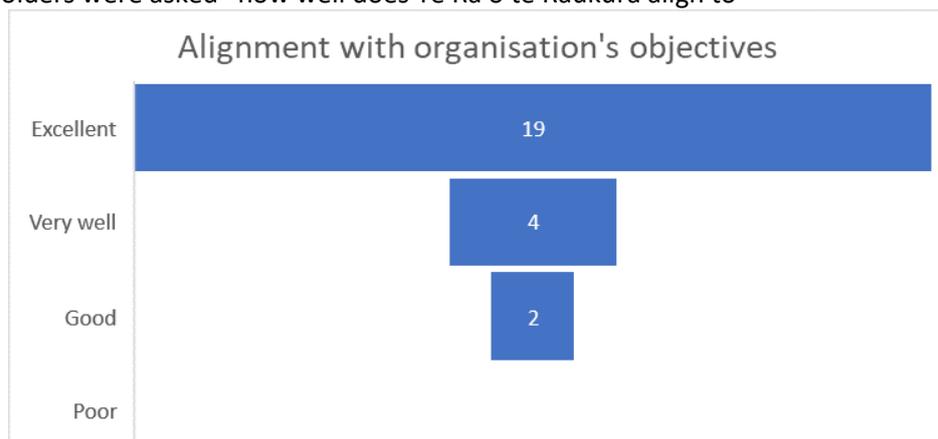
Te Ra o te Raukura  
2019\_Highlight Vide

## Feedback

Feedback was sought from those who had stalls. Twenty five (25) of the Hauroa stalls provided feedback which was unanimously positive. Stall holders were asked “how well does Te Ra o te Raukura align to your aspirations of promoting your health message?” The responses show a very strong alignment.

Stall holders were also asked whether “there were sufficient opportunities for them to connect, engage and network with other stall holders?”. Again the responses received were very positive.

Stall holders were asked whether they “received any referrals or



referred people to another agency on the day”.

The majority, 61% stated they had referred people or received referral although only 6 kept records of those referral activities.

Fifty two percent (52%) of respondents stated that they had collected data from the public

All respondents (100%) commented that they were satisfied with the health and safety briefing they received and all responded that they were very happy that the event is free from smoking, alcohol, drugs, gang patches and fizzy drinks.

Feedback from the Maturanga stalls was also collected. Ten responses were received with all 10 respondents stating that they were every satisfied with the communication leading up to, and during the event. Stall holders were asked to rate how useful they felt the education Passport was, and the responses were generally positive. Some comments received here included:

“Many whānau were shy to ask for the answer. But overall some good conversations were held when whānau enquired about our activities”.

“Too wordy, don’t think people wanted to do the homework. Also the WOF Passport was seen as better by whānau”.

“Great way to start talking but lots of people who weren't really interested”.

Stall holders were asked if there “were sufficient opportunities to engage and interact with the public” and the responses were again unanimously positive. When asked whether they would come back next year all responded that they would be keen to do so.

### Suggestions for improvement

Respondents were asked to provide additional comments or suggestions for improvements. Thirty four responses were received from both the hauroa and matauranga stall holders. Key themes emerging from these included:

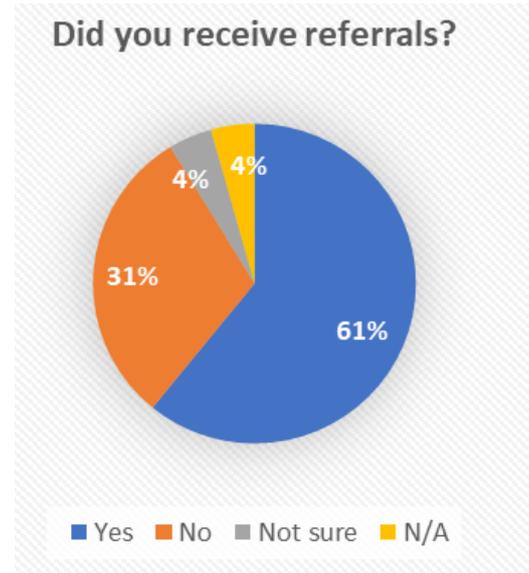
#### *Space and layout*

“Would have been nice to have some shade and a place to sit to eat meals. All in all a wonderful day. Many thanks”.

“We loved the day. Thank you. The stand next to us had so much space and there was only him. We felt a bit squashed and no one could get behind and read our board of news updates as we had to have the table in front of us. Maybe more space so people could view our board”.

“The location of our table was sometimes crowded out by other activities happening near by. Perhaps the linking of similar organisations together would be improved space in flow. For example - The Foot Clinic, Arthritis NZ, Life Unlimited (if they display gadgets etc for people with arthritis)”.

“The foot traffic through from the WOF to Hauora area became very congested with the amount of people that we trying to see all the great services. Are we able to extent the marquee for the next Te Ra.....Kia ora”.



### *The Health Passport*

“I love being a part of Te Ra o te Raukura - it is an amazing event. Please keep the passport going as well, as it is such a wonderful way to engage with the those present at the event”.

“Coordinate with TeHAN next year to offer foot health checks as part of WOF”.

### *Improving the Education Passport:*

“Perhaps have people "walking the site to handout" rather than waiting for people to pick form up”.

“Maybe a big banner/poster advertising it in the tent.”

“Could look at activities instead of questions.”

“A site map maybe to help them locate the right providers.”

“Make it digital.”

### *Entertainment*

“It seems Kapa Haka is the big draw card for people coming as this year was quieter then last. Perhaps some engaging activities that people can have a go at or at least observe? Eg: carving or weaving”.

### *Final comments*

Although numbers attending te Ra o te Raukura appeared to be lower this year than previous years, those participating in the event were very positive about it. Some of the positive feedback received included:

“One of the best yet. The atmosphere was AMAZING”.

“Couldn't have been better organised. Everything was great, from parking to being asked if we need anything, to being able to set up the day before. Excellent organisation and great opportunity for us to provide information and make face to face connections with people.

“I thought it was very well run and a great atmosphere. Awesome entertainment too!”



“Flawless from our end. Thank you for all you do to accommodate and creating the space for us to work from”.