



# Whānau Ora Wellbeing Services – Fourth Quarter Report for 2019/20 Year

Report on Services Provided by Te Runanganui o te Āti Āwa 1st April 2020 to 30th June 2020

Prepared by Dr Amanda Torr

7/1/20

Te Runanganui o Te Āti Āwa











## Table of Contents

Key performance Indicators.....	2
Annual Performance by Service.....	2
Whānau Ora Integrated Wellbeing Services.....	3
Fourth Quarter Report to the HVDHB for the period 1 <sup>st</sup> April to 30 <sup>th</sup> June 2020 .....	3
Executive Summary.....	3
1.0 Background .....	4
1.1 Our Kaupapa .....	4
2.0 Fourth Quarter 2019/20 Highlights .....	6
2.1 Response to the Covid-19 pandemic .....	6
2.2 Expanding our reach though community networks .....	7
2.3 Gaining access to NHI data .....	9
2.4 Enhancing our communication channels.....	9
2.5 Using digital media to support service delivery.....	9
3.0 Issues and Challenges .....	10
3.1 Developing effective collaboration models .....	10
3.3 Dealing with increased levels of need as a result of Covid-19.....	10
3.4 Managing the stresses resulting from Covid-19 .....	10
4.0 Summary of Q4 2019/20 achievements in integrated service provision .....	11
5.0 Service Delivery Report for Quarter Four 1 <sup>st</sup> April to 30 <sup>th</sup> June 2020 .....	14
5.1 Well Child/Tamariki Ora.....	14
5.2 Hauora/Whānau Ora Service .....	19
5.3 Breast Feeding Support Service .....	28
5.4 Tamaiti Whangai Rangatahi Service.....	33
5.8 Health Promotion Service .....	36
5.9 Other Services .....	39
6.0 Conclusion.....	42
Appendix 1: Service Delivery Summary for Whānau Ora Health Services.....	43
Appendix 2: Activity Report for Breastfeeding Service.....	44
Appendix 3 – Activity Report for Well Child Services .....	45







# Key performance Indicators

## Annual Performance by Service


### Health

	<b>Whānau Ora health – Marae enrolments</b>	Target 200 Actual <b>322</b>		<b>Health Promotions</b>	Target 12 Actual <b>25</b>
	<b>Whānau Ora Health Rūnanga enrolments</b>	Target 25 Actual <b>1361</b>		<b>Tamaiti Whangai Rangatahi enrolments</b>	Target 40 Actual <b>34</b>
	<b>Breast Feeding Service enrolments</b>	Target 120 Actual <b>144</b>		<b>Wahine Ora</b>	Target 350 Actual <b>259</b>
	<b>Tamariki Ora enrolments</b>	Target 300 Actual <b>365</b>		<b>Tamariki Ora RVUs</b>	Target 3,500 Actual <b>3,808</b>

### Social services

	<b>Iwi Panel Enrolments</b>	Target 400 Actual <b>350</b>		<b>Oranga Tamariki Transitions</b>	Target 12 Actual <b>0</b>
	<b>Rapu Mahi enrolments</b>	Target 40 Actual <b>31</b>		<b>He Tangata Licenses</b>	Target 40 Actual <b>140</b>
	<b>Whānau Ora clients</b>	Target 75 Actual <b>73</b>		<b>Whānau Direct funding</b>	Target \$97K Actual <b>\$184K</b>

### Media

	<b>Radio Te Reo content 9 hours day</b>	Target 3,240 hours Actual <b>3,447 hours</b>
---	---	---

# Whānau Ora Integrated Wellbeing Services

Fourth Quarter Report to the HVDHB for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2020

## Executive Summary

This report describes the delivery of integrated hauora/wellbeing/whānau ora services by the Rūnanga and its network in the fourth quarter of the 2019/20 financial year, the work Te Rūnanga completed to support communities through the Covid-19 pandemic and the impact these had on the communities served.

Over the Covid-19 period Te Rūnanga expanded its network and reach to ensure whānau and communities were safe. We used our holistic service delivery approach to address the health and social inequities that exist within the populations we serve, recognising the positive impacts of the kaupapa Māori approach we use to deliver our services.

This report highlights the services delivered that collectively address whānau and community wellbeing and the challenges we face in working in communities facing complex issues, particularly in the face of the Covid-19 pandemic. This pandemic impacted both our communities, increasing the level of need, and our services and our ability to support our communities.

On the positive side, Covid-19 provided opportunities to develop our collaborative and proactive models of practice. We were able to pivot our services to proactively engage with enrolled whānau and whānau engaged through our community networks to identify and meet needs. The locus of service provision also shifted from working with individuals to working to support whānau as a whole.

On the negative side, the level of work required to provide the support required increased exponentially in this quarter resulting in high levels of stress for staff who were working from home and caring for whānau through the rahui period.

This report highlights achievements for this quarter include:

- The response to the Covid-19 pandemic
- Expanding our reach through networks
- Gaining access to NHI data
- Enhancing our communication channels
- Using digital media to support service delivery

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

- Developing effective collaboration models
- Dealing with increased levels of need as a result of Covid-19
- Managing the stresses resulting from Covid-19

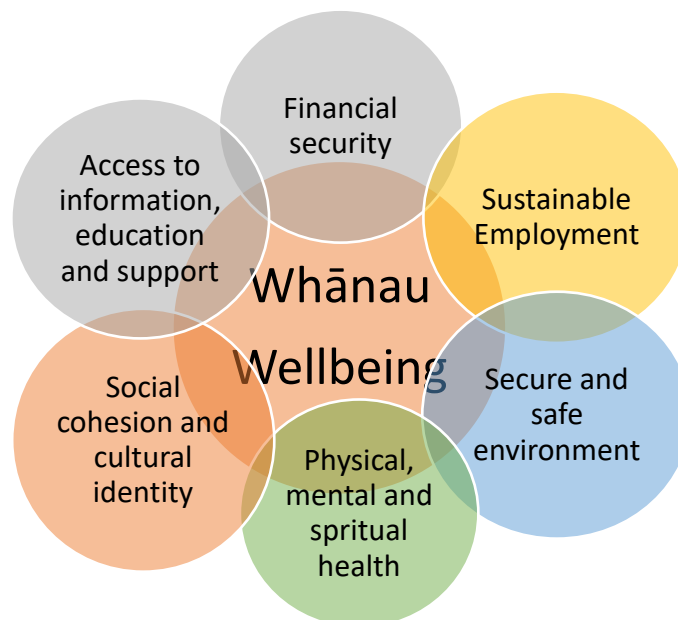
## 1.0 Background

The Rūnanganui o te Āti Awa delivers a range of integrated hauora/health/wellbeing/whānau ora services to individuals and their whānau within the Awakairangi rohe aimed at supporting whānau wellbeing. Our mahi responds to identified needs as well as addressing the social and economic determinants of health. Our mahi focuses on: promoting social cohesion; supporting cultural regeneration; promoting healthy lifestyles; supporting healthy homes and good nutrition; addressing 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. The principles underpinning this contract have guided the delivery of services over the contract period.

### 1.1 Our Kaupapa

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

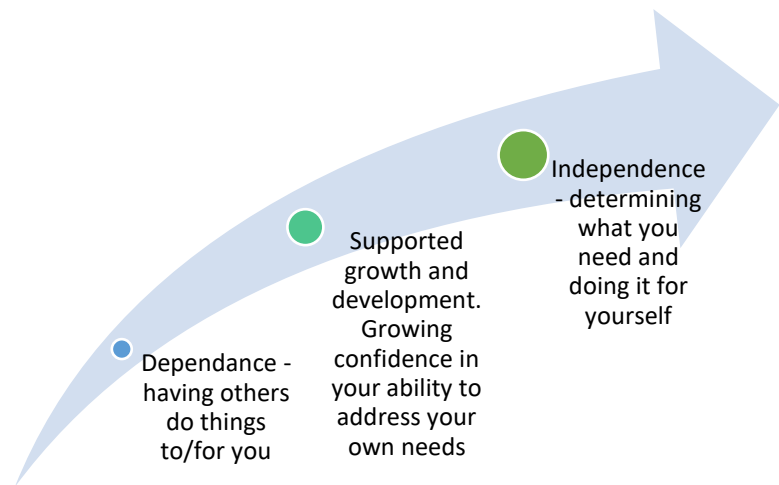


Our Kaupapa embeds the following principles:

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 fourth quarter of the second year of the DHB contract (April 1<sup>st</sup> to June 30<sup>st</sup> 2020), reports on the range of outcomes resulting from the services delivered, and Rūnanga performance and the progress in addressing the challenges raised in the previous reports as well as those raised by the Covid-19 pandemic which has had a profound effect on our communities.



## 2.0 Fourth Quarter 2019/20 Highlights

### 2.1 Response to the Covid-19 pandemic

As a provider of essential services, Te Rūnanga continued to deliver its services throughout the Covid-19 rahui. While the services continued to be delivered, the way in which they were delivered and the focus of some of the services adapted to the constraints and needs resulting from the enforced lock-down.

Responding to the needs and opportunities created by the rahui, Te Rūnanga pivoted its services to be more proactive, contacting whānau on the databases to identify needs and to respond to these. Working with whānau over this period, the staff found that whānau needs changed rapidly, with many who had previously been low or medium needs became high needs as a result of a loss of income and/or ability to work.

The most commonly identified needs of the whānau served over this period were:

- Information and advice on how to deal with the Covid-19 rahui
- Hygiene packs and PPE
- Food – Kaibosh, food banks, Emergency Response Services and other agencies
- Food vouchers
- Advice and support for mums with babies and those needing breastfeeding support
- Communication devices and/or computers to support distance learning
- Clothing and bedding
- Assistance to pay rent and/or bills particularly power bills
- Health advice and immunisation
- Testing for Covid-19
- Housing
- Counselling

The Rūnanga worked as part of the wider collective of iwi-based providers (the Collective) in the Wellington region to meet the needs of whānau. The Collective is made up of:

- Te Rūnanganui o Te Āti Awa
- Te Rūnanga o Toa Rangatira
- Kahungunu Whānau Services
- Takiri Mai Te Ata Collective
- Te Roopu Āwhina ki Porirua

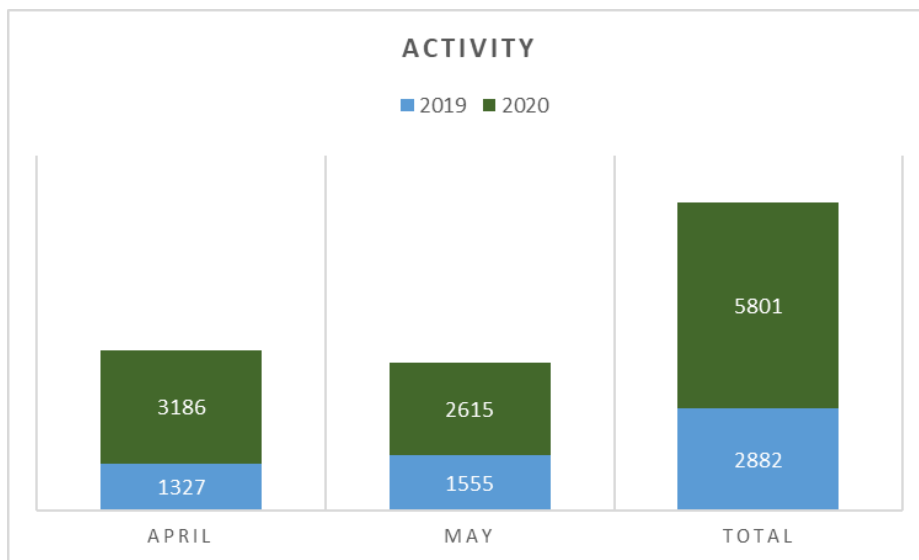
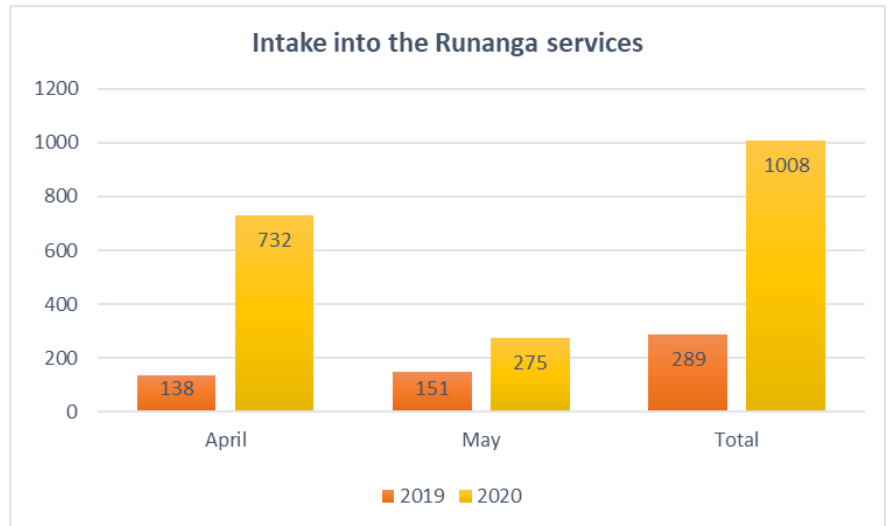
Each of these providers had specialist services which were able to be accessed by others within the network, for example, Kahungunu Whānau Services specialized in providing emergency housing, Te Rūnanga specialized in providing radio broadcasting services, Takiri Mai Te Ata specialized in community immunisation and Te Roopu Āwhina acted as the agency for the procurement of hygiene packs and Whānau Direct funding.

Te Rūnanga recorded all its activities in supporting individual whānau in its Ara Whanui database. Data comparing the activities completed in the April-May period in 2019 with the activity completed in the April-May 2020 period shows the level of activity undertaken to respond to community needs.

When compared with 2019, the intake into the services more than tripled for the same period into 2020. This was a result of Te Rūnanga’s proactive outreach strategy.

Over the Covid-19 rahui period, the activity Te Rūnanga engaged in was more than double the activity undertaken in the same period in 2019.

The top 5 activities delivered



through April and May 2020 in response to the Covid-19 were classified as:

- Covid-19 support – food, food vouchers, hygiene packs, advice etc.
- Administration – phoning whānau, recording activities, scheduling appointments

- Tamariki Ora Core Check additional – checking on mothers and tamariki and providing advice and support as needed
- Tamariki Ora Core checks – weighing, measuring and conducting health checks of babies, either face-to-face or virtually using video links
- Breast feeding support

Throughout the Covid-19 rahui, the Rūnanga provided the following:

- \$13,000 in food vouchers
- 8,000 hygiene packs
- \$152,000 of Whānau Direct Funding which included \$40,000 being distributed as food vouchers

## 2.2 Expanding our reach through community networks

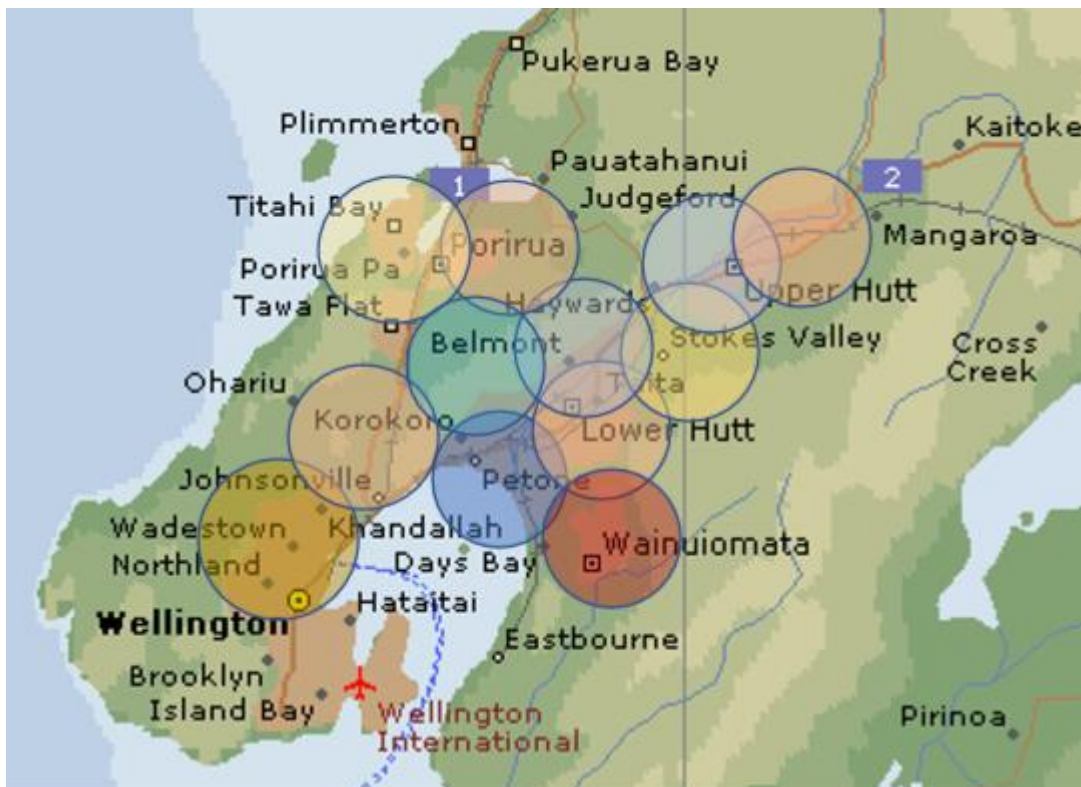
To ensure these services provided met the needs of the communities, Te Rūnanga used its networks and relationships to reach out to the wider community during this quarter. We used these networks to reach people in need and to provide support through the pandemic. This work has led to development of an Outreach Strategy to leverage off the learnings from this period.



The community network illustrated below was used to distribute hygiene packs and pork products across the Wellington region.



The reach achieved in distributing pork products and hygiene packs is shown in the map.



### 2.3 Gaining access to NHI data

In this quarter, Te Rūnanga was successful in gaining access to accessing NHI data for our clients. This has enabled records to be updated and NHI numbers to be collected where these have been previously missing.

This has been a very positive outcome for the quarter.

### 2.4 Enhancing our communication channels

During this quarter Te Rūnanga expanded the channels and means by which it connects and communicates with the wider community to ensure health messages and promotions reached their audiences. Communication channels included:

- Radio – Atiawa Toa FM
- Website – to provide access to public health information, emergency whānau planning tools and a channel for contacting services
- Facebook – to share stories and information
- SMS messaging – this was used particularly by the Tamariki Ora service to get key messages to their clients
- Having an 0800 number so whānau can contact us at no cost

The Rūnanga has developed a Digital Strategy and is currently redeveloping its website in line with this strategy.

### 2.5 Using digital media to support service delivery

With the majority of staff working from home over the Covid-19 rahui, Te Rūnanga has supported staff with the necessary equipment and technology to work from home. Daily meetings were held using Teams over the Level 3 and 4 period to ensure staff had everything they needed to both support their whānau and the work of the Rūnanga over this period. The work undertaken in the past two years to ensure the resilience of the ICT infrastructure of Te Rūnanga proved its value enabling service delivery to continue seamlessly.

Services pivoted to deliver using digital media including completing core checks over video conferencing/phone calls and holding Iwi Panel sessions over video conference links.



### 3.0 Issues and Challenges

#### 3.1 Developing effective collaboration models

Over the Covid-19 period effective collaboration practices were developed with other iwi providers, however, when referrals were required to other mainstream organisations the system failed to meet requirements.

While iwi organisations were able to act immediately, our experience of dealing with other organisations was that service was often delayed, required additional needs analysis to be completed and/or did not take into account the circumstances of the whānau who was receiving the service.

This was frustrating for providers and led to the development of collaborations with trusted providers who understand the environment and contexts we work in.

#### 3.3 Dealing with increased levels of need as a result of Covid-19

The needs of whānau increased exponentially during Covid-19 as whānau became isolated, lost income, were unable to pay bills or buy food, experienced over crowded living conditions and dealt with the stressors of the lock down period.

The Rūnanga and Marae staff stepped up to ensure the services required were delivered and worked with other agencies to distribute food and hygiene packs. This mahi is covered in this report.

#### 3.4 Managing the stresses resulting from Covid-19

One of the key challenges caused by Covid-19 has been the levels of stress staff have operated under in this quarter while they sought to balance their workload with the need to support their own whānau.

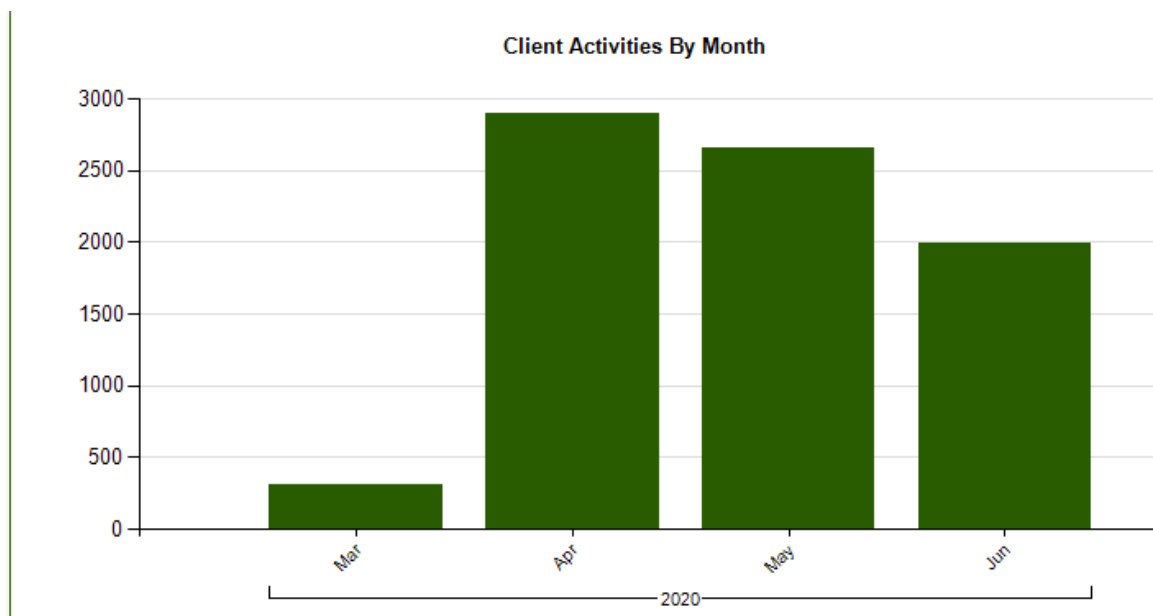
Following on from this has been the stress caused though having to catch up on the missed appointments. This is a particular challenge for the breastfeeding support and Tamariki Ora services.

Acknowledging the working completed through Covid-19 and supporting the wellbeing of staff, a celebration breakfast for staff and partner organisations was held 26<sup>th</sup> June..

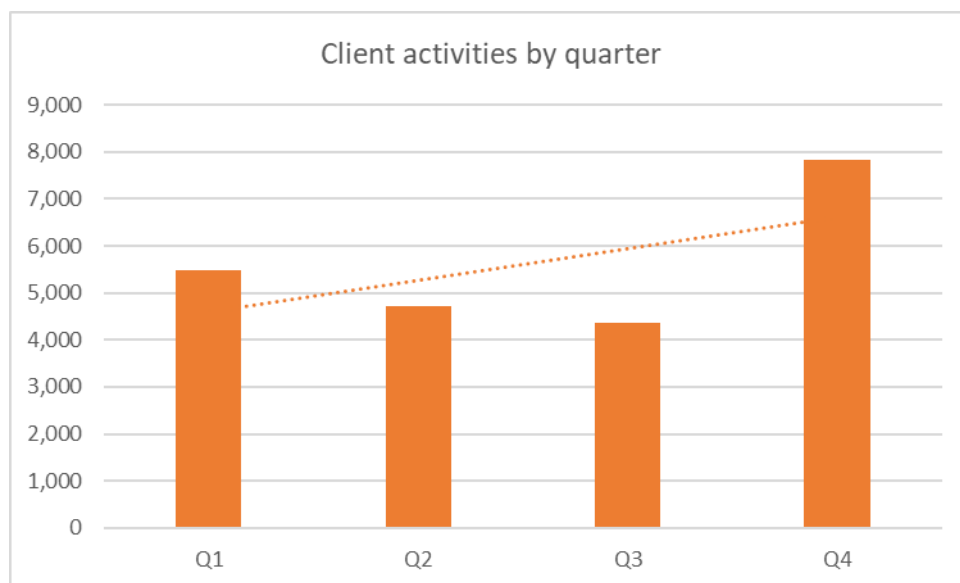
#### 4.0 Summary of Q4 2019/20 achievements in integrated service provision

Across all Rūnanga wellbeing services supporting whānau in this quarter – reported through Ara Whanui (including Tamariki Ora, Breastfeeding service, Health Promotion, Tamaiti Whangai, Iwi Panel and Rapu Mahi) – there have been 1,741 enrolments in the services and 7,846 client contacts (compared with 4,363 for Q3, 4,729 for Q2, and 5,488 for Q1).

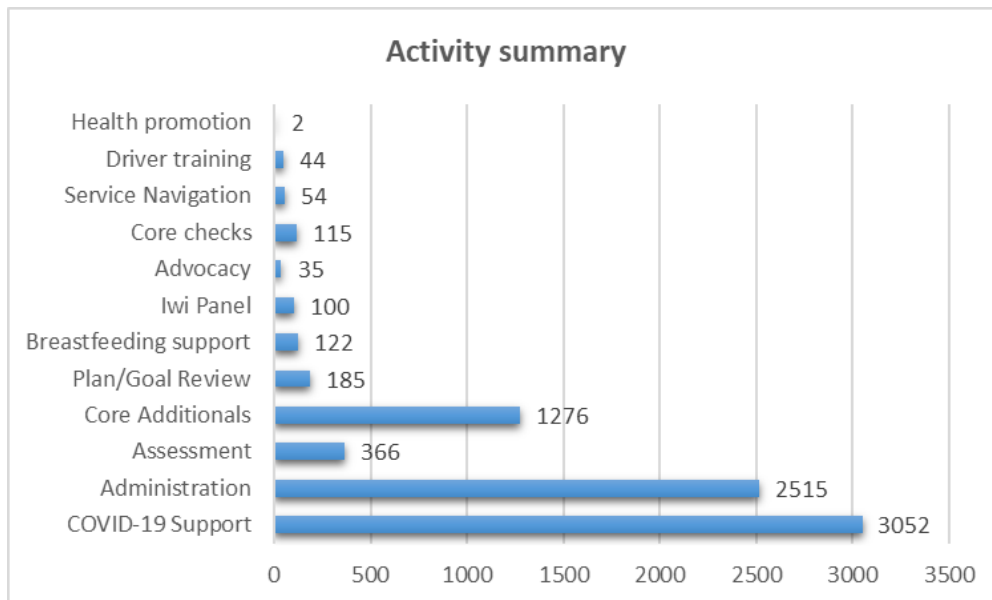
Year	Month	Total	%
2020	Mar	306	3.9%
	Apr	2898	36.9%
	May	2655	33.8%
	Jun	1987	25.3%
<b>Total</b>		<b>7846</b>	<b>100.0%</b>



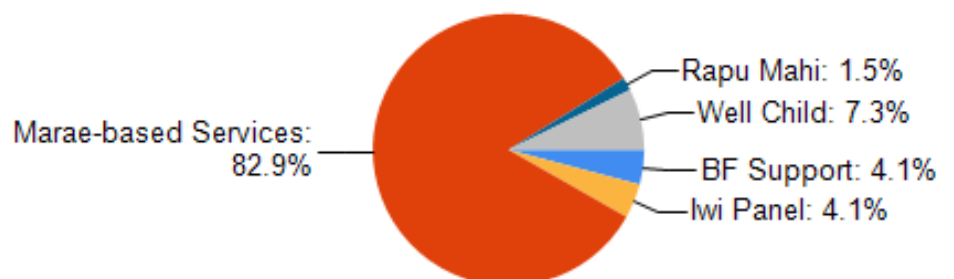
This reflects the impact of the Covid-19 pandemic with the country going into Level 3 and then Level 4 lockdown in March and continuing through the various alert levels in the period April to June.



The range of services delivered in this period across all services is summarised in the following graph. Covid-19 support recognises the distribution of care packages and additional support provided to whānau. In addition to this, the high number of administration activities reflects the work done by staff to proactively contact clients many of whom required multiple phone calls before contact could be made.

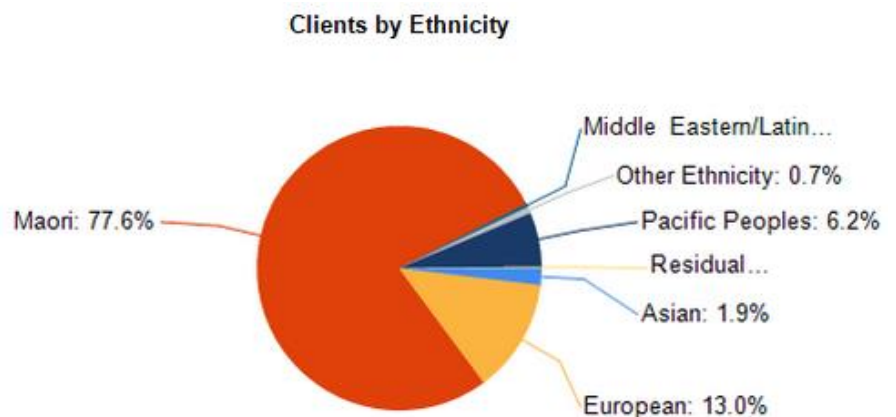


There have been 1167 new clients enrolled into the services this quarter, compared with 591 last quarter. The majority of these, 743 were enrolled in April reflecting the intensity of work conducted through the Alert levels 3 and 4. The majority of these enrolments have been in the Marae-based services.

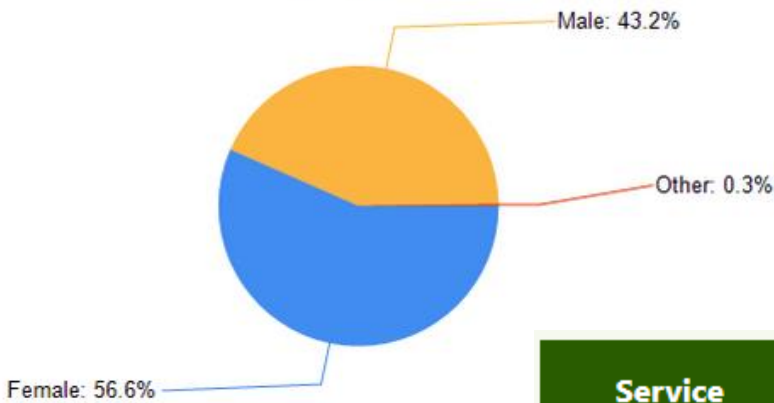


A total of 158 clients have been discharged from services this quarter. The average length of stay across all services is 152 days. Just over half, 55%, of all clients have required more than 4 activities with 10% requiring more than 10.

Analysis of the client base served by the Rūnanga shows that the large majority of clients 77.6%, are Māori and there is a fairly even split between male and female accessing the range of services available (56.6% female to 43.2% male).



Clients by Gender



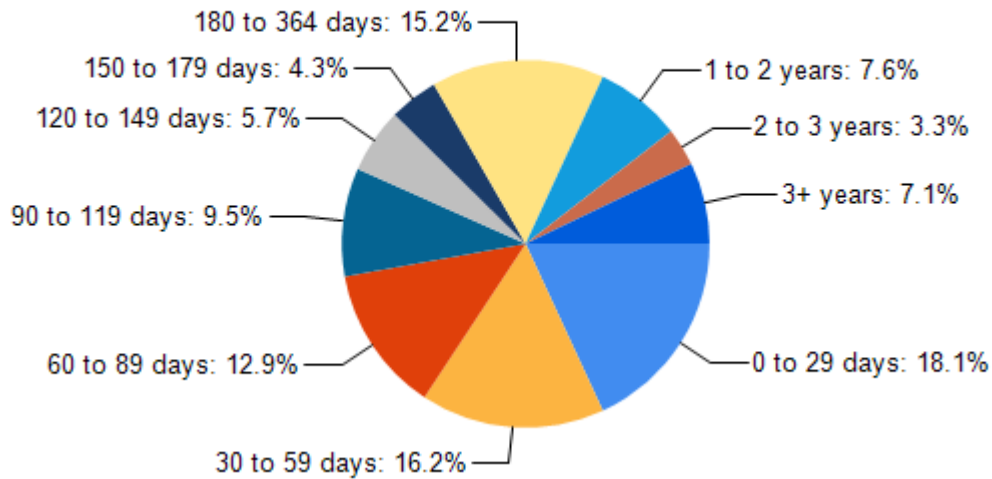
Clients in the Wellchild service were engaged the longest with Te Rūnanga and iwi panel clinics for the shortest period.

In this quarter we have seen a small decrease in the percentage of males accessing services, 43.2% down from 47.8% last quarter.

A total of 210 clients were discharged from the services this quarter with the average length of stay across all services being 256 days.

Service	Days with Service	Clients	ALOS
Well Child	34,898	45	776
Rapu Mahi	6,575	30	219
BF Support	4,276	40	107
Marae-based Services	2,933	32	92
Iwi Panel	5,075	63	81
<b>Total</b>	<b>53,757</b>	<b>210</b>	<b>256</b>

Average Length Of Stay (ALOS)

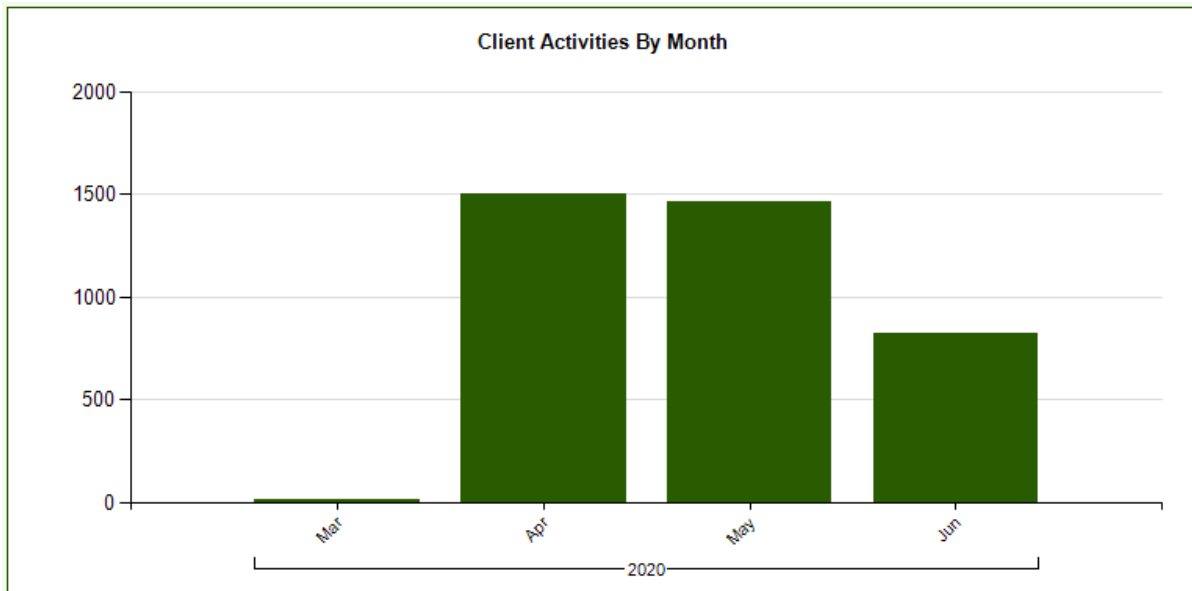


## 5.0 Service Delivery Report for Quarter Four 1<sup>st</sup> April to 30<sup>th</sup> June 2020

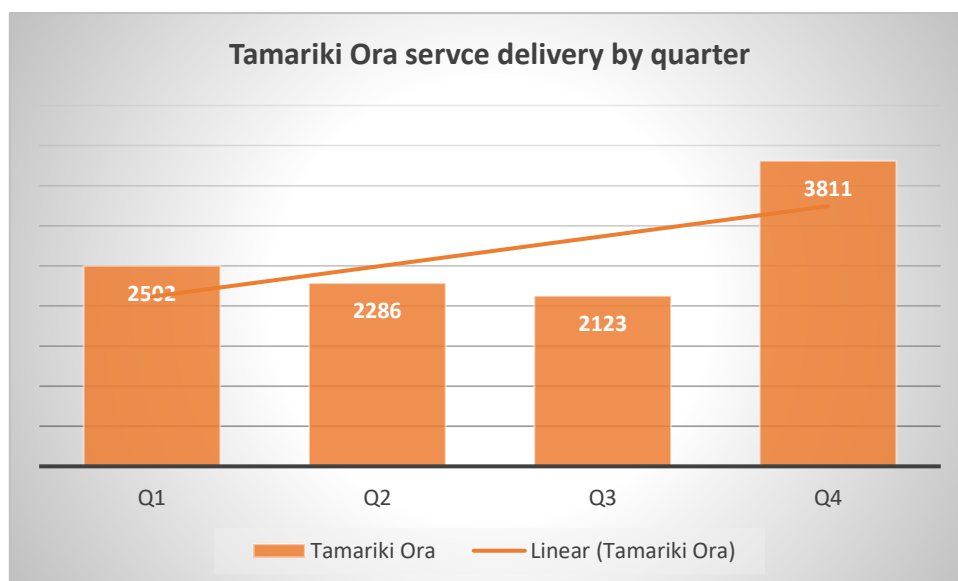
### 5.1 Well Child/Tamariki Ora

#### 5.1.1 Overview

Delivery of Tamariki Ora/Well Child services continued to track ahead of target with 1,159 enrolments in the service at the end of Q4.



There have been 3,811 client engagements recorded for the quarter up from the 2,123 recorded for Q3, 2,286 reported in Q2, and 2,502 from Q1.



The increase in client contacts seen this quarter reflects the work the team engaged in to reach out and support clients on the database through the Covid-19 pandemic.



### 5.1.2 Staffing

Staffing has remained stable over this quarter and staff training continues.

#### Kaiarahi

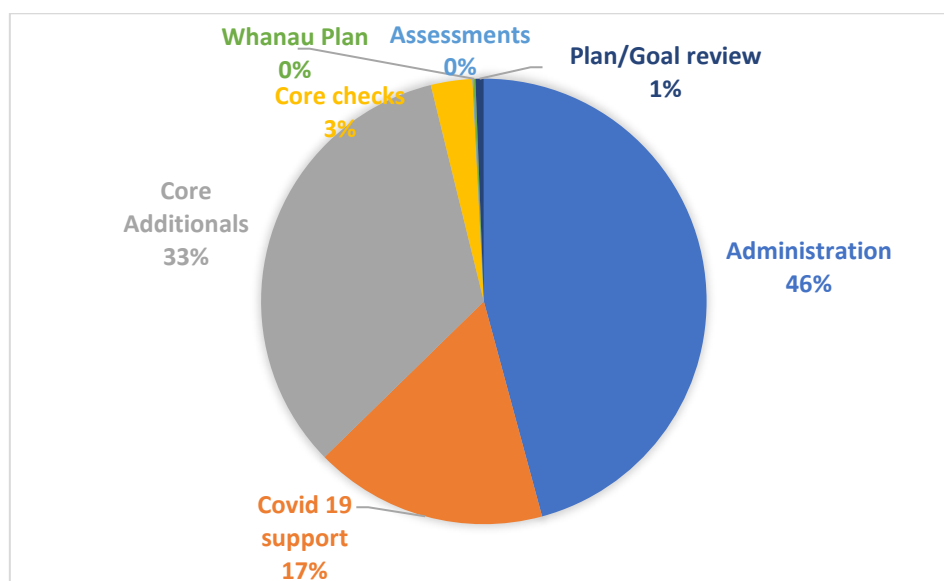
Role	FTE	Staff Name	Qualifications	Training/development	Comment
Nurse	1.0	Michelle McGregor	Registered Nurse Well Child Nurse	<ul style="list-style-type: none"> <li>• Training in RBA and narrative reporting</li> <li>• Ara Whanui training</li> </ul>	Continuing professional development activities to meet APC requirements
	1.0	Lil Tuhaka	Registered Nurse Well Child Nurse		
Doctor	0.5	Larisa Koning	FRNZCGP		
Kaiawhina	1.0	Hine Stevens	Qualified Kaiawhina		Matāuranga Māori Mentoring and peer support
	1.0	Ngahuia Tuhaka	Qualified Kaiawhina		
	0.8	Beth Moroney	Well Child Training		
Administrator	1.0	Edwina Taylor	NZ Certificate in Business and Administration L3		In cadetship Mentoring and peer support

One of the Tamariki Ora nurses continues to sit on the National Tamariki Ora review panel. Te Rūnanga is currently recruiting for a Tamariki Ora nurse to fill an existing vacancy.

### 5.1.3 Service delivery

There have been 83 new pepi (babies) enrolled in this quarter with 73% coming from the LMC service. At the same time, there have been 44 discharges this quarter, giving a final current enrolled population of 1,159. Of the population registered in the Tamariki Ora service, 74% are Māori and 3.6% are Pacific Islander.

During this quarter, the Tamariki Ora team recorded 3,811 engagements with clients. These engagements fell into the following categories:



With the lock down, the focus shifted from core checks to core additional with staff contacting whānau, triaging and assessing needs over the phone and providing support as required. The new category of service providing Covid-19 support was introduced to enable the additional support provided to whānau to be tracked. For the Tamariki Ora service this support focussed on providing:

- Food;
- Food vouchers;
- Hygiene packs
- Whānau Direct funding to assist whānau to pay rent, bills, and to buy baby food, cloths, bedding and car seats.

Sixty-five whānau were referred to external agencies for assistance in this quarter with 18 being referred for Whānau Direct funding, 13 to doctors/ specialist medical services/ paediatrician. This is up from the 25 referred last quarter.

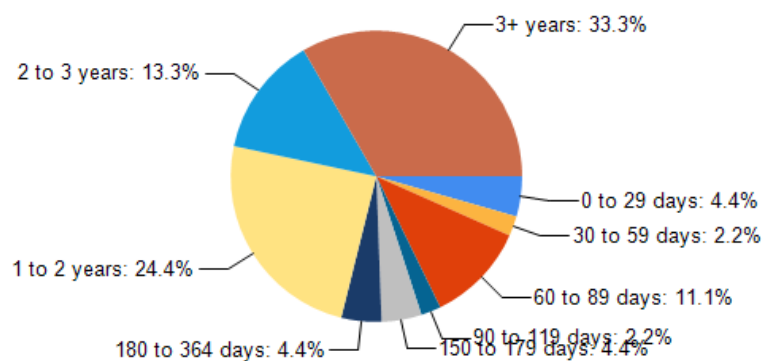
Sixty-three whānau had whānau plans prepared for them to assist them to meet identified needs.

In this quarter the recording of NHI numbers has improved with only 6 clients missing an NHI number.

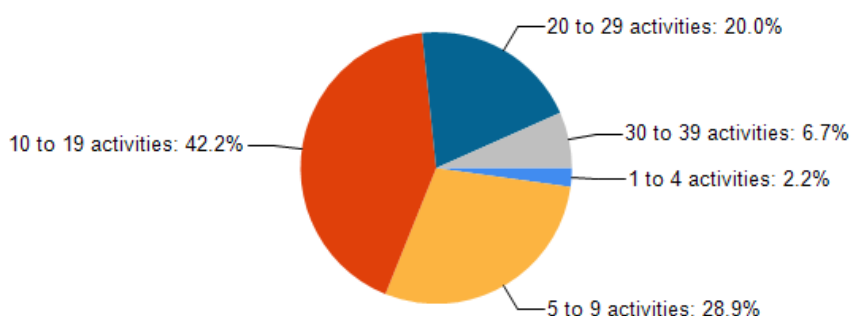
The average length of stay with the services is 776 days (2.1 years), however, third of clients engage with the service for more than 3 years and a further 13% engage for between 2 and 3 years. On average, clients complete 15 activities with the service and 62% complete 10 or more activities before discharge.

External Referral Type	Count
Whanau Direct	18
Other	8
Other Well Child Provider	8
Internal - Marae-based Services	6
Specialist Medical Services	6
General Practice Team	5
Community Agency/Service	4
Internal - BF Support	4
Breastfeeding service	2
Mental Health Agency	2
Before School Check	1
Ear Health Service	1
<b>Total</b>	<b>65</b>

Average Length Of Stay (ALOS)



Completed Activities at Discharge



#### 5.1.4 Client satisfaction

In this quarter there have been 20 Client satisfaction surveys completed. All 100% of respondents rated the service as excellent or performing well with 30% of these rating it as excellent and the remaining 70% rating it as performing well.

Parents have expressed their gratitude and support provided over the Covid-19 period. Many mums have said they are looking forward to being able to attend “normal” face to face clinics again.

#### 5.1.5 Challenges

The major challenge encountered this quarter is the workload created by the missed core checks resulting from the lockdown period. Other challenges include working with transient whānau and whānau in emergency housing which makes it difficult at times to maintain contact and services. A further challenge has been with whānau having insufficient credit to make phone calls or who lack the communication devices to engage with services. Support has been able to be provided through Whānau Direct funding.

Clinics at Koraunui Marae have restarted in July and clinics at Wainuiomata Marae plan to restart in August.

#### 5.1.6 Case studies

##### Case 1

The TO service received a phone call from a new mum who did not have any sanitising solutions. She had a sick child and had been told by the GP that because there was a new baby in the house, there should also be a supply of hand sanitisers. The mum informed the Kaiawhina that there was never any sanitiser in the supermarkets. The Kaiawhina coordinated with the hygiene pack delivery organiser and ensured that this mum received sufficient packs for her needs. The mum was very grateful.

##### Case 2

A new 4-week old baby was referred to the TO service. The mum requested that the TO service support her application for exemption for travel to Whanganui where her parents live. She had difficult circumstances, had no family in the area and felt isolated and not coping.

A letter of support was sent and the TO doctor contacted the mum to follow up on how she was coping. The doctor took a history and found mum had had a complicated pregnancy with high blood pressure. The baby was born premature by C-section and had a low weight and had been in SCBU for 3 weeks. The Mum was still on medication for high blood pressure which had not stabilised. She was having difficulties breast feeding and as the baby was not settled or sleeping well, she was sleep deprived, very tired and feeling isolated. She felt that she was not coping.

The doctor was concerned that the mother was depressed and gave her a long consultation, advice and assured her she would receive all possible support from Te Rūnanga. Following the consultation, the doctor:

- Contacted the Breastfeeding Support team and asked them to contact the mum immediately
- Contacted the Rūnanga Whānau Ora health team and asked them to arrange counselling
- Contacted one of the TO Kaiawhina requesting she stay in regular contact with the mum.

Services were immediately made available to the mum and over the next couple of days we found that mum’s mood improved, she felt much better, established her breastfeeding technique and both her and baby were able to get more sleep.

### Case 3

Whānau A has 5 tamariki, 2 adults. They were contacted and asked if they had any needs resulting from the Covid-19. The one income earner in the whānau had lost their job due to Covid-19 lockdown and were waiting for MSD to provide support. They were in arrears with rent and power bills and did not have enough kai for the whānau or formula milk or nappies for the baby.

The TO service were immediately able to provide Pak N Save vouchers which were delivered the same day. They were then able to complete an application for Whānau Direct funding for the other needs of whānau – rent and power bills etc.

The whānau were referred to a budget adviser as well as providing support with contacting creditors and MSD.

### Case 4

One of the TO mums contacted the service with concerns about her son's speech. A video consultation was organised with the TO doctor who was able to do an assessment and refer the child to a specialist.

Although the team were working from home they were able to coordinate via phone and video. The communication with the team has been great.

### Case 5

A mum rang the TO service and stated that she thought her 12-month old son has not put on weight. A phone consultation was organised with the TO doctor who had a discussion with the mum about the child's diet, activity and development. The doctor felt that the child was OK and mum just needed reassurance, but to be certain the child needed to be weighed.

The doctor contacted the TO nurse who arranged with the mum to come into the clinic for an assessment. Covid-19 protocols were maintained at all times.

The assessment found that the baby's weight and weight gain were normal and the mother was able to be reassured. Mum was happy.

### Case 6

A young mum requested consultation as her 6-month old baby had bad constipation and she could not manage it. She said he had blood in his nappies and was in pain. The doctor gave the mum recommendations for dietary changes and strategies and advised that if there was no improvement she needed to see her GP.

The TO staff followed up two weeks later and mum stated that the problem had resolved once she followed the recommendations given. Baby was fine and no longer constipated. Mum was thankful for the support and follow up.

## 5.2 Hauora/Whānau Ora Service

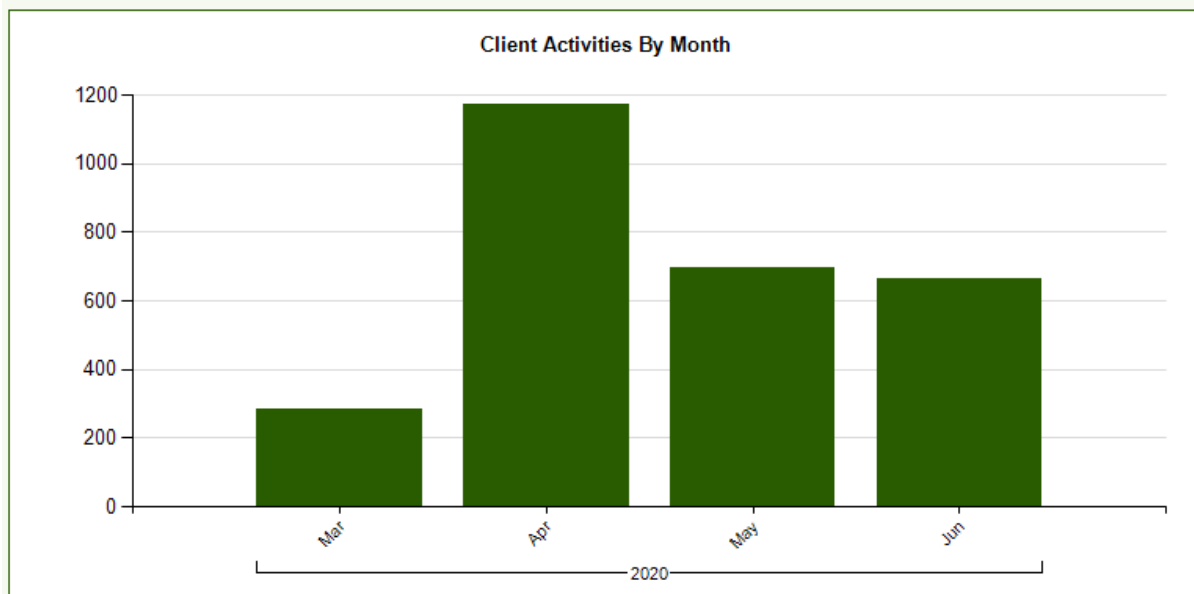
### 5.2.1 Overview

The data recorded in Ara Whanui shows there were 962 new enrolments and 32 discharges from the service this quarter giving a final enrolment of 1,413, a 300% growth on the previous quarter.

The recorded distribution of clients across the Rūnanga/Marae network is shown in the table below:

Delivery site	New enrolments	Discharges	Current clients	Engagements
Rūnanga	918	5	1245	2206
Waiwhetu	14	1	13	77
Kokiri Pukeatua	23	26	12	10
Koraunui	16	0	48	138
Orongomai	4	0	56	352
Wainuiomata	1	0	39	21

There were 2,804 engagements for the quarter (compared with 1,070 for Q3, 385 for Q2, and 575 engagements recorded for Q1).



The growth in service provision reflects the work undertaken during the Covid-19 rahui.

### 5.2.2 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 Rūnanga as a cadet. She is currently undergoing training.

### Kaiarahi

Marae	FTE	Staff Name	Qualifications	Training/development	Comment
Koraunui	1.0	Charmaine Peachy	NZ Certificate in Health and Wellbeing L4	<ul style="list-style-type: none"> <li>• Training in RBA and narrative reporting</li> <li>• Ara Whanui training</li> <li>• NZ Certificate in Health and Wellbeing L4</li> </ul>	Learning about and responding to Covid-19 has been a big focus for 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 Walker	Working towards a degree Te Korowai Aroha- Mauri Ora Studying NZ Certificate in Health and Wellbeing L4		
Wainuiomata	1.0	Dominique Va'a	Studying NZ Certificate in Health and Wellbeing L4		
Kokiri Pukeatua	1.0	Ngahaka Deys	Bachelor of Social Work		
Rūnanga	1.0	Esther Lambert	NCEA	Cadet in training NZ Certificate in Health and Wellbeing L4	Esther is in a workplace cadetship

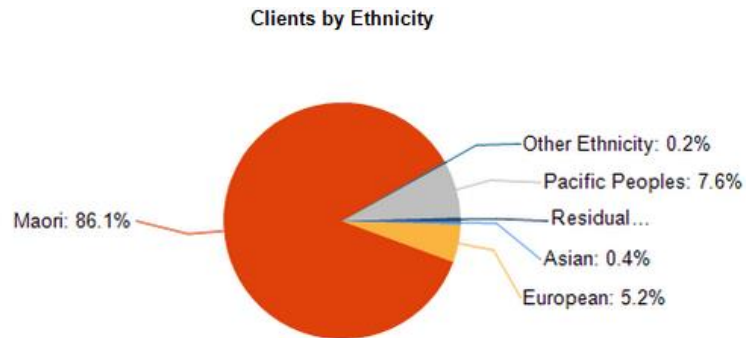
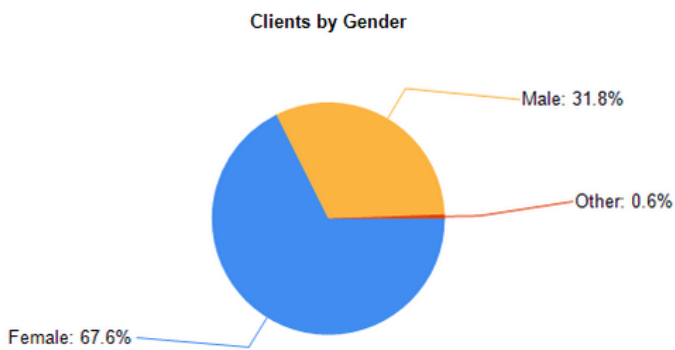
### Kaiarataki

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

Staff from other services as well as community volunteers assisted in the delivery of care packages to whānau.

#### 5.2.3 Service delivery

The majority of clients in this were female (68%) and Māori (86%).



Fifty one percent of referrals to this service have come from Community agencies, with a further 13% being referred from a medical practice and 12,4% from Marae. Approximately 9% are self-referrals.

The majority (85%) of those reported as have supported by this service have been supported by the Rūnanga team. This is a change from previous quarters and indicates that the large increase in client numbers this quarter is largely attributed to activity being undertaken by the Rūnanga.

Approximately two thirds of the clients stay with the service for more than 30 days with the average tenure of those being discharged this quarter being 184 days.

The main activities that reported as being delivered include Covid-19 support; Administration; Planning and Goal Setting and Advocacy/Service Navigation.

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)
  - Delivery of hygiene packs for Covid-19
  - Pharmacy pick-up/deliveries
  - Kaibosh (food relief)
  - Food vouchers and food supplies
  - Weekly Te Ao Māori classes to enhance personal growth and development
  - Kapa haka training
  - Tai Chi sessions
  - End of life planning

Activity Type	Count
COVID-19 Support	2217
Administration	371
Plan/Goal Review	147
Advocacy	35
Service Navigation	17
Transport Provision	16
GP Visit Support	7
Assessment	4
Programme Attendance Support	3
Discharge Planning	2
Health Promotion	2
<b>Total</b>	<b>2821</b>



- Transport
  - Transport provision (doctors, specialists, airport, blood clinic, marae programmes & local events)
  - Transport for clients to attend 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
  - Facilitated whānau adoption
- Hauora
  - Kaumatua support (all)
  - Podiatrist service for diabetic patients (Waiwhetu)
  - Speech therapy for mokopuna (Waiwhetu)
  - Support and preparation for weight loss surgery
  - Health plans for patients with emphysema
  - Referrals to specialist services – eyes, kidneys
  - Mental health and counseling support
  - Cultural supervision – kaupapa Māori strengths-based approach to enhance personal growth and development for Marae staff (Orongomai)
  - Acupuncture clinic (Orongomai)
  - Whaia Ara Tika Ara Hauora – Wellbeing clinic (Orongomai)
  - Rongoa and mirimiri clinics (Waiwhetu)



A total of 42 plans were developed and implemented for whānau this quarter with the majority of these being health, connectedness and/or housing plans. Four whakatupu assessments were also carried out.

#### 5.2.4 Client satisfaction

There has been 1 client satisfaction report completed this quarter who rated the service as excellent or performing well.

#### 5.2.5 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

Plan Type	Plans	Goals
Health Plan	6	15
Housing Plan	6	7
Connectedness Plan	2	18
Education Plan	1	1
Healthy Lifestyle Plan	1	1
<b>Total</b>	<b>16</b>	<b>42</b>

other agencies including DHB Community Midwife Services, Kohanga Reo, kura kaupapa, secondary schools and tertiary education providers.

Marae catering at Orongomai has been provided for essential workers.

Kaumatua and kuia have been referred to Kokiri Marae for flu vaccinations.

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
- Wellbeing
  - Kaibosh
  - Food Banks
  - Tuatahi Centre
- Social Services
  - WINZ
  - MSD
  - E Tu Whānau
  - Te Hikoitanga
  - Marae Social Services
  - Ascot Park – dementia care
  - ETER – transport provision
  - Work Bridge
  - Women’s Refuge
  - Wellington City Mission
- Legal support
  - Just Law
  - Community Law
- Housing support
  - EECA and Wellhomes
  - ACCESS
  - Trust House
  - Housing NZ
  - Salvation Army
  - Tuatahi Housing



- Kahungunu Whānau Services
- Budgeting
  - Whānau Family Support Service Trust
- Counseling support
  - Marae Social Services
  - Orongomai Social Services
  - Te Awakairangi Health Network
  - Paepae Arahi
- Marae services
  - Kokiri Health and Social Services
  - Wainuiomata Marae Health clinic
  - Koraunui Marae – bicultural supervision
  - Orongomai Marae
- Parenting support
  - Family Works – parenting support
  - Hutt Maternity
- Employment support
  - Corrections
  - Workbridge
- NZ Police
- Rimutaka Prison

### 5.2.7 Challenges

Some challenges the Kaiarahi and Kaiarataki continue to encounter 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 to incarceration, financial and housing difficulties, and removal of children by Oranga Tamariki. For example, approximately 80% of Marae current caseloads are high needs whānau. Some of these high needs include, family violence issues, parenting issues, severe health issues, and homelessness.
- Dealing with the backlog of needs caused by Covid-19
- The arbitrarily set targets of 80 whānau with the current caseloads and majority of these cases sitting as high needs whānau, it is a struggle to take on more whānau without compromising our current level of service
- The impact of Covid-19 particularly the lock down associated with alert level 4 and the loss of jobs, the social isolation and the needs created by this.
- Working with MSD and Oranga Tamariki facilitate hui to sort out details and get processes needed. It is difficult to navigate access to benefits and support
- Difficulty getting PPE
- Difficulty in contact whānau. This often requires multiple contact attempts
- Lack of technology to support remote working – phones, modems, computers, Wi-Fi, funding for data.
- Supporting whānau who had deaths during lockdown
- Maintaining effective communication and personal safety.
- Recording our mahi.).
- Inconsistency in the provision of health services. For example, one doctor has been successfully pro-active making referrals on behalf of a Kaumatua to access appropriate health services for home, personal, specialist, respite and palliative care. On the other



hand, we may have another doctor who has not made referrals. Or the doctor monitoring dosage until they get it right for Kaumatua to manage medication may delay referrals.

#### 5.2.8 *Client feedback*

Satisfaction surveys have been completed by 1 client this quarter. This rated the service as performing well. A large amount of feedback has been received regarding the support provided through Covid-19. This has been overwhelmingly positive.

#### 5.2.9 *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 One

A whānau new to the Wainuiomata area needed to be placed in emergency transitional housing when it was found that the whānau of 16 was living in a 3-bedroom house. Waiwhetu Marae were able to support them into better accommodation and provide food assistance. An excellent outcome for the whānau.

##### Case Two

Client B contacted Wainuiomata Marae as their husband had been laid off work as a result of Covid-19. At the time he was halfway through his apprenticeship as a motor mechanic. The client was supported to get his CV together and then kaimahi provided this to Fulton Hogan who followed up and offered him a job in the mechanical breakdown area of the company so he could resume his apprenticeship. He started the new job on 27<sup>th</sup> June.

##### Case three

At the start of lockdown, a kaimahi at Orongomai Marae was contacted by an elderly couple for a wellness check. Both confirmed they had food, medication and emergency contact to help them with any needs.

Early in April the kaimahi was able to speak to the wife who was worried that the husband may end up in hospital due to his leg being so swollen. The following week the kaimahi called back to check on the couple. The wife said that the husband had been admitted to Wellington hospital and his leg had been amputated.

She was worried as the whānau had not heard back from the hospital as she had not been able to accompany him to the hospital. The kaimahi spoke to the Manaaki Whānau Māori Health Unit and then called the wife with the details of support available to the whānau. She was also given details of when the whānau could check in, visit and talk to the husband and connected them by phone. In mid-April the kaimahi called Wellington Hospital and e-mailed the Manaaki Whānau Unit arranged for contact to be made once the husband was transferred to Lower Hutt Rehabilitation Ward.

The Kaimahi spoke to the wife who was happy and grateful to receive this information and support. She was grateful that she had been able to stay in communication with her husband while in isolation. A connectedness plan, and health plan for post-op care has been prepared.

##### Case Four

Being based at the Wainuiomata Community Hub has seen Wainuiomata Marae work as part of a wider team to support our Community. They were privileged to be part of the set-up of the local Foodbank to support and cater to vulnerable whānau during this time. This has seen us provide kai parcels to more than three thousand whānau throughout lockdown period.



Numerous key relationships have been established with local organisations specifically Countdown Wainuiomata who has continued to provide our whānau with kai.

Kaimahi have built relationships with organisations in the wider Hutt Valley region that has also supported us in this kaupapa, Gilmores Petone, Pak n Save Petone, The Common Unity, Wellington City Mission and Salvation Army. These relationships add to our networks in order to support our kaupapa of enhancing whānau well-being. Relationships have also developed with local church groups and we have been fortunate to receive donated kai for our whānau.

Wainuiomata Marae has also been part of the distribution of the thousands of Sanitation Packs from the Commissioning Agency - Te Pou Matakana. We continue to provide these to our whānau in Ara Whanui Database.

While this situation is unknown and we continue to work with the limitations set out by the government, we continue to keep contact with our whānau, by ways of texting and calling. Most whānau are engaging and keep in contact due to the uncertainty of the situation, the vulnerability of whānau, and the simple fact there is a need for these services.

#### Case Five

J is currently raising her four children and granddaughter on her own. Her four children are being schooled at home and would like to have a laptop so that they can use this to do research and take part in school projects. J would also like to pursue some sort of study and this would benefit her to look at courses and update her CV.

J has talked about the impact the lockdown has had on her whānau and how she is feeling that she cannot manage and is saddened and often cries about the predicament they are in. She said she does not have any friends and her family do not live around here, although she feels she cannot approach them for support as they are struggling too. The whānau have fallen behind in car payments and other expenses, I have made a referral for budgeting support as Janice needs advocacy support for arranging payments with her creditors.

The “Moments that matter” for this whānau are kai vouchers so they can stock up on food to help alleviate that stress then they can put some money on the other expenses and a laptop that will help them with being schooled at home and give them a brighter outlook on their future.

#### Case Six

A referral was received for Whānau Direct support. The kaimahi met with whānau X and gathered some background info. X recently lost his job during the Covid pandemic. They were employed with the company for over 11 years. Since losing their job, x has had sleepless nights, shared he is often up worrying about how he and his family are going to survive. He has worked hard over the past 30 years. X also has staying with him his wife’s parents who are in their 80’s, they have health problems 1 being COPD and 1 very bad eczema. They are also paying a mortgage.

Losing his job has brought a lot of financial pressure to x and family. His wife is now the only income earner. X initially wanted support to pay for his power bill. However, with further discussion we later identified the current priority for x and family was their upcoming rates bill. The outcome of this visit- We put together and submitted a whānau direct application to pay \$1000 towards x rates bill. The kaimahi also supported whānau with kai vouchers.

The following week the kamahi was able to let X know the application was accepted and \$1000 had

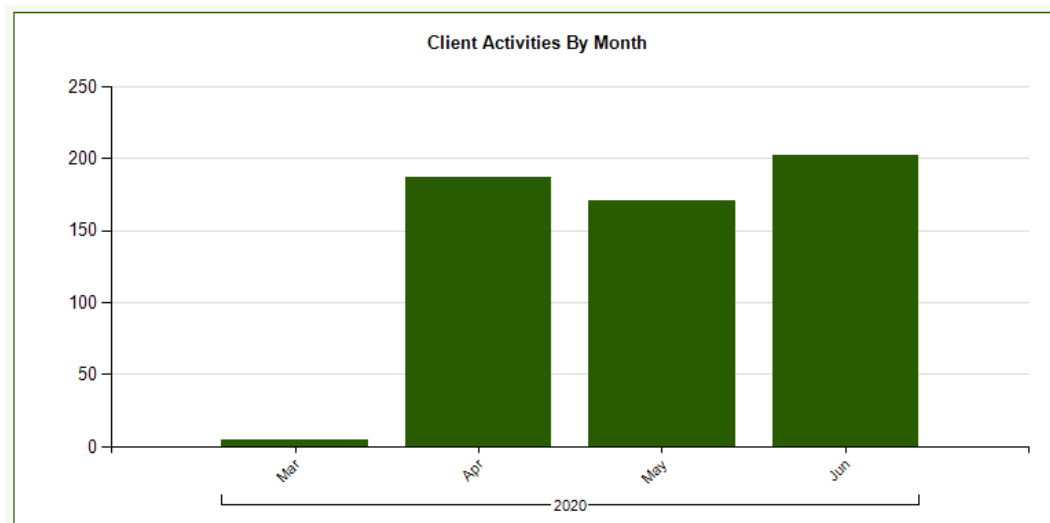
been paid towards his rates bill. X shared he felt a lot of weight lifted from his shoulders. X also shared because he received kai vouchers, he and his family were able to do their first grocery shop in 3 weeks. X is very appreciative of all the support he has and continues to receive

### 5.3 Breast Feeding Support Service

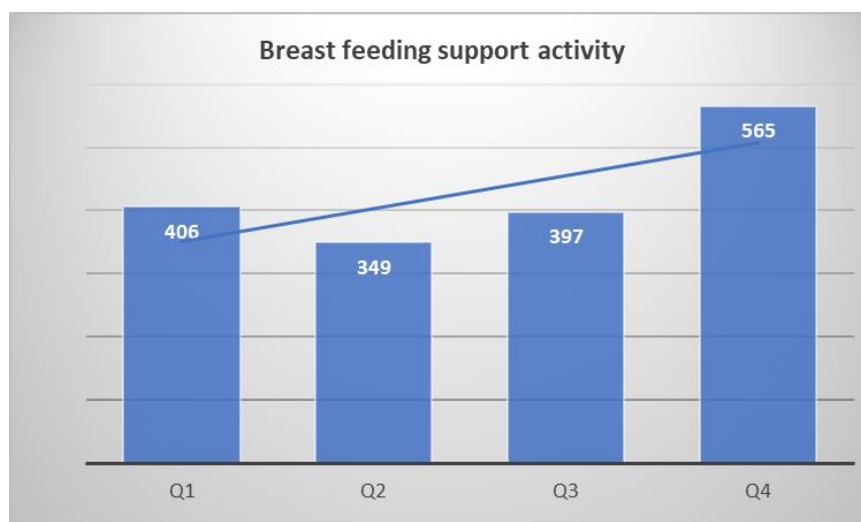
This section of the report summarises the work of the Breast-Feeding Support Service (BFSS) for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2020.

#### 5.3.1 Overview

A total of 565 client interactions have been recorded this quarter, compared to 397 for Q3, 349 for Q2 and 406 for Q1.



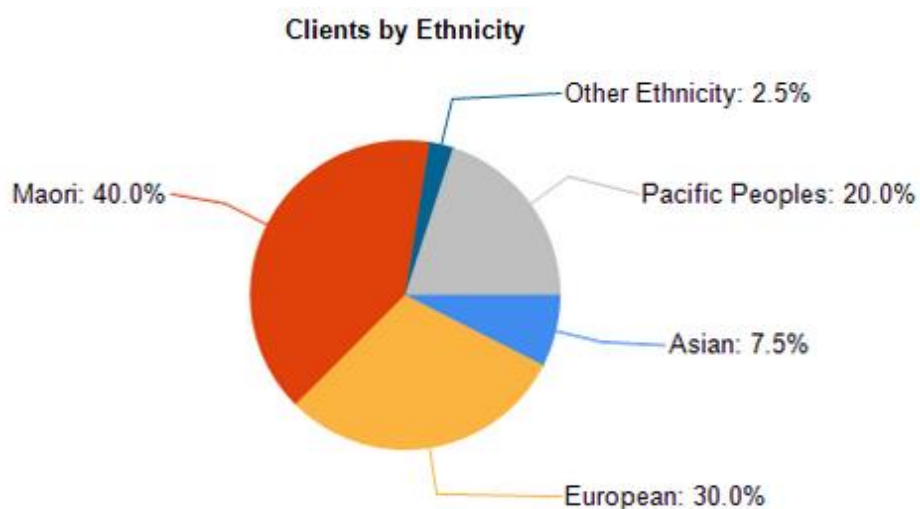
This high level of activity reflects the on-going effort of staff to support clients through the Covid-19 Rahui and reflects the overall upwards trend of the service.



There have been 48 new enrolments this quarter compared to 34 last quarter. Of these new enrolments, 49% were Māori, 12% were Pacific Islanders and 7% were teenagers. There have been 40 discharges this quarter giving a final enrolment of 46. Of these, 16 have an NHI and 28 (58%) don't. This is consistent with the previous quarter. Of the 40 babies discharged in this quarter 90% were receiving some breastmilk on discharge.



Forty percent of clients seen by this service are Māori (compared to 62% Q3) and 20% are Pacific Islanders (compared with 15% Q3). Thirty four percent of mothers seen are aged between 30 and 40 with a further 27% aged between 20 and 30. Seven percent are aged between 15 and 19 years of age.



The average length of time clients engaging with the service in this quarter was 107 days with 42.5% engaging between 30 and 89 days.

Of the mother/baby seen this quarter 83% had more than 4 contacts with the service. On average, clients have 17 contacts with 60% having between 5 and 19 contacts.

### 5.3.2 Staffing

Milly Carter, a Lactation Consultant (LC) and registered nurse, leads this service. She is supported by lactation consultants, Susan Reihana, Maria Hakaraia and a Breastfeeding Education Specialist Heather Cotter.

### 5.3.3 Service delivery

The 565 client activities recorded this quarter

Activity Type	Total	%
Assessment	360	63.7%
Breastfeeding Education	88	15.6%
COVID-19 Support	49	8.7%
Administration	34	6.0%
Breast Pump Service Management	34	6.0%
<b>Total</b>	<b>565</b>	<b>100.0%</b>

<b>Existing Enrolments as at 1/04/2020</b>	<b>36</b>
<b>New Enrolments</b>	<b>48</b>
Referral Source	
Self/Family/Friend/Neighbour	14
Hospital Midwife	10
Internal - Well Child	7
LMC	6
PH WCP	3
Other	2
CCDHB Midwives/LC	2
Hospital	1
Lactation Consultant	1
Community Based Services	1
HVDHB Departments	1
<b>Discharges</b>	<b>40</b>

are set out in the accompanying table and reflect the support required to assess and support new admissions, particularly during the Covid-19 rahui.

In this quarter, approximately 14% of clients were referred to the service by the Tamariki Ora team. This is a significant decrease over the 46% referred in Q3 and the 25% of referred in Q1 and reflects the disruptions caused by the rahui. In contrast in this quarter nearly 44% of clients were referred to the service from hospital-based services. Approximately 40% were either self-referred or referred from community-based services.

### 3.4 *Client satisfaction*

Two satisfaction surveys were completed this quarter and they both rated the service as performing well.

#### 5.3.4 *Networks and linkages*

The Breastfeeding service works with:

- Tamariki Ora/Wellchild
- Rūnanga Whānau Ora services
- Hutt Valley Breastfeeding Network
- HVDHB Maternity Services
- Oranga Tamariki
- Family Planning

#### 5.3.5 *Breastfeeding Support Service Highlights*

Highlights this quarter have included:

- This service being part of Te Rūnanga organisation and having the ability to provide necessary wrap around support when needed.
- There has been an increase in timely referrals from midwives so that we can support mothers and babies in the first few days of the breastfeeding relationship and therefore act to correct issues earlier therefore there is more chance of success.
- We have received positive feedback from clients about the support offered  
“you’re superawesome Milly...thank you so much for the phone and breast pump”
- We have a local Dr who is specialising in Breastfeeding Medicine and has been helping the Lactation Consultant with a tricky case
- Increasing the LC personnel has meant that clients can be seen in a more timely manner and that the main LC, Milly Carter, can have time to update her data and manage the service.

#### 5.3.6 *Breastfeeding Support Service Challenges:*

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

- Lack of ongoing, sustainable tongue tie assessment and treatment service at HVDHB continues. This is ongoing and has been documented in this report for several years now. The LC recently approached the HVDHB Director of Midwifery about meeting to address this issue and then this was put on hold whilst the Covid-19 pandemic evolved.
- The demand for breast pumps, which we offer to low income families, has increased in this quarter. This meant the LC spent much more time on cleaning, sterilising, repairing broken ones, purchasing new ones as well as chasing old ones to be returned.
- The request for breast pumps from the hospital staff increased and was often needed as soon as possible. If discharge planning had occurred in the HVDHB SCBU and Maternity areas these pumps could be arranged sooner and therefore not involve the LC working out of hours to deliver them.

#### 5.3.7 *Whānau Journeys*

##### *Journey One*

L’s mother contacted the WPBFSS during the lock down to loan a pump for her daughter who had just had a premature baby and was in Special Care Baby Unit (SCBU). The LC met the mum that afternoon maintaining Covid-19 protocols and keeping a 2 metres distance and maintaining hygiene

practices as she handed over the breast pump and educated on its use. Regular contact was then maintained via phone and text to provide support for the mother/whānau and breastfeeding.

L had another 2 children, one of whom was severely disabled and hospitalised frequently. During the Level 4 rahui, the child was critically unwell in the Children's ward and L couldn't visit as she was home with the newly discharged premature baby. Her phone was not working so she couldn't even have reliable, regular contact with those looking after her daughter. The LC contacted the Rūnanga about this issue and a phone was promptly dropped off to L.

A needs assessment showed L and her whānau were struggling with accessing food during the rahui period and the LC arranged several food deliveries and whānau direct funding throughout the three-month period she was involved with this whānau.

L referred her sister to the LC as she was having difficulty accessing food during the rahui period...the LC was able to refer the sister on to the Rūnanga social worker for support.

L breastfed her baby but struggled with low milk supply so needed to give formula supplements. The LC guided L with a plan to increase her milk, which was effective for a short while until L made the decision to switch to formula feeding baby at 3 ½ months. The LC encouraged L to keep up some breastfeeding so that the baby would get even small amounts of the antibody rich breastmilk...L seemed keen on this idea.

Over a period of three months the LC has had these contacts with the mum:

- Home visits – three
- Phone calls – eleven
- Texts – four
- Email – two

Baby was partially breastfed at admission to the service and formula fed on discharge.

### [Journey Two](#)

During the rahui period A contacted the Tamariki Ora Well Child service, TO, in an acute state of despair. She was referred to the TO Doctor (Dr) and kaiawhina who spoke to A over the phone and then referred her to the LC, as her main issue was painful breastfeeding. The LC was able to talk through positioning to get a better latch, over the phone and send A some Youtube videos to guide her. As they spoke on the phone A was trying the positioning adjustments and feeling an improvement in the pain. The LC monitored A over the next few days and was reassured that she was improving...her pain had gone and she sounded happier and at ease on the phone.

The TO Dr was concerned about baby's growth due to her premature history and the LC was able to see A and her baby during the rahui period in full PPE gear to do a full assessment including growth measurements. This information was relayed to the TO Dr and documented in the Core checks data.

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

- Clinic visits - three
- Phone calls - eight
- Texts - ten

Baby was fully breastfed on admission to the service and continues to be.

### Journey Three

S is 16 years old and had her baby girl four months ago. The LC had met S at Titiro Whakamua, the teen parent unit, when she was pregnant. The LC rang S to see if she needed any support after baby was born and she replied that breastfeeding was going well.

The school reopened in June and the LC caught up with the new mums and babies. S was breastfeeding well though had started giving a small amount of solid food to baby at age 3 months. The LC discouraged this and explained about increasing the chance of allergies and food reactions as well as chest infections due to inhalation of food.

S was not really interested in the LC education and the LC encouraged another mum who was present to see if she could influence S. This mum advised that is was still breastfeeding her baby at nearly 2 years old and said she started solids later...nearer the 6-month mark that we suggest.



## 5.4 Tamaiti Whangai Rangatahi Service

This section of the report summarises the activities of the Tamaiti Whangai service provided by Te Rūnanganui o Te Āti Awa in collaboration with the Wellington Institute of Technology (WelTec) for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2020.

### 5.4.1 Overview

This quarter has seen the tertiary education journey of students disrupted by the Covid-19 pandemic. Many students fell into hardship with the loss of part-time jobs and isolation from their support networks. Staff worked to minimise the impact of the rahui by proactively contacting students and providing food, communications devices and hygiene packs to them.

Relationships with WelTec continue to be positive, seeking new and innovative ways of meeting the needs of rangatahi.

### 5.4.2 Staffing

The service is based at Te Whare Āwhina at the WelTec Petone campus and Errol Weston is the Tamaiti Whangai Advocate/Mentor tasked by the Rūnanga to deliver the services alongside David Lomax who is funded 0.5 by the Rūnanga. Errol and Dave are supported by other Rūnanga staff as needed.

### 5.4.3 Service Delivery

Thirty-four (34) tauira (students) were supported by Tamaiti Whangai wellbeing support services during the fourth quarter. There were mainly tauira enrolled in the Māori and Pasifika Trades Training (MPTT) programmes offered by WelTec.

Tamaiti Whāngai staff provided support to students via email, txt or phone call on a weekly basis. Using the Te Whare Tapa Wha model, staff have been able to monitor the status and any needs of students and whānau. Students who have required mental health support have been referred to the appropriate organisations for support. Most students who have provided feedback have appreciated the ongoing follow up, contact and support provided.

### 5.4.4 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

### 5.4.5 Highlights

The main highlights this quarter have been supporting Tauira to maintain and complete their study during the Covid-19 lockdown. Staff proactively engaged with tauira and provided food and hygiene packs to those in need. Needs assessments showed a high level of need for computers and internet to enable them to continue with their studies and this was assisted through Te Rūnanga Whānau Direct funding and wrap around support.

### 5.4.6 Challenges

Challenges faced this quarter have included:

- Maintaining relationships with the students through the Covid-19 rahui and supporting them to address their needs. These include needing support to address:
  - Access to food
  - Access to ICT equipment
  - Isolation from whānau
  - Mental health issues
  - Housing needs
  - Transport assistance
- Meeting needs resulting from the Covid-19 pandemic including support for food, fees, living costs etc.
- Having some very high needs students that take up a lot of resource

#### 5.4.7 Feedback

*“Kia ora Wirangi – I understand after speaking with Hinemoa that the Tamaiti Whangai team delivered 98 Hygiene Boxes to students and their whānau as well as members of the community last week. This is fantastic and a great result at a critical time. From what I have also been told, this is a whānau ora initiative through Te Rūnanganui o Te Atiawa. Hinemoa mentioned to me that the feedback from students was awesome and as a result of undertaking this we have also managed to update some of our student addresses and phone numbers, which is another great outcome.*

*Thank you sincerely for letting us be a part of this, it is another example of a valued partnership approach.*

*I look forward to catching up face to face when our situations allow but again please do not hesitate to contact me at any stage if you need anything*

*Mark Oldershaw CEO”*

Some feedback from taura includes:

*By receiving the laptop has made it easier for me to complete work online. Has put less stress on me.*

*Support has been awesome. It has helped me not stress so much financially and have to worry about not completing work.*

*The food vouchers have helped out heaps as well.*

*With the vouchers that have been given for food has been a big help and also the hygiene packs, the consistent phone calls to check-up have been awesome.*

*I appreciate all the hard work the Scholarship Mentors have put into everything they are doing to support us students. Even the weekly phone calls to check up on us and our whanau. Awesome work.*

*I have been given so much support and so much confidence.*

*I was really doubting myself and after receiving the Laptop I have no doubts and believe in myself so much more.*

*Was having difficulties getting Course related Costs fast enough. The Laptop came at the perfect time. I don't have to stress anymore about money.*

*So grateful and hopefully one day when I open my own hair and beauty salon, I can help out young mums/people with big dreams like me.*

#### 5.4.8 Tauria Journeys

##### Case one

In support of tauria through Covid-19, 125 hygiene packs were distributed to students across Wellington, Porirua and Hutt Valley regions. In addition to this, 32 food vouchers were provided and 34 laptops were provided to students who needed these for study. A further 6 tauria received support for other items such as rent, bills and equipment.

##### Case two

A is a young teen who is enrolled in Trade Training. He wishes to pursue a trade but is struggling to stay engaged with his study. He had difficulty as the course required that he upload his assignments electronically which was a huge barrier to the student. He also had limited access to the internet at home.

A became stressed as the time ran out for him to complete his assessments and Tamaiti Whangai mentors worked with him to ensure he was able to complete.

##### Case three

The Tamaiti Whangai mentors used the delivery of pork and hygiene packs as a means of reaching out to and supporting students. This provided them the opportunity to see students in their own homes and to get a first-hand understanding of the issues students are facing. In many cases they have been able to ensure students have access to the communication devices they need.



## 5.8 Health Promotion Service

This section of the report summarises the health promotion activities of the Rūnanganui o Te Āti Awa, including cervical screening, as required under its agreement with the Hutt Valley District Health Board. It covers the period 1 April to 30<sup>th</sup> June 2020.

### 5.8.1 Overview

In this quarter, health promotion focussed on ensuring communities were safe during the Covid-19 pandemic.

Activities included:

- Promoting social distancing and safe practices for communities using Atiawa Toa FM and Facebook
- Sharing health promotion material produced by the DHB and other agencies over website, Facebook and Atiawa Toa
- Coordinating with Awakairangi PHO to conduct community CBACs in Timberlea, Orongomai, Stokes Valley, Naenae, Waiwhetu, Petone and Wainuiomata
- Distributing hygiene packs to the community
- Networking with communities to provide information and support
- Promoting safe tikanga for hui and tangihanga



### 5.8.1 Staffing

Location	FTE	Staff Name	Qualifications	Training/development	Comment
Waiwhetu	1.0	Miri Luke	National Certificate in Healthcare Assistance L4	Pandemic planning	This role works closely with the Kaiarahi across the marae network

### 5.8.2 Service delivery

At all points in which clients interact with the services provided through te Rūnanganui o Te Āti Awa and the Marae network, opportunities were used this quarter to promote procedures to support whānau to stay safe during Covid-19.

Health promotions offered this quarter have included:

- Support to ensure kuia and kaumatua received flu vaccinations.
- Delivering approximately 8,000 hygiene packs to whānau
- Distributing approximately 4,000 Whānau Emergency Plan templates
- Developing and promoting safe Tangihanga tikanga
- Supporting Awakairangi PHO with Community Based Assessment Centres for Covid-19. This included taking the service to the homes of kaumatua. Testing was conducted in Timberlea, Orongomai, Naenae, Stokes Valley, Petone, Waiwhetu and Wainuiomata

- Promoting safe hygiene, social distances and other messages using Atiawa Toa, Facebook and website
- Asthma plans
- Weight loss
- Dental health
- Good hygiene practices
- Pataka Kai in Wainuiomata



### 5.8.3 Client satisfaction

Feedback has been collected from whānau supported with hygiene packs and pork. This has been unanimously positive. Staff also report their pride in being part of an organisation able to support the community in such a positive way. Comments received include the following:

*“Nga Mihi to everyone Wirangi whom have since the lockdown contributed to ensuring people are looked after. He mahi rangatira. Congratulations to them all.  
Its heartening to know that some of our people have been tested given that Waiwhetu has a history of intergenerational asthmatics , cancer, and diabetes.  
Next Friday should be a good turnout for the testing?  
Do people have to book a time. If yes do refer them to Miri to get a time?  
Nga Mihi”*

*“Kia Ora Whānau*

*On behalf of my aunty and uncle they would like to extend their heart felt thanks and gratitude to the marae committee for the lovely care package that was just dropped off at her home. Also to let you know that I do wellcare checks every three days and pick up any essential kai and medication that is needed.*

*Thank you all once again.*

*Mauri tuu*

*Mauri ora”*

### 5.8.4 Networks and Linkages

In addition to working with Ātiawa Toa, Kaimahi have continued to work to support many agencies through the Covid-19 pandemic. These include:

- HVDHB
- Awakairangi PHO
- Kahungunu Whānau Services
- Kokiri Marae
- Te Rūnanga o Toa Rangatira
- The Roopu Awhina

- Kaibosh Lower Hutt
- Hutt City Council
- E Tu Whānau
- TPK
- MoH

#### 5.8.5 *Challenges*

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

- The lack of coordination between different agencies.
- Access to immunisations – there has been a shortage of flu vaccinations available.

#### 5.8.6 *Case studies*

##### Example One

Promoted safe hygiene practice over Facebook, website and radio.

##### Example Two

Supported Community-based Assessments which provided both group and individual testing in a variety of settings in the Hutt Valley. This included visiting kaumatua and testing them in their own homes.

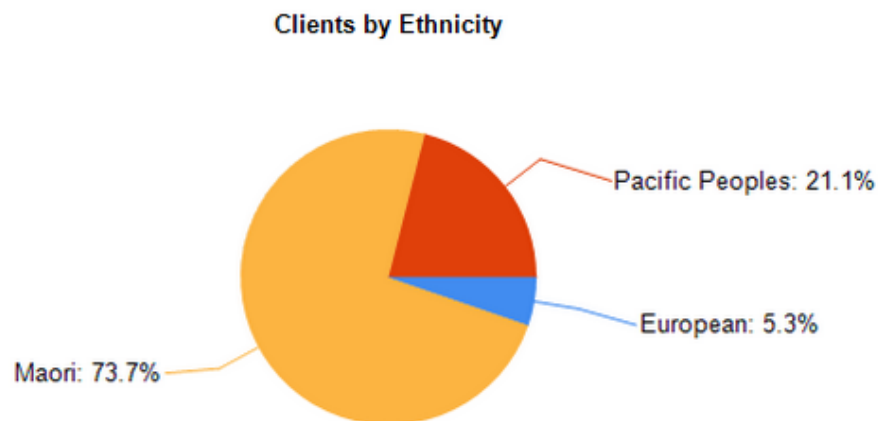
## 5.9 Other Services

### 5.9.1 Rapu Mahi

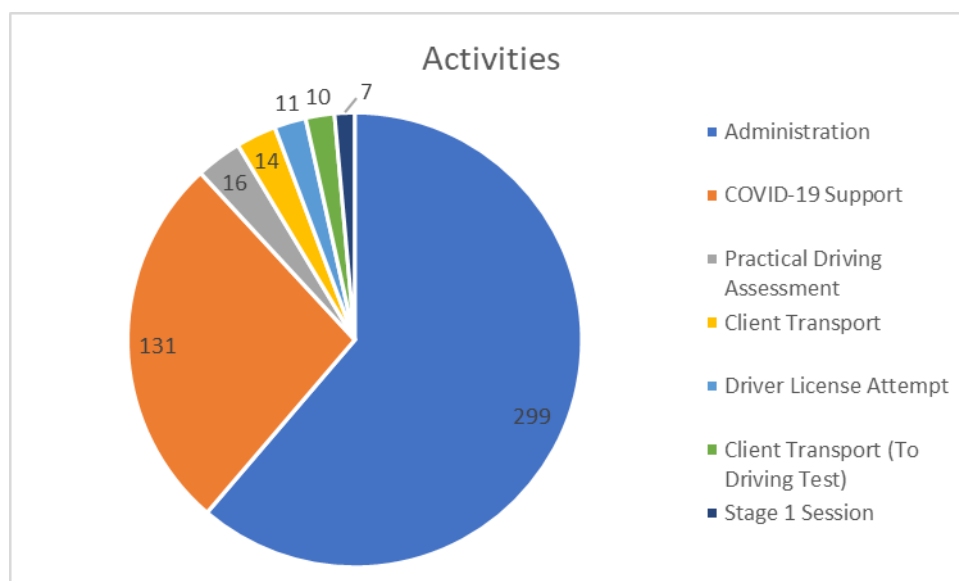
The Rapu Mahi service helps clients to gain driver's licences and to access employment opportunities. This service is essential for ensuring whānau can be safe while driving and therefore is a key service in supporting community wellbeing and social cohesion. A number of mothers are referred to the Rapu Mahi from the Tamariki Ora service, where mums are found to be driving without a licence.

In this quarter the service engaged with 73 clients which included 18 new clients. Thirty were discharged from the service this quarter leaving a final cohort of 60 clients. All but one of these clients has an NHI recorded.

Nearly three quarters of the clients (71%) dealt with this quarter were female up from 54% last quarter and 29.3% were male, down from 46% last quarter. The majority fall into the 20 to 29-year-old age group. Just under 95% were either Māori or Pacific Islander up from 90% last quarter.



The Rapu Mahi team recorded 488 client activities for the quarter, up from 353 in the last quarter, a 38% increase. The majority of the activity related to providing Covid-19 support and the administration related to contacting and following up with these clients.



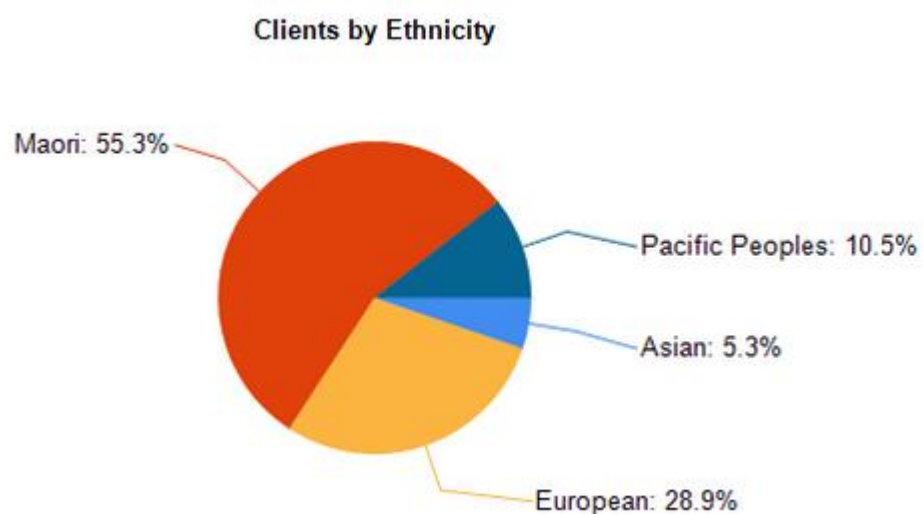
Fifty five percent of clients referred to this service this quarter were internal referrals with 33.3% being referred from Tamariki Ora and a further 22% being referred from the Police. A further third were self-referrals.

Eight satisfaction surveys were received this quarter with all 8 reporting the service as either excellent (5/8) or satisfactory (3/8).

### 5.9.2 Iwi Panel

The Iwi Panel provides a key opportunity for staff to connect with people referred to Te Rūnanga by the Police, who are in need, and to work with these clients to identify and meet those needs. In this quarter staff have engaged with 48 clients referred to the service by the NZ Police down from 96 clients last quarter. A total of 60 clients were discharged from this service in this quarter leaving a final number of 53 enrolled in the service. While NHIs have been recorded for 12 of these clients, 41 have their NHI missing.

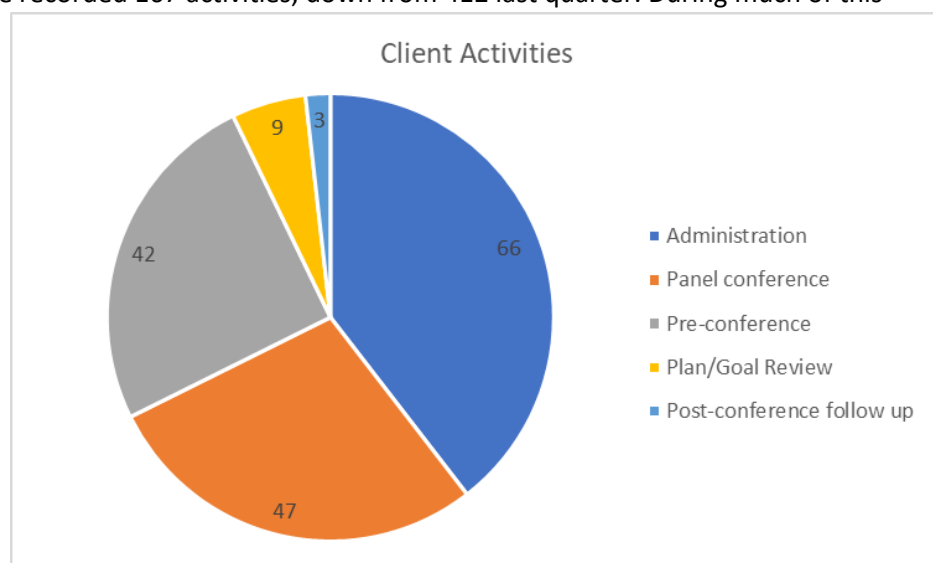
Of the 48 clients seen this quarter, 56% were male – down from 77% last quarter and 55% were Māori (54% for last quarter). A further 10.5% were Pacific Islander down from 19% last quarter.



The majority fell within the 20 to 29-year-old age group with 9.3% of clients between 15 and 19 years, 28% between 20 and 24 years and 18.6% between 25 and 29 years.

In this quarter we have recorded 167 activities, down from 412 last quarter. During much of this quarter the Iwi Panel was unable to meet, however, video conferencing was used to recommence panel session once Alert level 2 was reached.

The Iwi Panel kaimahi work with referrals to identify needs and prepare a plan to both address their offending and



meet any underlying needs identified. The most commonly identified need is for drivers' licences and these clients are referred to the Rapu Mahi team.

The plans developed fall into the following categories

Plan Type	Plans	Goals
Apology/Accountability	22	20
Education and Training	12	11
Financial Reparation	7	7
Support Services	6	6
Community Services	2	2
Other	1	1
<b>Total</b>	<b>50</b>	<b>47</b>

Nine satisfaction surveys have been received this quarter with 7 of the 9 responding recoding the service as excellent. Two stated it performed well.

The Iwi Panel serves an important function in diverting clients from the justice system with its associated risks of enhancing social dislocation and reducing the ability of whānau to take control of and manage their situation. As such it has an important role in supporting the Rūnanga's Wellbeing Strategy.

## 6.0 Conclusion

Te Rūnanganui o Te Āti Awa continues to develop its model of integrated services delivery using the Marae and other community networks 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 and whose worth has been shown in the Rūnanga response to the Covid-19 pandemic.

Ensuring strategic alignment of Rūnanga structure with its strategic intent and the development of a strategic outreach approach enables the Rūnanga to overtly embed matāuranga Māori and Ātiawatanga in its practice and reflects the growing confidence in the Rūnanga being able to express its mahi from a Māori worldview.

Collaboration between providers has been highlighted through the Covid-19 situation and we have been able to develop a pan-iwi leadership strategic leadership, particularly with Ngati Toa and Kahangunu Whānau Services, and this is developing well.

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



Appendix 1: Service Delivery Summary for Whānau Ora Health Services

<b>Exiting Enrolments as at 1/04/2020</b>	<b>484</b>			
<b>New Enrolments</b>	<b>966</b>			
<b>Referral Source</b>		<b>Activity Type</b>	<b>Count</b>	
Community Agency/Service	620	COVID-19 Support	2217	
Other Community	156	Administration	371	
General Practice Team	58	Plan/Goal Review	147	
Self/Family/Friend/Neighbour	45	Advocacy	35	
Marae	37	Service Navigation	17	
Internal - Marae-based Services	18	Transport Provision	16	
Wanaga (Polytechnic, University)	14	GP Visit Support	7	
Other Government Agency	6	Assessment	4	
Internal - Well Child	5	Programme Attendance Support	3	
Internal - BF Support	3	Discharge Planning	2	
Other	3	Health Promotion	2	
Other Healthcare	1	<b>Total</b>	<b>2821</b>	
<b>Discharges</b>	<b>32</b>	<b>Assessment Type</b>	<b>Count</b>	
<b>Satisfaction Survey Outcomes</b>		Whakatupu Assessment	4	
Excellent (5)	0	<b>Total</b>	<b>4</b>	
Performing Well (4)	1			
Satisfactory (3)	0			
Needs Improvement (2)	0			
<b>Total</b>	<b>1</b>			
<b>Final Enrolments as at 30/06/2020</b>	<b>1418</b>	<b>External Referral Type</b>	<b>Count</b>	
With NHI	379	Whanau Direct	13	
Missing NHI	1039	Community Agency/Service	10	
		<b>Total</b>	<b>23</b>	
		<b>Plan Type</b>	<b>Plans</b>	<b>Goals</b>
		Health Plan	6	15
		Housing Plan	6	7
		Connectedness Plan	2	18
		Education Plan	1	1
		Healthy Lifestyle Plan	1	1
		<b>Total</b>	<b>16</b>	<b>42</b>

Appendix 2: Activity Report for Breastfeeding Service

<b>Existing Enrolments as at 1/04/2020</b>	<b>36</b>	<b>Activity Type</b>		<b>Count</b>	<b>External Referral Type</b>		<b>Count</b>	
<b>New Enrolments</b>	<b>48</b>	<b>Assessment Type</b>		<b>Count</b>	<b>Plan Type</b>		<b>Plans</b>	<b>Goals</b>
<b>Referral Source</b>		<b>Total</b>		<b>565</b>	<b>Total</b>		<b>4</b>	
Self/Family/Friend/Neighbour	14	Assessment		360	TT-HVDHB Midwives		2	
Hospital Midwife	10	Breastfeeding Education		88	HVDHB MW and LC		1	
Internal - Well Child	7	COVID-19 Support		49	Internal - Marae-based Services		1	
LMC	6	Administration		34				
PH WCP	3	Breast Pump Service Management		34				
Other	2							
CCDHB Midwives/LC	2							
Hospital	1							
Lactation Consultant	1							
Community Based Services	1							
HVDHB Departments	1							
<b>Discharges</b>	<b>40</b>							
<b>Satisfaction Survey Outcomes</b>								
Excellent (5)	2							
Performing Well (4)	3							
<b>Total</b>	<b>5</b>							
<b>Final Enrolments as at 30/06/2020</b>	<b>44</b>							
With NHI	16							
Missing NHI	28							

Appendix 3 – Activity Report for Well Child Services

<b>Exiting Enrolments as at 1/04/2020 1120</b>		<b>New Enrolments 83</b>	
<b>Referral Source</b>		LMC	61
	Other	10	
	Self/Family/Friend/Neighbour	8	
	Other Well Child Provider	4	
<b>Discharges 44</b>			
<b>Satisfaction Survey Outcomes</b>			
	Excellent (5)	6	
	Performing Well (4)	14	
	Satisfactory (3)	0	
	Needs Improvement (2)	0	
	Not Performing Adequately (1)	0	
	<b>Total</b>	<b>20</b>	
<b>Final Enrolments as at 30/06/2020 1159</b>			
	With NHI	1153	
	Missing NHI	6	

<b>Activity Type</b>	<b>Count</b>
Administration	1745
COVID-19 Support	644
Core 7 - Additional	255
Core 1 - Additional	242
Core 6 - Additional	208
Core 4 - Additional	167
Core 5 - Additional	166
Core 3 - Additional	138
Core 2 - Additional	97
Core 2	34
Core 3	28
Plan/Goal Review	23
Core 6	15
Core 5	12
Core 4	12
Core 1	9
Whanau Plan	6
Core 7	5
Core 8 - Additional	3
Assessment	2
<b>Total</b>	<b>3811</b>

<b>External Referral Type</b>	<b>Count</b>
Whanau Direct	18
Other	8
Other Well Child Provider	8
Internal - Marae-based Services	6
Specialist Medical Services	6
General Practice Team	5
Community Agency/Service	4
Internal - BF Support	4
Breastfeeding service	2
Mental Health Agency	2
Before School Check	1
Ear Health Service	1
<b>Total</b>	<b>65</b>

<b>Assessment Type</b>	<b>Count</b>
<b>Total</b>	<b>63</b>

<b>Plan Type</b>	<b>Plans</b>	<b>Goals</b>
Whanau Plan	63	53
<b>Total</b>	<b>63</b>	<b>53</b>