WHĀNAU ORA WELLBEING SERVICES – SECOND QUARTER REPORT FOR 2019/20 YEAR

Report on Services Provided by Te Runanganui o te Atiawa 1st October to 31st December 2019

ABSTRACT

This report continues to articulate the services provided by the Runanga and their impact on the communities served

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Te Runanganui o Te Atiawa

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Whānau Ora Integrated Wellbeing Services

Second Quarter Report to the HVDHB for the period 1st October to 31st December 2019

Executive Summary

This report reports on the delivery of integrated services and their impact on the communities served by the Runanga and its network in the second quarter of 2019/20. It highlights the delivery of a wide range of services that collectively address whānau and community wellbeing and the challenges we face in working in communities facing complex issues. Our services continually aim to use a holistic approach to address the health inequities that exist within the populations we serve and recognises the positive impacts of the kuapapa Māori approach we use to deliver our services.

This report highlights for this quarter which include:

- Further development of strategic partnerships
- Strategic realignment of Runanga staffing and staff development
- Building our focus on strengths-based youth and community development
- Further development of integrated delivery and reporting of services
- Continued focus on the whānau-centric model of service delivery to meet the complex health needs of our populations
- Staff development

The report also outlines the progress made in addressing the on-going challenges namely:

- Resourcing our strategic partnerships
- Resourcing for service growth
- Reporting and data integrity

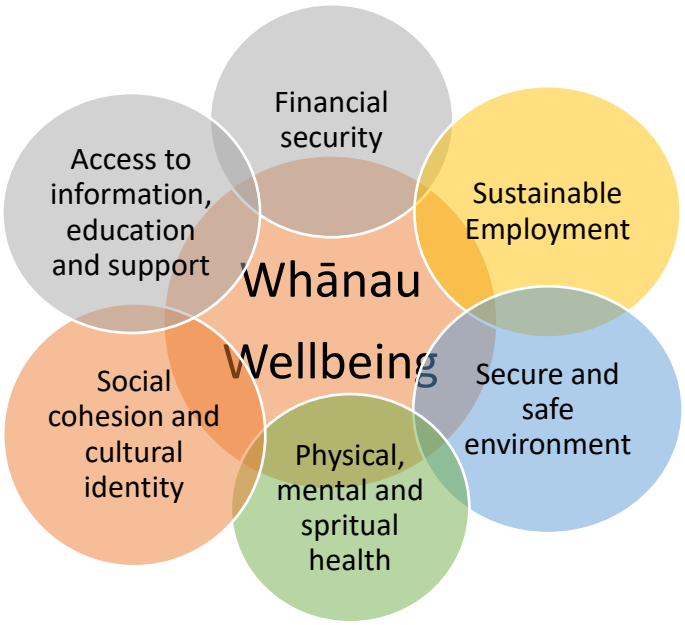
Background

The Runanganui o te Atiawa delivers a range of integrated wellbeing services to individuals and their whānau within the Awakairangi rohe aimed at supporting whānau welfare. Our mahi responds to identified needs as well as addressing the social and economic determinants of health including promoting healthy lifestyles, healthy homes, good nutrition, financial security and supporting people to develop the resilience skills to overcome disadvantage and deprivation. This is important as it recognises the level of deprivation that exists in the Awakairangi/Wainuiomata region.

In 2018, a contract recognising the integrated nature of the services and its goal to improve the health and wellbeing of whānau, was negotiated with the Hutt Valley District Health Board (HVDHB) and was signed in September 2018.

Our kaupapa

The whānau and community wellbeing model that underpins our mahi is illustrated below:



Our kaupapa embeds 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.

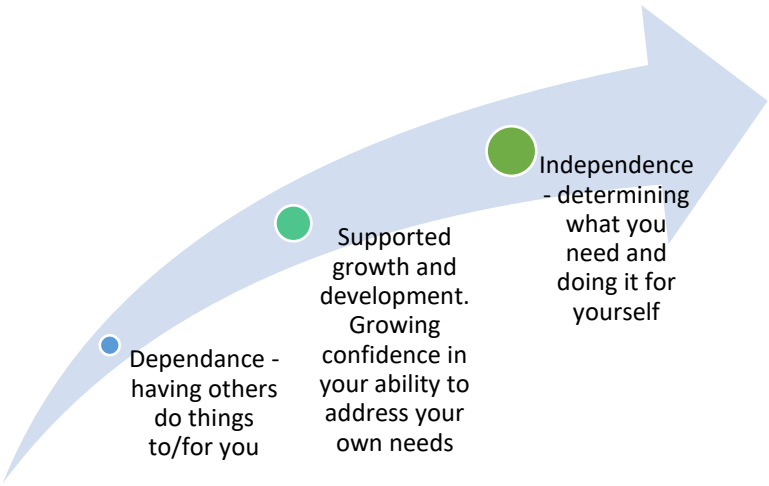
2. **Holistic response** – assessments and development/treatment plans aim to improve health and social outcomes for whānau and may involve other agencies in delivering an appropriate response to identified needs.

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.



This report covers the second quarter of the second year of the DHB contract (October 1 to 31st December 2019), reports on the range of outcomes resulting from the services delivered, and performance and the progress in addressing the challenges raised in the first quarter report.

Second Quarter 2019/20 Highlights

Strategic partnerships

Aligned to its revised strategic plan, the Runanga is committed to building strategic partnerships with key organisations aligned to its purpose. As a result, all Board members and management have key relationships they are responsive for maintaining. These include with:

- The Hutt Valley DHB (health and wellbeing)
- Ministry of Health – particularly in relation to Tamariki Ora
- Hutt City Council – community and environmental sustainability
- Ministry of Social Development
- Oronga Tamariki
- NZ Police
- Ministry of Education
- Education providers including Kohanga Reo, Kura, ITPs (WelTec and Whitirea), Wananga (TWoA and TWoR), and universities (Victoria)
- Iwi in the region particularly Ngati Toa and Kahangungu
- Awakairangi PHO
- Te Māngai Pāhu
- Hutt Valley Marae – Waiwhetu, Wainuiomata, Koriri Pukeatu, Orongamai, Korauanui
- Whānau Ora Commissioning Agency

We will continue to develop these relationships to fulfil our role as Treaty partners, holding our partners to account for ensuring equitable outcomes for our people.

In this quarter, one of our managers has been appointed to the review board for Tamariki Ora. We are very excited by the opportunity this presents.

Structural realignment

As part of the strategic review undertaken by the Runanga Board, there has been a review of the Board's Charter, governance policies, leadership accountabilities and roles in supporting the

strategic direction of the Runanga. This work has strengthened the leadership and provided clear direction for the organisation and its staff.

Aligned to this, the Runanga has restructured its management team to support the integrated approach to service delivery. Wirangi Luke has been appointed as CEO of the Runanga providing a clear message regarding the organisation's leadership.

Youth and community development

The Hutt Valley marae continue to provide hubs for their communities and activities this quarter have included developing these hubs. Highlights have included:

- A community event to repair the roof on Orongomai Marae
- An annual kakukura event held at Orongomai Marae – focus on healing kaumatua (60 Kaumatua attended)
- Community event to inform and assist whānau to develop funeral plans (Orongomai Marae)
- Providing support for families with young children – safe sleep, clothing support for Core Checks
- Runanga Christmas breakfast to acknoeldge contribution of all staff and stakeholders
- Kaumatua Christmas lunch

Throughout this quarter, community engagement has continued to improve with community development activities being undertaken alongside the Tamariki Ora Clinics and via the Atiawa Toa FM radio. These have included: delivering Te Reo Māori classes; teaching mums waiata with associated health messages; delivering whakapapa clinics to help Māori to reconnect with their culture; and supporting regional kapa haka events. The sessions delivered alongside the Tamariki Ora delivery are being delivered in Timberlea in the first instance.

Promotion healthy lifestyles is an increasingly important component of the Runanga's kaupapa. Development of a comprehensive digital network to support this work is core to the strategy of Atiawa Toa FM which is expanding its focus to include social media, multi-media and event promotion.

Atiawa Toa has delivered a wide range of community health programmes and messages including; flu vaccinations; Smoking cessation; Breast screening; well homes; and Naenae fitness programme.

Planning for the annual Te Ra o te Raukura festival has been a focus for this quarter as this event provides a focus for engaging with communities to promote community and youth wellbeing.

Integrated delivery

As previous reports have identified, the populations served by the Runanga have complex needs with many co-existing conditions. Many of the health conditions faced by our people result from poor socio-economic factors including poor housing, reliance on social welfare benefits, social isolation, poor employment opportunities, higher levels of engagement with the justice system and lower levels of education achievement.

The range of services offered by the Runanga enable us to begin to address many of the complex needs of whānau and communities using our flexible approach is based on building the trusted relationships required to address meet the needs of whānau and communities. Whakawhānaungatanga, manaakitanga and kotahitanga are at the core of this approach enabling staff to authentically engage, build trusting relationships and address issues in an integrated manner without having to pass clients from on agency to another.

The focus is on building the resilience of whānau to address their own needs (mana motuhake). We recognise that our communities are notable in the concentrations of complexity with relation to health and co-existing social issues that exist. These require time and intensive intervention to address.

Wellbeing activities undertaken this quarter include:

- Whānau living with cancer hui (October) – aim to improve service access for Maori patients
- Hui on asthma maintenance and prevention (Waiwhetu Marae – 23 attended including 9 tamariki. Session included best practice in use and maintenance of medihalers
- Night cervical screening clinics – 2 clinics held (Orongomai)
- Promotion of Advanced Care Planning
- Whaia Ara Tika Ara Hauoro – clinics held fortnightly (Orongomai)
- Tamariki Ora clinics stared at Wainuiomata Marae
- Antenatal clinics held at Orongomai Marae
- Podiatry clinics held at Orongomai Marae

Staff development

One highlight of this quarter has been the appointment of one of the managers to the Wellchild Tamariki Ora review. This is an exciting opportunity to participate in the future development of this service.

Another highlight from this quarter is the opportunity for one of our staff to be seconded to Te Puni Kokiri as part of her cadetship.

Staff development continues to be a major focus for the Runanga. In this quarter we have continued to support the majority of staff in their professional and personal development. We have recruited 3 new cadets to support the mahi – one is a kaimahi within the Hauora team and 2 are contributing to the development and use of Te Reo Maori in the Atiawa Toa digital media space. In addition to this, staff have continued with their studies towards gaining the NZ Certificate in Health and Wellbeing Level 4.

Other staff development activity undertaken this quarter is summarised below:

- Ara Whanui database training
- Te Reo courses
- Attendance at a Regional Cancer Hui run by Mid-Central DHB in October
- Presenting at the Nga Kaimahi Hui – Te Araroa (East Cape) (Linda Olsen)

Addressing issues

Resourcing strategic partnerships

As more government agencies, iwi groups and contracting agencies seek to work with the Runanga and its network to deliver equitable wellbeing outcomes, there is increasing pressure on staff to maintain useful partnerships.

We have sought to address this by assigning key accountabilities for relationship management with Board members an senior management staff but this is impacting on the ability of the Runanga to maintain effective management oversight. The management structure has been reviewed to ensure manageable workloads and accountabilities but there is more work to be done in this space.

Resourcing for service growth

We continue to develop our staff and provide training in the use of our reporting system Ara Whanui.

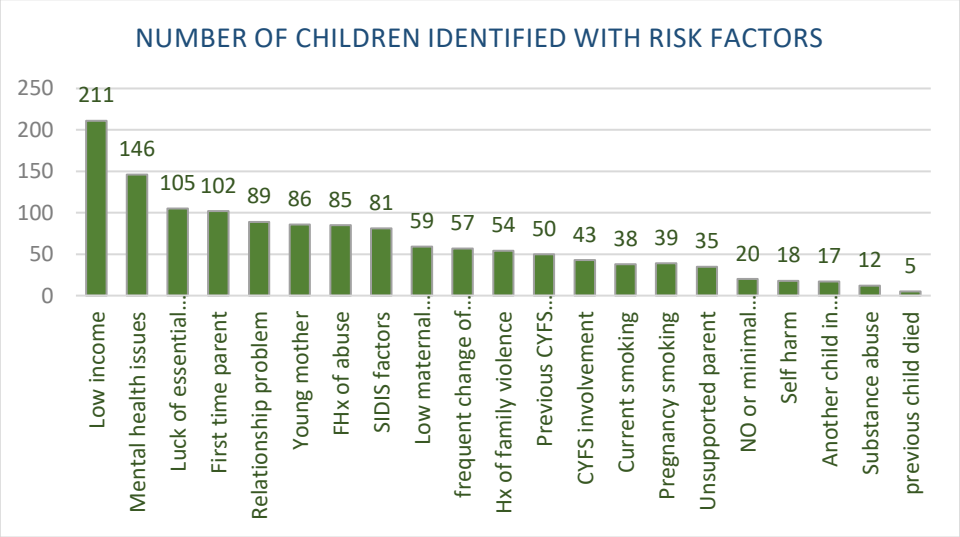
During this quarter we have continued to invest in our cadetship programme aimed at supporting rangatahi achieve their aspirations within the Runanga service framework. Three new cadets have been appointed to assist the Runanga develop is staffing capacity to meet delivery needs.

Understanding and meeting complex needs

In this quarter, the Tamariki Ora team undertook an analysis of the risk factors associated with the tamariki from whanau classed as having very high or high needs. High needs tamariki have 3 risk factors present while very high needs tamariki have more than 3 risk factors present. This research showed that of the 1321 clients analysed for this survey, 278 (21%) are classed as having high needs and 37 (3%) as having very high needs.

The most commonly reported risk factor for these clients is low income (67% of the sample) followed by mental health issues (46% of the sample), lack of essential resources (33%) and first time parents (32

%). The frequency of risk factors is shown in the graph below.



Of the 315 clients assessed as having high or very high needs, 96 had been referred to GPs and/or to Runanga services. Review of the cases indicates there are some issues with the way in which cases are classified as high or very high needs and the processes associated with referring.

To address this, the Runanga has introduced an improved system for triaging and assigning cases to be dealt with. The impact of this change will be assessed in the next quarter.

Reporting and data integrity

The Runanga continues to develop its Ara Whanui reporting system and training staff across the Marae network in its use. In this quarter we have integrated the Iwi Justice Panel and Rapu Mahi data into the reporting system to enable a wider view of services provided to whānau and to provide more effective whānau-centric service provision.

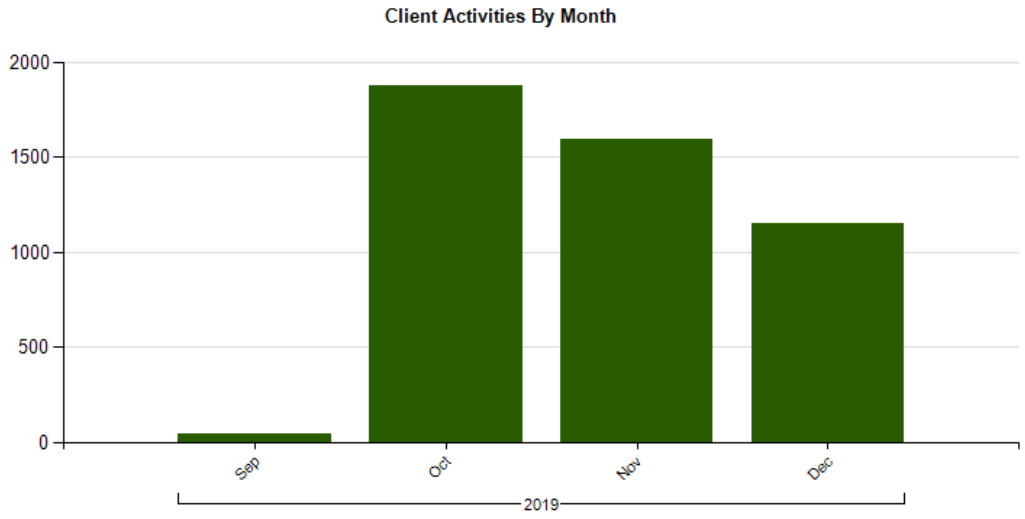
The data presented in this report reflects this on-going commitment to improving data integrity.

Summary of Q2 2019/20 achievements in integrated service provision

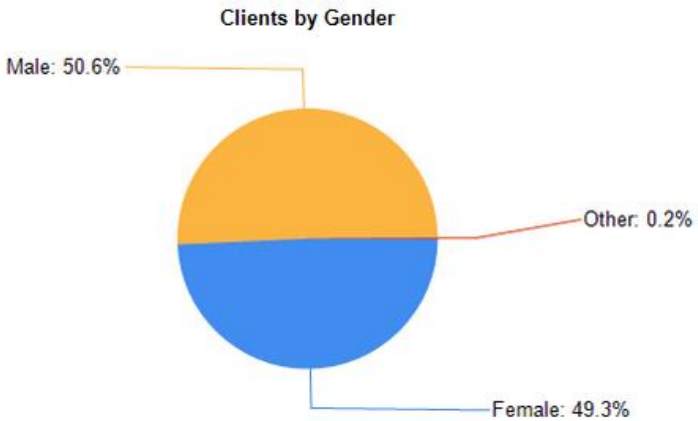
Across all health Runanga services supporting whānau in this quarter – reported through Ara Whanui (including Tamariki Ora, Tamaiti Whangai Iwi Panel and Rapu Mahi) – there have been 4,675 client contacts (compared with 5,402 for Q1, 3,022 for Q4, 2,910 for Q3 and 2,864 for Q2). While this reflects the impact of the Christmas holiday period, it shows a 63% increase in client contacts over the same period in 2018, reflecting the responsiveness of the Runanga and its network in identifying and meeting whānau and community needs..

Year	Month	Total	%
2019	Sep	48	1.0%
	Oct	1875	40.1%
	Nov	1597	34.2%
	Dec	1155	24.7%
Total		4675	100.0%

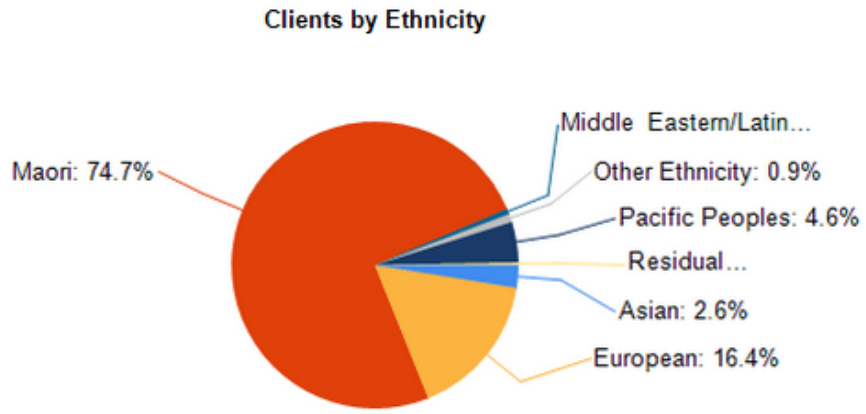
This substantial increase in client contacts results from the development of the integrated nature of service delivery and the improved reporting in Ara Whanui.



Analysis of the client base served by the Runanga shows that the majority of clients are Māori and there is a fairly even split between male and female accessing the range of services available. In this quarter we do see a small increase in the percentage of males accessing services, up to 50.6% from 49.8% last quarter.



In this quarter we also note a small increase in the percentage of Māori clients 74.7% this quarter versus 74.4% last quarter.

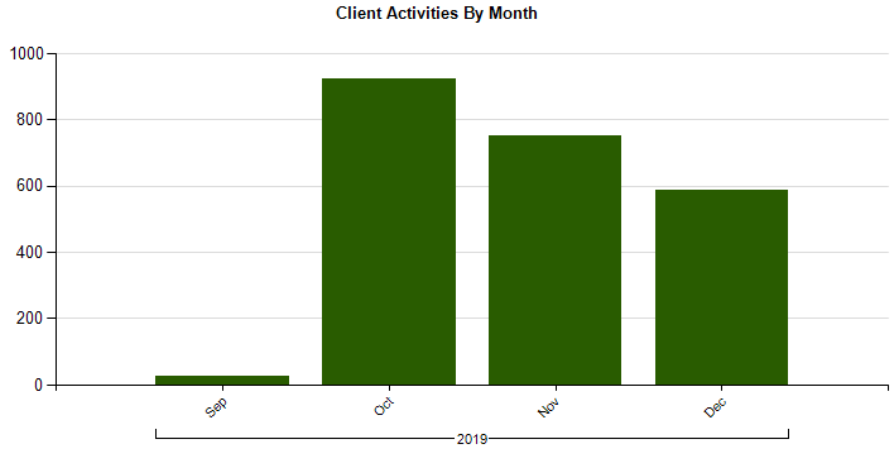


Analysing the data further we can identify which of our services are used by which cohorts.

We note that women aged 20 to 30 are the highest users of the Tamariki Ora services and women are also the highest users of the Whānau Ora health services. Men 15 to 25 are more likely to access services through the Tamaiti Whangai education, the Rapu Mahi and iwi justice panel programmes.

Well Child/Tamariki Ora

Delivery of Tamariki Ora/Well Child services continue to track ahead of target with 2,286 client engagements recorded for the quarter down from the 2,502 reported in last quarter, again reflecting the impact of the Christmas period.



The client contacts reported for this quarter, show that there have been 80 new pepi (babies) enrolled and 7 new tamariki. There have been 73 discharges this quarter, giving a final current enrolled population of 1,038.

Of the regisitered population 74% are Māori and 3% are Pacific Islander.

Of the activities reported this quarter, 60% were classed as admistrative and 40% were core checkes (375) or additionals (464). Cancellations of appointments continue to be an issue with 325 cancelations being recorded.

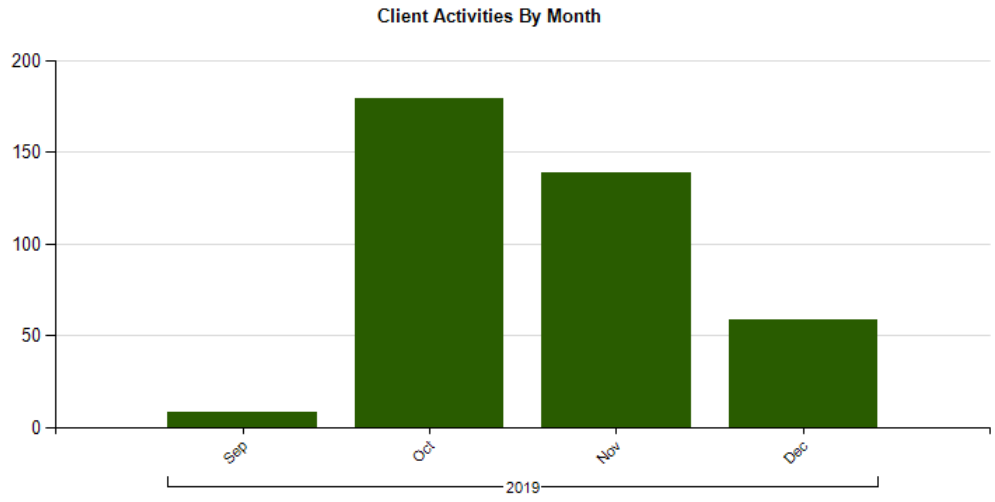
Year	Month	Total	%
2019	Sep	25	1.1%
	Oct	922	40.3%
	Nov	753	32.9%
	Dec	586	25.6%
Total		**2286**	**100.0%**

Service Delivery Report for Quarter Two 1 October to 31st December 2019

1.0 Hauora/Whānau Ora Service

1.1 Overview

The data recorded in Ara Whanui shows there were 32 new enrolments and 385 engagements for the quarter (compared with 575 engagements recorded for Q1, 277 for Q2, 408 for Q3, and 418 for Q4).



The majority of referrals to the service, 72%, have come from self-referral, family and friends with a further 12% coming from Tamariki Ora, 6% from the lactation service and 3% coming from the Iwi Justice Panel.

The main activities that reported as being delivered include Advocacy; Administration; Planning and Goal Setting; Transport Provision and Service Navigation. Housing and health plans represent the majority of the support provided.

Activity Type	Total	%
Administration	146	37.9%
Plan/Goal Review	78	20.3%
Advocacy	59	15.3%
Transport Provision	47	12.2%
Service Navigation	36	9.4%
Assessment	5	1.3%
Discharge Planning	4	1.0%
GP Visit Support	4	1.0%
Health Promotion	4	1.0%
Programme Attendance Support	2	0.5%
Total	**385**	**100.0%**

There have been 34 discharges from the service this quarter giving a final enrolment for the quarter of 149. Forty-one of these are missing their NHI.

Of those discharged, approximately 30% have been with the service between 6 months and a year and 18 have been with the service more than 1 year. While the majority of those being discharged had between 1 and 5 activities, 35% have had more than 5.

Ten satisfaction surveys were completed with 100% of respondents rating the service either excellent or performing well.

1.2 Staffing

Staffing has remained relatively stable over this quarter with all past vacancies filled and staff training continues. A new kaiarahi has been appointed by the Runanga as a cadet. She is currently undergoing training.

Kaiarahi

Marae	FTE	Staff Name	Qualifications	Training/ development	Comment
Koraunui	1.0	Charmaine Peachy	Completed NZ Certificate in Health and Wellbeing L4	• Training in RBA and narrative reporting • Ara Whanui training • NZ Certificate in Health and Wellbeing L4 • Breastfeeding education	Staff professional development continues to be a strong feature of this quarter
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 Studying NZ Certificate in Health and Wellbeing L4		
Wainuiomata	1.0	Georgine Tuari	Studying NZ Certificate in Health and Wellbeing L4		
Kokiri Pukeatua	1.0	Rebecca Storey	Studying NZ Certificate in Health and Wellbeing L4		
Runanga	1.0	Ester Lambert	NCEA	Cadet in training NZ Certificate in Health and Wellbeing L4	Ester is a new cadet and is undergoing a workplace cadetship

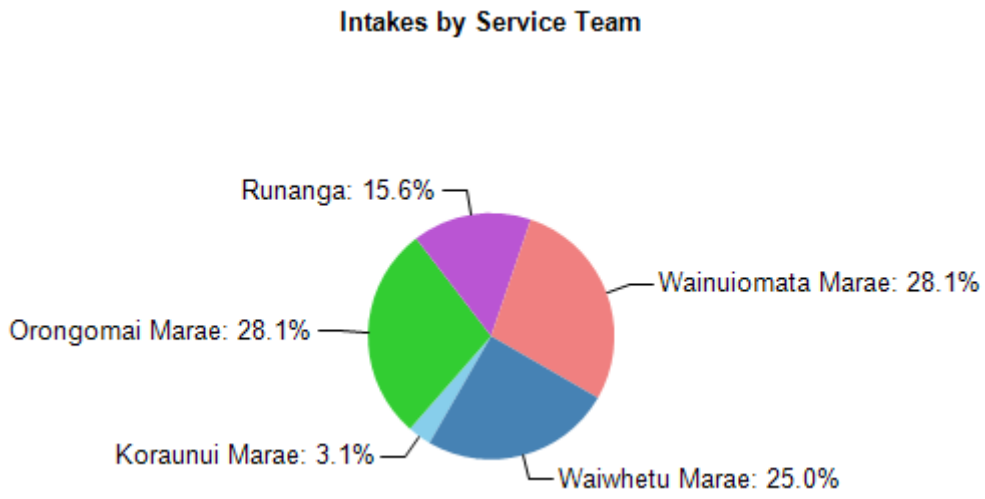
Kaiarataki

Location	FTE	Staff Name	Qualifications	Training/ development	Comment
Waiwhetu	2.5	Lisa Temple	Bachelor of Bi-Cultural Social Work Annual Practicing Certificate (APC)	Professional supervision in place. Fortnightly sessions held	Additional specialist support will be

			Member of Aotearoa NZ Association of Social Workers		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	GP CPD activities Consultations with paediatricians	

1.3 Service delivery

All 5 Marae delivering health and social services, report a total of 385 client contacts this quarter. The service breakdown shows the spread of referrals from across the Marae network. This reflects on-going improvements in reporting and the integration of the marae network.



Other services delivered this quarter include:

- Advocacy
  - Advocating for whānau with MSD/WINZ
  - Advocating for clients with doctors/specialist/other health providers
  - Advocating for clients to gain access to medical services
  - Advocating for clients with police
  - Advocating for emergency housing
- Community wellbeing
  - Home visits (Kaumatua support & home help)
  - Kaibosh (food relief)
  - Kainga Ora – Government housing initiative
  - Weekly Te Ao Māori classes to enhance personal growth and development
  - Kapa hake training
  - Tai Chi sessions
  - End of life planning
- Transport

    - Transport provision (doctors, specialists, airport, blood clinic, marae programmes & local events)
    - Transport for clients to attend Hearing clinics
    - Transport and advocate clients to doctors, specialists and Tamariki Ora services
    - Kaumatua assistance with food shopping
- Whānau Hauora
    - Facilitate whānau hui, conduct assessments, whānau ora plans & advance care plans
    - Kaumatua exercise sessions
- Hauora
    - Kaumatua support (all)
    - Mental health and counseling support
    - Cultural supervision – kaupapa Māori strengths based approach to enhance personal growth and development for Marae staff (Orongomai)
    - Whaia Ara Tika Ara Hauora – Wellbeing clinic (Orongomai)
    - Rongoa and mirimiri clinics (Waiwhetu)

1.3 Key relationships and linkages

Clients continue to be referred to Kaiarahi from the police, Te Pae Oranga – the iwi justice panel, Tamariki Ora staff, medical centre staff, other service providers, midwives, DHB services, 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 Maternity
    - Hutt Valley GPs
    - Waiwhetu Medical Centre
    - HVDHB: Māori Health Unit
    - UH Community Mental Health
    - Cervical Screening – cervical smear clinic
    - Tamariki Ora
    - Ora Tika – Rongoa
    - Te Omanga Hospice
    - Hutt pharmacies
    - Hutt Valley Breastfeeding Networks
    - Upper Hutt Foot Clinic
    - Life Unlimited
- Social Services
    - WINZ
    - MSD
    - E Tu Wahanau
    - Te Hikoitanga
    - Marae Social Services
    - Ascot Park – dementia care
    - ETER – transport provision
    - Work Bridge
    - Womens Refuge

- Legal support
    - Just Law
    - Community Law
- Housing support
    - EECA and Wellhomes
    - ACCESS
    - Trust House
    - HNZ
    - Salvation Army
    - Tuatahi Housing
    - Kahangungu Housing Services
- Budgeting
    - Whānau Family Support Service Trust
- Counseling support
    - Marae Social Services
    - Orongomai Social Services
    - Te Awakairangi Health Network
- Marae services
    - Kokiri Health and Social Services
    - Wainuiomata Marae Health clinic
    - Koraunui Marae – bicultural supervision
    - Orongomai
- Parenting support
    - Family Works – parenting support
    - Hutt Maternity
- Employment support
    - Corrections
    - Workbridge
- Police

1.4 Challenges

Some challenges the Kaiarahi and Kaiarataki are encountering include:

- The complexity of issues clients face, for example, a single client may be dealing with complex health issues at the same time as 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.
- Difficulties in connecting with GP and/or specialist services in a timely manner. Often there are long waiting times which create further issues as often illnesses are well progressed before they present for treatment. Encouraging people to engage with the health system regularly rather than waiting until the illness is severe is a key issue.
- Gaining access to GP care. Health Centres in Wainuiomata have closed their books making it difficult for whānau to access care.
- Providing the support for whānau when a key whānau member must go to hospital for surgery, is imprisoned or where whānau are not eligible for community care. This puts a great deal of pressure on the community and Marae services to fill the gaps.
- Social isolation and disconnection from whānau.
- Lack of empathy and/or understanding of te Ao Māori from GPs.
- Lack of resilience skills making it difficult for clients to complete care and development plans.
- The difficulties for many whānau to trust in and navigate around the health system

- The important role of whānau and community in ensuring positive wellbeing

1.5 Client feedback

Satisfaction surveys have been completed by 10 clients this quarter. Of these 6 (60%) rated the service as excellent and 4 (40%) rated it as meeting all needs. This continues to reflect the value of the service and is a very positive result.

1.6 Case studies – Whānau Journeys

The following cases illustrate the range of issues we deal with, the complexities that underpin these cases and the way we work together and with other agencies to effect positive outcomes.

Case 1

A client came in to Waiwhetu Marae to update her health plan with us. She wanted to stop smoking. Referral to Kokiri Seaview re the clients request to stop smoking. Client also had a history of successive ear infections on a regular basis. When seen was already on antibiotics. Her mood was low and after speaking with her, it transpired that she was feeling anxious about being stalked by her ex-partner and felt that she needed counselling. Again, a referral was made to a counsellor for her to be able to talk through her issues.

An appointment was also made to see her GP to ensure her ear infection was clearing. Whilst attending her GP visit, she was sent for an X-ray of her chest. The results were sent to her GP and another visit revealed that she needed to be seen by an oncologist just to clear away suspected cancer of the lymph nodes. She met her counsellor but did not attend her stop smoking session as she continued to smoke, and in her words "she was scared she could have cancer". She saw the oncologist who confirmed that she did not have cancer but advised her to stop smoking and a change of diet was prescribed.

The client reports that counselling sessions have assisted her to deal with her anxieties and put in motion a plan to deal with issues as they arise. She has modified her diet and is walking each day and looking to include swimming in her daily regime. She has stopped smoking of her own accord now for five weeks and reports that her taste buds are enabling her to really appreciate the taste of the food. Her asthma, ears and general condition have improved.

She reports she is sleeping better and in the back of her mind is constantly remembering the scare she experienced. She attended the cancer hui at the Marae and found the information and the speakers inspiring. Presently she is happy to proceed with her plan and will review again before the Christmas break. Her mood is good and she is happy. Lastly, she advises that she has two more counselling sessions to attend and is grateful for being able to see a counsellor.

Case 2

Koraunui have been working alongside a sixty-year-old Māori woman who has been struggling to deal with the loss of her husband. He has been gone for a year now, and during her grieving process, there were times when she found herself in a very dark place of depression and anxiety.

Koraunui Marae put a plan in place with her which included:

- Support/advocacy to appointments,
- Work and Income assistance,
- Doctor – regular visits,
- Depression Counselling and

- Budgeting advice.

Case 3
A 52-year-old woman is undergoing treatment for breast cancer. She is a solo mother and has 3 adult children and 2 teenage children living with her. She also has a 1-year old granddaughter.

She was under threat of losing her Housing NZ home and a meeting was co-ordinated between the Housing NZ team, the Marae and the whānau. A plan was agreed to, and this is now a work-in-progress.

Case 4
A mother presented to us with concerns many months ago around her child's behaviour; both at home and at school. The child found it very hard to sit still and to concentrate and complete his allocated work. He had so much energy and didn't know what to do with it.
A referral was made and a diagnosis came back indicating ADHD - mum had many emotions hearing this news.

Mum was offered medication to help child however she was on the fence about the side effects (low appetite, lack of sleep etc.) as well as how this would change her son.
After many conversations with Marae staff, family and friends, she decided to trial the medication to see if it made a difference.

She has now noticed a big change in his behaviour - he has been able to concentrate in the classroom – the child has said that he doesn't have so many fights and his legs don't feel so jumpy in class. Mum said she really notices a difference at home also as he no longer has altercations with his siblings. He's more relaxed and settled however she has definitely noticed his appetite has reduced and he finds it quite difficult to fall asleep at night.

Overall mum is happy with the decision to start these pills and he will be reviewed on a monthly basis.

Case 5
B are young parents who have moved from Tauranga to Lower Hutt and attending the Tamariki Ora clinic at Waiwhetu. WINZ had cut dad's benefit because he failed to attend an appointment in Tauranga, even though dad had stated he had now moved to Lower Hutt and wanted the appointment there.

Their only car needed new brakes, tires etc. and he did not have any extra cash to buy train/bus ticket to get to Wellington for work. This dad was referred to Rapu Mahi to help get his licence, and to Whānau Direct to help pay for the car to get fixed. The Runanga staff also delivered kaibosh, and provided additional Kaiawhina visits to ensure the whānau were managing ok. The whānau did not have GP so Tamariki Ora staff assisted whānau to enrol pepi as a casual patient at the Waiwhetu Medical Centre, and is able to see the Tamariki Ora Dr.

The Kaiawhina assessed the one bedroom flat where they were living, it was cold and dark, mum, dad and pepi were sleeping in the living room together as this was the warmest room. Pepi (3 months) often had colds and runny nose and was constantly presenting to the GP. The Kaiawhina referred the whānau to Healthy Homes to assess heating, curtains etc.

The TO nurse is completing core check and additional visits to ensure pepi remains well and to prevent worse health issues and hospitalisation. Staff are doing home visits and providing transportation as the whānau do not have a vehicle to access services. This case is ongoing. No outcome yet with dad. This is being followed up. Kaiawhina and nurse continue to support this whānau.

Case 6

S is a Māori Female, aged 26 yrs. She came to the Runanga from a high deprivation area, and the family is on a benefit. S has 2 young boys who are in care. She is couch surfing with no permanent home as she has been in hiding from her partner, who is now in prison.

On entry into the service S completed a whakatipu self-assessment which guided the pathway of support for her. She needed support in the following areas:

1. Mental health (0/100)
2. Relationships
3. Connectedness
4. Identity
5. Spirituality
6. Employment
7. Housing (score 62.50/100)

The Tamaiti Whangai Rapu Mahi team have:

- Provided S with a supportive environment where she felt she belonged
- Provided unconditional support
- Advocated for her when she needed it
- Encouraged her to keep at it when times were getting tough
- Been understanding and empathising with her whānau circumstances
- Identified and addressed specific learning needs
- Assisted S into gaining her learner driver's licence

Case 7

A wahine aged 60 years, C, was stricken by grief her husband died of cancer 2 months ago. Staff at Wainuiomata Marae had been working alongside her and her husband for more than a year.

Since her husband's death, C has been trying to move on with her life and staff referred her to our local kaumatua roopu. She has come out of her shell and is starting to talk and to participate in the programme and is thoroughly enjoying the company.

C mentioned that she wanted to sell her home because it's lonely and is far too big for her. Staff referred her onto a trusted broker and the house was sold within the month. Now C is living with her wonderful niece.

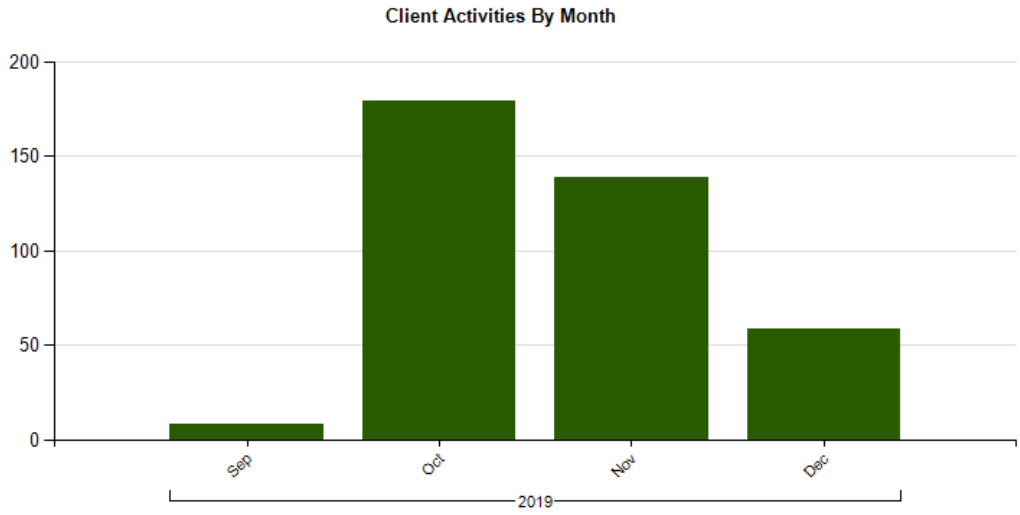
Marae staff helped C to move house with other support whānau and it's unbelievable how fast everything has been happening for her. That's the way she wanted it. It's helped to keep her mind busy and occupied, and allows her to move on with life although surely there will be moments when she misses her husband dearly.

2.0 Breast Feeding Support Service

This section of the report summarises the work of the Breast-Feeding Support Service (BFSS) for the period 1st October to 31st December 2019.

2.1 Overview

A total of 349 client interactions have been recorded this quarter, compared to 406 for Q1, 625 for Q4 and 325 for Q 3.



There have been 29 new enrolments and 39 discharges this quarter giving a final enrolment of 38. Of these 21 have an NHI and 17 (45%) don't. This is consistent with the previous quarter. Of the 29 babies discharged in this quarter 92.3% were receiving some breastmilk on discharge.

The 349 client activities recorded this quarter are broken down as follows:

Activity Type	Count
Assessment	252
Breastfeeding Education	56
Administration	29
Breast Pump Service Management	12
Total	*349*

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.

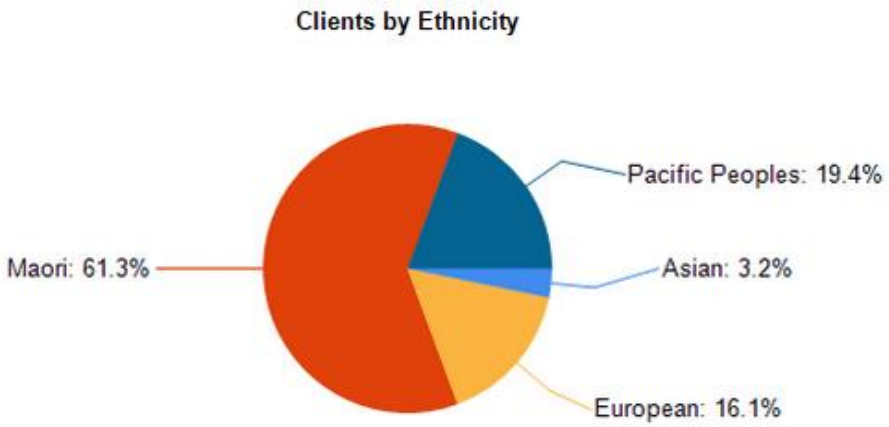
In recognition of the workload in this area, the Runanga is looking to recruit another Lactation Consultant and a cadet to reduce the administrative load on the Lactation Consultant and to ensure succession.

2.3 *Service delivery*

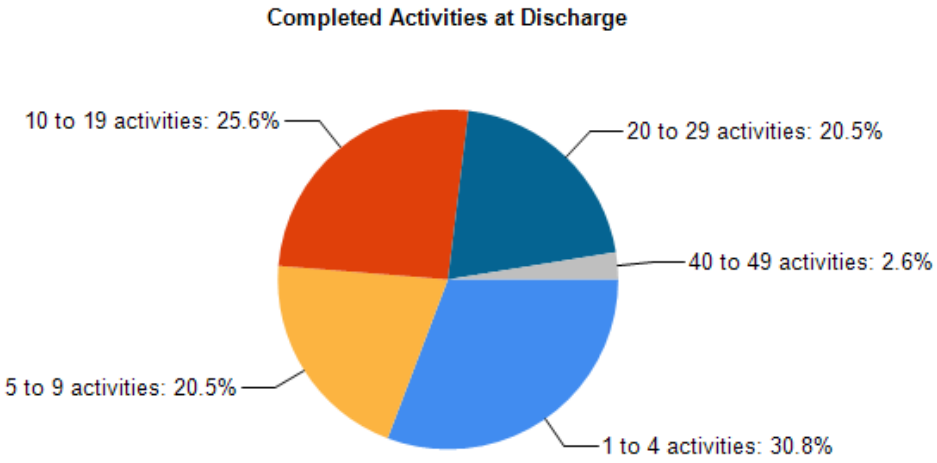
Approximately 25% of clients were referred to the service by the Tamariki Ora team.

The BFSS aims to target Māori, Pacific and teen mothers. As can be seen from the graph below, over 80% of our clients are Māori and/or Pacific Island descent.

Approximately 14% of clients are teenagers with around 27% falling into the 15 to 25-year age range.



Twenty-nine babies were discharged in this quarter, and 92.3% of these were receiving some breastmilk on discharge. Approximately 49% of clients being discharged from the service this quarter had been with the service less than 3 months and 50% had more than 10 interactions with the service.



In addition to supporting mothers and their babies, Heather Cotter has undertaken a number of education sessions this quarter including group and one on one sessions with Marae and Runanga staff.

There have been 9 satisfaction surveys completed with all 9 respondents stating the service is performing well.

2.4 *Networks and linkages*

The Breastfeeding service works with:

- Tamariki Ora/Welchild
- Runanga Whānau Ora services
- Hutt Valley Breastfeeding Network
- HVDHB Maternity Services

- Oranga Tamariki
- Family Planning

2.5 Breastfeeding Support Service Highlights

The BFSS is in its sixth year of operation and it is a highlight to reflect on following highlights:

- The relationship the LC has with the mums and their whānau enables referrals to happen early in the postnatal period.
- The relationship between the LC and Runanga whānau ora service which helps the whānau get additional social and health support when needed.
- The LCs working relationship and collaboration with other LCs and midwives means that problems can be addressed in a timely fashion e.g a baby's tongue tie and a mother's mental health
- The Breast Pump loan scheme that the service manages is vital to support mums and keep the babies getting breastmilk at a time when baby is not latching properly and milk supply is low.
- Seeing mums attain their breastfeeding goals whether it be tandem feeding, continuing to breastfeed despite initial challenges or reducing their formula use.
- Holding a meeting with Special Care Baby Unit (SCBU) Management and Paediatrician to discuss the difficulties the LC has faced with providing breastfeeding support to mums in the unit. A positive discussion evolved about the difficulties and how the staff could better support breastfeeding, whānau and the LCs relationship with the unit.

2.6 Breastfeeding Support Service Challenges:

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

- Often it is social and community factors that interfere with the mother's ability to breastfeed rather than the physical aspects and the Whangai Pepe service is able to link with Whānau ora providers in the community to help address these issues.
- Whānau continue to miss out on timely referral for breastfeeding support. As a result, the baby is often already on formula when they see the Lactation Consultant and it is harder for the mother to improve milk supply and latching. Ongoing networking with Midwives and SCBU staff is planned to improve this issue.
- Health professionals with poor breastfeeding knowledge and assessment skills continue to be a challenge, despite the LC providing these professionals with education previously.
- Lack of ongoing, sustainable tongue tie assessment and treatment service at HVDHB has meant that the clients the LC saw in this quarter have had to go out of the area to get free treatment or pay for private treatment.
- Finding a replacement for the LC who is seeking to retire.

2.7 Whānau Journeys

Journey one:

W is a teen mum who the LC had previously supported, and who continues to breastfeed her 2-year-old. She texted the LC to see if she could help her brother's girlfriend (17-year-old) as she was struggling with breastfeeding her four day old baby.

When the LC first visited this new mum, the baby was in the process of being taken to hospital for admission as he had lost too much weight, was very jaundiced and low in blood sugar. The LC was able to help the mum express some milk to give it to baby straight away and correct his low blood sugar. The LC diagnosed a restricted tongue tie as a cause for the poor feeding and loaned the mum a breast pump so that she could express and feed baby the extra milk as well as boost her milk supply.

Three days later when the baby was discharged from hospital the LC arranged for the baby to have a tongue tie release procedure (frenotomy) as he was still having difficulty breastfeeding optimally.

Five days after the frenotomy, baby was latching and breastfeeding much better. He continued to gain weight and the jaundice settled. The LC spent a bit more time with the mum to improve the latching technique and reinforce normal new-born behaviour. A day later the mum was able to stop extra milk top ups and fully breastfeed. Baby was mostly settled and both mum and baby were doing well.

The mum, her boyfriend and new baby attended the Kaupapa Māori Antenatal Education Breastfeeding class to learn more about new-born care and breastfeeding. One month later the mum returned the breast pump, was still fully breastfeeding and doing really well.

Over a period of six weeks the LC had these contacts with this whānau:

- Four home visits
- Two phone calls
- Four text conversations
- Two emails
- Two conversations with Health Professionals

Baby was exclusively breastfed at first contact and fully breastfeed at discharge.

Journey two:
T, a mum the LC had previously supported with her 2nd child, asked her midwife to refer her to the LC to help with breastfeeding her three day old baby. This mum struggled to latch baby due to inverted nipples.

The mum lived in an overcrowded house with her partner and three children as well as two other families. The mum was feeling extremely tired and very flat in mood. The LC was able to help with the latching difficulties, loan a breast pump to boost her milk supply and listen and support her with her stress situation and mental health issues. The LC referred her to her Midwife for assessment of her mental health and to Te Runanga o te Atiawa whānau ora for wahakura and safe sleep education.

Over a two month period the LC has had these contacts with this whānau:

- Four home visits
- Ten text conversations
- Five phone calls
- One referral to whānau ora
- Two conversations with Midwife

Baby was partially breastfed on admission to the service and continues to be partially breastfed as he receives two bottles of formula a day. The baby is getting much more breastmilk and less formula than when he was initially seen, and T is very happy that she can now comfortably breastfeed and breastfeed most of baby's feeds.

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 October to 31st December 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 (58) tauira (students) were supported by Tamaiti Whangai wellbeing support services during 2019. There were mainly tauira enrolled in the Māori and Pasifika Trades Training (MPTT) programmes offered by WelTec.

3.4 Networks and linkages

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

- Waiwhetu Medical Centre
- Counsellors
- Tertiary education organisations (TEOs) particularly WelTec
- Police and Te Pae Oranga
- Employers e.g. Downer

3.5 Highlights

The main highlights of 2019 students has been working with Tauira to identify and address their needs for and those of their 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:

- Maintaining relationships with the students through out their study and supporting them to address their needs. These include needing support to address:
    - Financial needs
    - Isolation from whānau
    - Mental health issues
    - Alcohol and/or drug issues
    - Housing needs
    - Transport assistance

3.7 Tauira Journeys

Case one:

A is a returning student who is wanting to enrol in a course for next year. She had been using Vibe to sort her issues.

The Tamaiti Whangai team provided mentoring, guidance, programme and career counselling. It is unclear whether A has re-enrolled but on-going support is available.

Case two:
C is a continuing student with a number of complex health and social issues including struggling with mental health and having difficulty finding a place to live. As a result of these issues she had failed to complete her course but in the second semester was seeking to return to complete it.

The Tamaiti Whangai team provided mentoring, guidance and support for C. They referred her, with a supported hand over, to both Vibe and Vitae to help her to address her health and social issues. She was also supported to engage with WINZ and the team provided advocacy and support to assist her have her needs met.

Unfortunately, C left her course as she was unable to balance the pressures of study with the struggles at home. The support available through Vibe and Vitae continues to be available.

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 period 1 October to 31st December 2019.

4.1 Staffing

Location	FTE	Staff Name	Qualifications	Training/ development	Comment
Waiwhetu	1.0	Miri Luke	National Certificate in Healthcare Assistance L4	Coordinating kaiarahi hui Emergency preparedness training	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.

Health promotions offered this quarter have included:

- Waiwhetu Marae:
    - Whānau living with cancer hui (October) – aim to improve service access for Māori patients
    - Hui on asthma maintenance and prevention (Waiwhetu Marae – 23 attended including 9 tamariki. Session included best practice in use and maintenance of medihalers
    - Rongoa/Mirimiri clinics every Tuesday.
    - Hapu Ora every Thursday.
    - Wahine Ora sessions
    - Hapu ora
- Orongomai Marae
    - Cervical screening. Two evening sessions were held this quarter at Orongomai Marae screening 14 wahine.
    - Promotion of Advanced Care Planning
    - Antenatal clinics held at Orongomai Marae
    - Podiatry clinics held at Orongomai Marae
    - Whaia Ara Tika Ara Hauoro – clinics held fortnightly
- Wainuiomata Marae
    - Health Homes Healthy Whānau
    - Free eye clinic

4.3 Networks and Linkages

In addition to working with Atiawa Toa to promote healthy lifestyles, 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
- Drug and Alcohol counselling services including Salvation Army
- Prostate Cancer Foundation of NZ
- Ora Tika Rongoa

4.4 Highlights

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

- Planning and preparation for Te Ra o Raukawa 2020

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, using information leaflets, 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

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. It also continues to build its capacity and capability to deliver and report on the services that support its community wellbeing. The value of having specialist health and social workers in Kaiarataki roles is producing valued outcomes as this service grows and develops.

Building staff capacity and capability to work in integrated delivery, using case management models, underpinned by matāuranga Māori continues to be a key focus of the mahi.

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.

Ensuring strategic alignment of Runanga structure with its strategic intent enables the Runanga to overtly embed matāuranga Māori and Atiawatanga in it practice and reflects the growing confidence in the Runanga being able to express its mahi from a Māori worldview.

We acknowledge the commitment of staff to the mahi and the committees we serve and celebrate with them our success.

Appendix 1: Service Delivery Summary for Whānau Ora Health Services

Exisiting Enrolments as at 1/10/2019	**151**
New Enrolments	**32**

Referral Source	
Self/Family/Friend/Neighbour	23
Internal - Well Child	4
LMC	2
Marae	2
Internal - Iwi Panel	1

Discharges	**34**

Satisfaction Survey Outcomes	
Excellent (5)	6
Performing Well (4)	4
Satisfactory (3)	0
Needs Improvement (2)	0
Total	*10*

Final Enrolments as at 31/12/2019	**149**
With NHI	108
Missing NHI	41

Activity Type	Count
Administration	146
Plan/Goal Review	78
Advocacy	59
Transport Provision	47
Service Navigation	36
Assessment	5
Discharge Planning	4
GP Visit Support	4
Health Promotion	4
Programme Attendance Support	2
Total	*385*

Assessment Type	Count
Whakatupu Assessment	21
Total	*21*

External Referral Type	Count
Community Agency/Service	2
Total	*2*

Plan Type	Plans	Goals
Health Plan	24	48
Housing Plan	15	18
Connectedness Plan	9	14
Healthy Lifestyle Plan	5	7
Relationships Plan	4	4
Employment Plan	3	3
Spirituality Plan	2	2
Education Plan	1	0
Total	*63*	*96*

Appendix 2: Activity Report for Breastfeeding Service

Exisiting Enrolments as at 1/10/2019	**48**
New Enrolments	**29**

Referral Source	
Internal - Well Child	7
LMC	5
Self/Family/Friend/Neighbour	5
Lactation Consultant	4
Hospital Midwife	2
TPU	2
Community Agency/Service	1
Other	1
PH WCP	1
Community Based Services	1

Discharges	**39**

Satisfaction Survey Outcomes	
Performing Well (4)	9
Total	*9*

Final Enrolments as at 31/12/2019	**38**

With NHI	21
Missing NHI	17

Activity Type	Count
Assessment	252
Breastfeeding Education	56
Administration	29
Breast Pump Service Management	12
Total	*349*

External Referral Type	Count
TT-CCDHB Midwives	2
Internal - Marae-based Services	1
TT-Oral Surgeon Private	1
TT-Palmerston North GP TT services	1
Total	*5*

Assessment Type	Count
Total	

Plan Type	Plans	Goals
Total		

Appendix 3 – Activity Report for Well Child Services

Exisiting Enrolments as at 1/10/2019	**1024**
New Enrolments	**87**

Referral Source	
LMC	62
Self/Family/Friend/Neighbour	11
Community Agency/Service	6
Hospital	5
Other	2
Other Well Child Provider	1

Discharges	**73**

Satisfaction Survey Outcomes	
Excellent (5)	32
Performing Well (4)	8
Satisfactory (3)	9
Needs Improvement (2)	0
Not Performing Adequately (1)	0
Total	*49*

Final Enrolments as at 31/12/2019	**1038**

With NHI	1033
Missing NHI	5

Activity Type	Count
Administration	1358
Core 1 - Additional	137
Core 4 - Additional	97
Core 6 - Additional	70
Core 2	68
Core 5 - Additional	65
Core 4	65
Core 7 - Additional	62
Core 2 - Additional	58
Core 1	57
Core 5	52
Core 3 - Additional	52
Core 3	52
Core 6	50
Core 7	36
Plan/Goal Review	5
Assessment	2
Total	*2286*

External Referral Type	Count
Specialist Medical Services	15
Other	7
Paediatrician	6
Breastfeeding service	3
Family Start	2
Internal - BF Support	2
Internal - Rapu Mahi	2
Car Seat Rental	1
Community Agency/Service	1
Internal - Marae-based Services	1
Total	*40*

Assessment Type	Count
Total	

Plan Type	Plans	Goals
Whanau Plan	92	48
Total	*92*	*48*