

# **WHĀNAU ORA INTEGRATED SERVICES DELIVERY**

**A report prepared for the Ministry of Health**



**MAURIORA KI TE AO**  
LIVING DIVERSE LIMITED

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## HE MIHI

Tuia te rangi e tū iho nei  
Tuia te papa e takoto ake nei  
Tuia rātou ka riro i te ara whānui a Tāne  
I te Muriwaihou i te pō tiwhā  
I te pō e okioki ai te moe  
He maimai aroha ki a rātou  
He maioha ki a tātou e tau nei  
Tihē Mauriora

E rau rangatira mā, tēnā koutou katoa.

Ko tēnei te kaupapa, ko te tino tumanako kia piki ake te whānau ora. Kia koutou e kaha nei ki te hāpai ki te āwhina ki te whakakaha i o tātou whānau kei te mihi. Tēnei te mihi maioha a Mauriora-ki-te-Ao ki a koutou katoa. No reira, e ngā mana, e ngā reo, e ngā karangatanga maha, tēnā koutou, tēnā koutou, tēnā koutou katoa.

Hei kōrero whakamutunga, ka hoki anō ki te whakatauki e kī ana.  
Hutia te rito o te harakeke  
Kei whea, te kōmako e kō  
Kī mai ki āhau  
He aha te mea nui o tēnei ao  
Māku e kī atu  
He tangata, he tangata, he tangata!

Mauriora ki a tatou katoa.

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## SUMMARY

- The providers in this study are committed to improving the wellbeing and circumstances of whānau. They bring years of experience and expertise in dealing with whānau and have, in their view, been involved in 'whānau ora' for many years.
- Providers have a real desire for truly whānau ora integrated service provision where there is a seamless but coordinated and managed approach to meeting multiple needs. The potential to achieve such provision exists but realising that potential requires the policy direction, design and delivery of government services to be strongly aligned with providers working at the coalface and the needs of whānau.
- Until this alignment is achieved, it will be difficult to attain successful outcomes.
- Another important challenge for providers and funders lies in making a paradigm shift from delivering 'whānau-related' services to taking a more purposeful 'whānau-centred' approach. Moving provision from 'doing it to whānau' to 'whānau doing it for themselves' requires a shift in mindset for all committed to improving the wellbeing of whānau.
- While providers in this study advocated strongly for a focus on outcomes-based funding arrangements, it is unrealistic to expect that such arrangements can be achieved in the absence of any output-related specifications. There will need to be a mix of outcome and output service specifications. Probably more important are results- or outcomes-based agreements that are flexible and tailored to meet the needs of whānau. Discussions and agreements on how to implement these arrangements between funders and providers will be critical.
- Another critical step will be to integrate services and contracting arrangements. Such a model involves:
  - service delivery contracts based on cross-agency collaboration, with streamlined reporting and a common set of outcome-based measures
  - contracts that support provider growth and development, and
  - an interagency database or framework for outcomes monitoring and reporting.
- Many of the providers in this study are viewing the Government's whānau-centred initiative as a positive step towards integrated service provision. There is strong support for the underlying principles and intentions of the Government's approach but also an acknowledgement that there are potential challenges ahead for many organisations in the health and social sectors. Particular challenges identified are:
  - how whānau views and perspectives are embedded in the design and delivery of services

- how decisions are implemented at a local level between funders and providers
  - how different service providers collaborate and work together, and
  - what additional capacity and capability support might be necessary to implement integrated service delivery effectively so that it works for whānau.
- In regard to how taking a more whānau ora integrated approach might change service delivery, some providers mentioned:
    - the reconfiguration and reprioritisation of existing services and contracts aligned with whānau goals and outcomes
    - alignment and integration of existing funding arrangements
    - the identification of service gaps and service duplication
    - access to shared management and governance services
    - potential for reduced costs of delivery, and
    - greater case coordination and management.
  - Delivering a service that is both clinically sound and culturally competent is an ongoing priority for Māori health providers. Compromising one for the other is not an option. Effective, safe clinical and cultural practices are integral to an integrated and whānau-centred organisation.<sup>1</sup>
  - Evaluating whānau ora integrated service delivery requires engagement with providers and whānau. A possible approach based on the four pathways of He Korowai Oranga and the opinions of two of the providers in this study is set out in Appendix D. It identifies some short- and long-term outcomes and methods to measure the success or otherwise of whānau ora integrated service delivery. It remains a 'work-in-progress'.

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<sup>1</sup> Refer also to: Ministry of Health (2009) Te Toi Hauora-nui: Achieving excellence through innovative Māori health service delivery. Ministry of Health, Wellington. It can be downloaded from: <http://www.moh.govt.nz/moh.nsf/indexmh/te-toi-hauora-nui?Open>

## CHAPTER ONE: INTRODUCTION

This chapter describes the Whānau Ora Integrated Service Delivery research project including its objectives and methodology.

### Background to Research

Mauriora-ki-te-Ao/Living Universe Ltd (MKTA)<sup>2</sup> was engaged by the Ministry of Health to conduct a study concerning the delivery of whānau ora integrated services across health and other sectors by Māori health providers. This case study research is focused on defining and describing the term 'whānau ora integrated services delivery' by drawing on specific examples and models of practice. The contract also required the study to include the development of an evaluation framework to capture the first year of operation for up to two Māori health providers that deliver whānau ora type services. To fulfil this requirement, MKTA engaged the services of Dr Fiona Cram from Katoa Ltd.

The study started in January 2010 and a final report was delivered to the Ministry of Health by 31 August 2010.

### Approach

This project has taken a case study approach to illustrate the key features of whānau ora integrated service delivery. In addition to reviewing key information sources, it involved interviews with six Māori health providers. Transcripts were then drawn on to inform case study notes for each provider. Key themes have been identified and incorporated as part of the analysis for this report.

Two Māori health providers were identified to assist with designing an evaluation framework. Drawing on relevant information sources and evidence, Katoa Ltd constructed a tentative evaluation model for discussion with the two selected Māori health providers. Their views and perspectives contributed to the final design of a proposed evaluation model.

Throughout this study, MKTA has drawn on the advice of a Reference Group comprising officials from the Ministry of Health and the Ministry of Social Development.

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<sup>2</sup> Led by Parekāwhia McLean, the team comprised Dene Ainsworth and Dr Fiona Cram from Katoa Ltd.

### *Māori Health Providers*

Six Māori health providers participated in this study, each of which was identified in consultation with the Reference Group. They are:

- He Oranga Pounamu, Christchurch
- Ngāti Porou Hauora, Te Puia Springs
- Ora Toa Health Services, Porirua
- Raukura Hauora o Tainui, Waikato
- Te Oranganui Iwi Health Authority, Whanganui, and
- Tui Ora Ltd, Taranaki.

These participants include providers recognised for the delivery of programmes relevant to the area of investigation. Two of the providers – He Oranga Pounamu and Tui Ora Ltd – are Māori development organisations providing a range of essential management, administrative and support services to a network of affiliated providers.

The providers were contacted about the research and were given background material on the project.<sup>3</sup> All agreed to participate in this study.

Although the sample size is small, all the providers are led and mandated by iwi and have been operating for more than 10 years. All the participating providers receive government sources of funding.

### **Interviews**

MKTA developed a written questionnaire<sup>4</sup> following consultation and input from the Ministry of Health and the Reference Group. The questionnaire was designed to generate discussion and capture information, where possible, about:

- distinctive features that shape the design and provision of services
- models used to influence service delivery
- how whānau needs are taken into account
- how providers engage and collaborate with other organisations
- what some of the enablers are for successful integrated service delivery, and
- some of the challenges that providers and funders face in delivering integrated services to whānau and communities.

Because these interviews took place when Government announced its whānau ora initiative, MKTA also took the opportunity to gain the providers' initial responses to this policy.

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<sup>3</sup> See Appendix B for a copy of the information given to providers.

<sup>4</sup> See Appendix A for a copy of the interview questionnaire.

All interviews were conducted at the place of work of the provider and during work time. Of the six interviews, five involved the chief executive officer (CEO) along with others in the organisation (senior management team, team leaders and workers from specific services). Each provider was given an information sheet, a consent form and a written questionnaire about the project prior to the interview.

Some of the interviews followed the format set out in the written questionnaire while others began with an overview of the provider's operations. At one of the meetings, the CEO was accompanied by a number of front-line staff working directly with patients and their whānau.

The interviews lasted from 60 to 120 minutes. Five of the six interviews were recorded. Discussion notes were also made during the interview. The discussion notes and transcripts form the information base for this project.

To undertake the evaluation component, Katoa Ltd met with the two identified providers on two occasions each. At the first meeting, discussion covered the range of services that the provider offered as well as other aspects relevant to the study such as the environment of service delivery, the personnel involved, the community being served and the provider's experiences of working across sectors. These wide-ranging discussions provided Katoa Ltd with an insight into not only the provider's operation but also the values that underpin the design and delivery of its services. At the second meeting Katoa Ltd presented an initial overview of the evaluation and participated in group discussions as to how the provider engaged with its clients both personally and in terms of the values underpinning its services.

In every case key informants were open, sincere and passionate about their organisation's kaupapa and whānau ora. Following the interview the providers were given a koha to thank them for their contribution toward the research.

### **Supporting Documentation**

Key informants were asked to supply any documentation they have available about their service. The MKTA team also gathered other written and electronic sources of information about the participating providers prior to and following the interviews.

### **Research Ethics**

When transcripts of interviews and case study notes were completed, they were returned to each organisation for its consideration. Providers were asked if they wished to add to, amend or delete any of the information. MKTA made changes in response to their feedback and gave an undertaking that a final copy of this report would be available to them.

Overall, the response from the participating providers has been positive with considerable support for the study. All the providers acknowledged that the Government is now treating whānau-centred approaches as an important initiative.

## CHAPTER TWO: CONTEXT

In this chapter, we set the scene for this report by outlining key Government-led strategies and initiatives that have come to influence the way in which the Māori health provider sector operates.

It should be noted however that these initiatives are only a part of the context for providers. All the providers in this study are influenced by a number of other factors including:

- directly meeting the specific needs and challenges facing many of the whānau they work with
- being committed to providing quality services that are clinically sound and culturally robust
- empowering patients and their whānau to be more self-managing, and
- contributing to the overall strategic direction of their respective iwi.

### He Korowai Oranga

Launched in 2002, He Korowai Oranga: Māori Health Strategy sets the direction for Māori health development in the health and disability sector.<sup>5</sup> The strategy provides a framework for the public sector to take responsibility for the part it plays in supporting the health status of whānau.

He Korowai Oranga recognises that health and wellbeing are influenced and affected by the collective as well as the individual. It further recognises the need to work with people within their own contexts, not just with their physical symptoms.

He Korowai Oranga has two purposes.

1. **Affirm Māori approaches.** The strategy strongly supports Māori holistic models and wellness approaches to health and disability. He Korowai Oranga seeks to support Māori-led initiatives to improve the health of whānau, hapū and iwi. It recognises the desire by Māori to have control of their future direction and is therefore a strong motivation for Māori to seek their own solutions and to manage their own services.
2. **Improve Māori outcomes.** Fulfilling this purpose will involve a gradual reorientation of the way that Māori health and disability services are planned, funded and delivered. Government, District Health Boards and the health and disability sector will continue to have a responsibility to deliver improved health services for Māori and improve Māori outcomes.

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<sup>5</sup> See Minister of Health and Associate Minister of Health (2002) He Korowai Oranga: Māori Health Strategy. Ministry of Health, Wellington.

He Korowai Oranga provides a framework for the public sector to take responsibility for its role in supporting the health status of whānau. This framework includes public policies that actively promote:

- whānau wellbeing
- high-quality education
- employment opportunities
- suitable housing
- safe working conditions
- improvements in income and wealth, and
- address system barriers, including institutional racism.

### **Whānau Ora and the Health Sector**

The overall aim of He Korowai Oranga is whānau ora – Māori families supported to achieve their maximum health and wellbeing. As a principal source of strength, support, security and identity, whānau play a central role in the wellbeing of Māori individually and collectively.

The outcomes sought are that whānau members:

- experience physical, spiritual, mental and emotional health
- have control over their own destinies
- live longer and enjoy a better quality of life, and
- participate fully in te Ao Māori and New Zealand society generally.

These outcomes are more likely to be achieved when whānau:

- are cohesive, nurturing and safe
- are able to give and receive support
- have a secure identity, high self-esteem, confidence and pride
- have the necessary physical, social and economic means to participate fully and provide for their own needs, and
- live, work and play in safe environments.

Whānau ora is an empowering concept both in principle and practice. It has become the key driver for many Māori health and social service delivery organisations. It places whānau health and wellbeing as a matter for everyone's concern, where no one should be sick on their own and where wellness is a collective aspiration.

Whānau ora also involves facilitating positive and adaptive relationships with whānau and recognising the interconnectedness of health, education, housing, justice, welfare, employment and lifestyle as elements of whānau wellbeing. Achieving whānau ora requires a multi-pronged approach that focuses on:

- whānau, hapū and community development
- Māori participation including supporting effective Māori health providers and a highly skilled Māori health workforce
- effective service delivery, and
- working across a range of social sectors such as social development, education and housing to effect change.

While the health sector has taken a lead in terms of providing a strategic direction platform for whānau ora, in recent times a wider 'whole of government' approach involving other agencies has been gaining momentum. Key to this development has been the role played by the Minister for the Community and Voluntary Sector and the work undertaken by the Taskforce on Whānau-Centred initiatives.

### **Taskforce on Whānau-centred Initiatives**

Established in 2009, the Taskforce on Whānau-centred Initiatives was charged with constructing an evidence-based framework:

- to strengthen whānau capabilities
- to provide an integrated approach to whānau wellbeing
- to ensure collaborative relationships between state agencies in relation to whānau services
- to enable relationships between government and community agencies that are broader than contractual, and
- that improved cost-effectiveness and value for money.

The Taskforce developed the framework based on a review of relevant literature, the experiences of health and social service agencies, an analysis of oral submissions and over 100 written submissions from individuals and organisations.

In summary, the Taskforce's whānau-centred approach features the key domains set out in the table below.

<b>Whānau-centred Approach of the Taskforce on Whānau-centred Initiatives</b>	
<b>Domain</b>	<b>Description</b>
<i>A whānau aspirational aim</i>	Balance social gains, economic gains and collective gains. These gains are strengthened by reciprocal commitments between and across generations, and between the ambitions of individuals and the shared hopes of the whānau.
<i>Principles</i>	The Taskforce identified the following principles to underpin all elements of the framework: <ul style="list-style-type: none"> <li>• ngā kaupapa tuku iho</li> <li>• whānau opportunity</li> <li>• best whānau outcomes</li> <li>• whānau integrity</li> <li>• coherent service delivery</li> <li>• effective resourcing, and</li> <li>• competent and innovative provision.</li> </ul>
<i>Whānau outcome goals</i>	The Taskforce identified the following six goals for whānau: <ul style="list-style-type: none"> <li>• self-managing</li> <li>• living healthy lifestyles</li> <li>• participating fully in society</li> <li>• confident participation in te Ao Māori</li> <li>• economically secure and actively and successfully involved in wealth creation, and</li> <li>• cohesive, resilient and nurturing.</li> </ul>
<i>Whānau centred services</i>	Whānau-centred services focus on the whānau as a whole. The Taskforce considers that whānau-centred services should be characterised by six key operational elements: <ul style="list-style-type: none"> <li>• whānau-centred methodologies shaped by the values, protocols and knowledge contained within te Ao Māori</li> <li>• commitment across government</li> <li>• the establishment of an independent trust with a dedicated appropriation</li> <li>• a primary focus on best outcomes for whānau, through integrated and comprehensive delivery</li> <li>• strong regional direction, and</li> <li>• building on existing provider capabilities.</li> </ul>
<i>A whānau ora trust</i>	The Taskforce recommended the establishment of an independent trust to facilitate the delivery of whānau services that are comprehensive, integrated and focused on positive development.

The Taskforce presented its report to the Minister for the Community and Voluntary Sector in January 2010. The report was then publicly released in April 2010 alongside the Government's whānau ora approach.

## Government's Whānau Ora Approach

Whānau ora is a significant policy initiative of this Government. Some of the key characteristics of the Government's initiative include:

- whānau taking responsibility for whānau
- whānau being at the centre to lead the development of solutions for their own transformation
- building on whānau strengths and capability
- whānau-centred services that are shaped by te Ao Māori values and philosophies
- the freeing up of health and social service providers from the dozens of separate contracts for services that currently tie them up
- greater coordination across government agencies and providers at the local level, and
- coherent, relevant and connected whānau service delivery approaches.

Whānau ora is an inclusive approach to providing services and opportunities to families across New Zealand. It empowers families as a whole, rather than focusing separately on individuals and their problems. Whānau will be at the centre which will require multiple government agencies to work together with families rather than separately with individual family members. The initiative will be available to all families in need across New Zealand.

It is expected that whānau ora will work in a range of ways, influenced by the approach whānau choose to take. It has been designed to be flexible to meet family needs.

The following initiatives have emerged since the completion of the Taskforce report.

- A Responsible Minister for Whānau Ora has been appointed.
- In the 2010 Budget, the Government confirmed \$134 m will be available over four years to allow Te Puni Kōkiri, the Ministry of Social Development, and the Ministry of Health to jointly implement Whānau Ora. In addition to this new money, participating providers will retain the funding they receive through existing contracts, which will be developed into Whānau Ora contracts.
- A Whānau Ora Governance Group has been established and tasked with providing strategic advice on policy priorities and coordination across government agencies and key stakeholders. Reporting to the Minister Responsible for Whānau Ora, Hon Tariana Turia, the Group includes Rob Cooper (Chair), Professor Sir Mason Durie, Nancy Tuaine, and the chief executives of Te Puni Kōkiri, the Ministry of Social Development and the Ministry of Health.

- Ten Regional Leadership Groups have been established. Each group comprises community representatives appointed by the Minister for Whānau Ora, along with officials from Te Puni Kōkiri, the Ministry of Social Development and local District Health Boards.
- A two-wave Expressions of Interest (EOI) process is currently underway to select provider organisations to implement whānau-centred approaches to whānau and their respective communities. Decisions are expected to be announced shortly. Programmes of action from both waves will be developed over the rest of this year and into 2011.

## CHAPTER THREE: APPROACHES TO WHĀNAU ORA INTEGRATED SERVICES DELIVERY

This chapter details how some Māori health providers give effect to and/or view the delivery of whānau ora integrated services. It profiles six Māori health providers – all iwi-led and iwi-owned. We begin with a general commentary on what whānau ora integrated services delivery is and what is needed in order to implement it effectively.

### Whānau Ora Integrated Services Delivery

As reported in a related study, *Te Toi Hauora-nui: Achieving excellence through innovative Māori health service delivery*,<sup>6</sup> delivering an integrated and comprehensive range of whānau ora services is an aspiration for many iwi/Māori community-based organisations. Many, if not all of these organisations are led and owned by iwi or Māori, are based within the communities they directly service, have a predominantly Māori workforce and tend to have a better understanding of the needs of their communities than other groups of providers. Many also:

- believe that the social, cultural and economic lives of their people can be improved
- work alongside groups to achieve wellbeing
- enable and empower people to identify their own resources and strengths, and support them to meet their own needs in a constructive manner
- encourage people to work collectively to secure resources and skills
- build on existing community networks to develop better support and community control of services, and
- identify long-term strategies for development.

If whānau ora integrated service delivery is to become a reality, the following guiding principles need to be taken into account.

- The relationships among government, iwi, providers and whānau are relationships among equals, based on trust, respect and belief in the worth of the individuals and each other.
- Whānau support is important for whānau wellbeing where providers respond to whānau needs and involve key whānau members.
- Policy and service approaches should seek to empower, build and leverage whānau strengths.
- Policy and funding design should provide for the time required to form enduring relationships, provide regular, consistent engagement and respond to whānau needs.

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<sup>6</sup> Ministry of Health (2009) op cit.

- Whānau-centred services should provide for an integrated multi-service delivery approach that gives whānau a single point of contact.
- Measuring the effectiveness of service delivery to whānau should include reporting on the successes that whānau are experiencing as a result of the initiatives to demonstrate that outcomes are being achieved.
- A key focus is on providing for early intervention and preventative measures.
- Providers and agencies collaborate with and complement each other in policy design, delivery and funding.
- Flexible and innovative whānau ora initiatives are designed and implemented.
- Evaluation is ongoing to build the evidence base on whānau-ora services.

### **Māori Health Providers**

Māori health providers are a key feature of the health and disability sector. Growing from a total of 20 providers in the early 1990s, there are now approximately 264 providers located throughout the country. Māori health providers are typically small with a strong not-for-profit philosophy. The Ministry of Health's report *Ka Tika Ka Ora*<sup>7</sup> identifies three main types of Māori health providers:

1. **specialised** – often small providers that focus on one kind of health service (e.g. smoking cessation, sexual health, rongoā)
2. **comprehensive** – health service providers that offer a mixture of personal and public health services (e.g. public health, primary care, mental health, general practice), and
3. **integrated providers** – offer a range of health and social services (e.g. housing, family support and education type programmes as well as comprehensive health services).

While the providers in this study vary in size and come from a variety of locations across Aotearoa New Zealand, they are all iwi-led organisations. All have been operating for more than 10 years, provide a variety of health and social services and receive funding from government as well as other sources. Māori cultural values, beliefs and practices are central to their operational activities as are tikanga-based or Māori models of wellbeing.

The following case studies provide a descriptive account of the six Māori health providers and their perspectives on whānau ora integrated services. Quotes from the providers themselves are also provided in boxes alongside the case studies.

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<sup>7</sup> Ministry of Health (2009) *Ka Tika Ka Ora: The Māori health provider work programme 2009–2010*. Ministry of Health, Wellington.

## Case Study: He Oranga Pounamu

*Whāia e koe ngā moemoea,  
Ki te tuohu koe he maunga teitei*

*In seeking our vision/dream  
Look to the highest mountain –  
Strive, prevail, look ahead don't give up.*

### *Background*

He Oranga Pounamu is a Māori development organisation that was established by Te Rūnanga o Ngāi Tahu in 2000 'as a mana whenua based entity that would work, at an operational level, to ensure that the Crown fulfils its Article III obligations to not only Ngāi Tahu whānui but to all Māori residing within the Ngāi Tahu takiwā'.<sup>8</sup>

The takiwā of He Oranga Pounamu extends from Kaikoura to Bluff and up and across to the West Coast of Te Waipounamu. Within this area there are 30 providers that affiliate to He Oranga Pounamu, of which 15 are located in the Canterbury area. This breakdown is representative of the spread of the Māori population – that is, 50% of the Māori population live within the Christchurch region.

He Oranga Pounamu commenced operations in 2000 as a Māori development organisation to facilitate the delivery of health and social services, in an integrated manner, to the people of Ngāi Tahu.

He Oranga Pounamu was mandated to operate in accordance with the guiding philosophy as set by the rūnanga. Its guiding principles (Tō Tātou Kaupapa Matua)<sup>9</sup> are as follows.

- Manaaki – He Oranga Pounamu acknowledges Ngāi Tahu as mana whenua and works to manaaki Māori living in the Ngāi Tahu rohe.
- Tirohaka ki Mua – He Oranga Pounamu actively promotes innovative response and positive development opportunities for Māori.
- Kotahitaka – He Oranga Pounamu actively partners with other organisations and agencies to improve the outcomes for Māori living in the Ngāi Tahu rohe.
- Kounga – He Oranga Pounamu strives to achieve the highest standards in the services provided and supports excellence in the delivery of services to Māori.

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<sup>8</sup> He Oranga Pounamu website: <http://www.hop.org.nz>

<sup>9</sup> Ibid.

In line with these guiding principles, the organisation has developed a Māori health priority and strategy that looks to reduce the disparities between Māori and non-Māori. He Oranga Pounamu has nine population health targets<sup>10</sup> to achieve this overarching goal for Māori health. Specifically it aims to address Māori health status by:

1. improving immunisation coverage
2. improving oral health
3. improving elective services
4. reducing cancer waiting times
5. reducing ambulatory sensitive (avoidance) hospital admission
6. improving diabetes services
7. improving mental health services
8. improving nutrition, increasing physical activity and reducing obesity, and
9. reducing harm caused by tobacco.

To be affiliated to He Oranga Pounamu, a provider must be mandated by Papatipu Rūnaka (local marae) although recently the organisation has accepted some new providers as associate members only. Currently 30 providers<sup>11</sup> are affiliated to He Oranga Pounamu delivering health and social services. The provider network is a mixture of iwi- and Māori-based organisations delivering a range of clinical, health and social services.

### *Whānau Ora Integrated Service Delivery*

#### **Integrated Management and Support Services**

He Oranga Pounamu uses three models of practice.

##### **Network Model**

Guided by the network model, He Oranga Pounamu provides support such as communication tools to its affiliates. It also acts as a budget holder – distributing funds from contracted sources to service providers. It has begun discussions with its providers to review and negotiate the terms of affiliation as the organisation moves forward.

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<sup>10</sup> Ibid.

<sup>11</sup> The affiliated providers are: Ali's Home Help, He Waka Tapu Trust, Otautahi Social Services, Positive Directions Trust, Student Advocacy Services Trust, Purapura Whetu, Te Arawa Whānui ki Otautahi, Te Awa Te Ora Trust, Te Ora Hou Otautahi, Te Puna Oranga, Te Rapana Trust, Te Mana Motuhake Kotahi Trust, Te Puawaitanga ki Otautahi, Te Rūnanga o Ngā Maata Waka, Whānau Tautoko Charitable Trust, Te Tai o Marukura Health & Social Services, Arowhenua Whānau Services, Te Puna Whaihua, Inangahua Manaaki mo te Whānau, Rata Te Awhina Trust, Awarua Social Services, Hokonui Rūnanga Health & Social Services Trust, Ngā Kete Mātauranga Pounamu Charitable Trust, Oraka Aparima Health & Social Services, Te Whānau o Hokonui Marae Inc., Waihopai Rūnaka, Arai Te Uru Whare Hauora, Kai Tahu ki Otago Trust, Te Roopu Tautoko ki Te Tonga, Te Hou Ora Otepoti.

### **Maintenance Model**

As described by the acting chief executive, under the maintenance model He Oranga Pounamu and its affiliated provider may pilot particular initiatives before implementing them on a wider basis. Two current pilots, for example, are for a budget advice initiative and a whānau-based diet and exercise programme. Subject to satisfactory evaluation, each initiative may be rolled out on a longer-term basis, at which time He Oranga Pounamu will facilitate the release of the programme and ensure ongoing connection between the service provider and the funder.

### **Management Model**

Based on the management model, He Oranga Pounamu provides shared services to support the provider network. From July 2010 He Oranga Pounamu will phase in a number of services with the ultimate aim of reducing costs throughout the provider network. With strong support from Te Rūnanga o Ngāi Tahu, He Oranga Pounamu will look to leverage off that relationship and access resources and facilities available from its parent organisation. Initially the focus will be on information technology (IT) and accounting; once these initiatives have been assessed and shown to contribute to the cost-effectiveness of this model, access to resources and facilities will be broadened to other areas as well.

*And so ... you take the definition of whānau ora, which is Māori whānau achieving Māori maximum health and wellbeing, and that's what we were created for ...*

### **Working in partnership with others to deliver integrated services**

The key priority for He Oranga Pounamu is community development, providing support to, and working with, communities to ensure that those communities receive the services that they require. It does not see itself as competing in any way with any of its providers, whose roles and responsibilities are distinctly separate. In recent years the respective roles of He Oranga Pounamu and its providers have been clarified, facilitating a level of collaboration that has enhanced the delivery of health and social services to communities.

The relationship between He Oranga Pounamu and its affiliates is strong and is working well to the benefit of all concerned. Its providers meet regularly with He Oranga Pounamu: some meetings cover areas and issues of common interest and/or concern while others are held to discuss matters of a more strategic nature including planning for the future.

### **Conclusions**

He Oranga Pounamu is an established Māori development organisation with an extensive provider network in place. It is supported by Te Rūnanga o Ngāi Tahu and is positioned to facilitate the provision of health and social services, in an integrated manner, to the people of Te Waipounamu. He Oranga Pounamu considers itself to be a whānau ora integrated service organisation offering shared services and support to its affiliated network of providers.

## Case Study: Ngāti Porou Hauora

*Ki te whakaputa oranga mo te Whānau, te Wairua, te Hinengaro me te Tinana.  
To promote total family health care. Spiritually, Mentally and Physically.*

### *Background*

Ngāti Porou Hauora Incorporated was established as a not-for-profit, charitable organisation in 1995 after considerable consultation with local communities. Its primary focus is on ensuring the provision of sustainable, appropriate, high-quality, integrated health services to all people within the Ngāti Porou rohe, covering some 200 km of the East Coast of the North Island from Potikirua near Hicks Bay in the north to Te Toka-a-Taiau, Gisborne, in the south. Although it is owned and governed by Ngāti Porou, the organisation offers services to all within the Tairāwhiti region, as a 'by Māori, for all' service.

### **An iwi-led organisation**

Ngāti Porou Hauora is an iwi-led and iwi-driven organisation. Since its establishment, it has been owned and managed by a board of elected community members representing the various local communities of the East Coast. The organisation provides a range of personal health, public health, disability support and mental health services to an enrolled population of approximately 13,000 patients – of whom almost half reside in the rural coastal regions and the remainder in Gisborne and surrounding areas. These services are provided at low or no cost to its registered patients.

Service contracts include WellChild, Whānau Ora, Community Support Services, Palliative Care, Disease State Management, Aukati Kai Paipa (smoking cessation) and the Ngāti & Healthy Programme.<sup>12</sup> Ngāti Porou Hauora takes a holistic approach to health and has also ventured into health research and health environment projects.

The significant majority of enrolled patients are Māori, most of whom are Ngāti Porou. Non-Māori patients are mostly Pākehā, although many of Gisborne's small Pacific community are also enrolled patients. Ngāti Porou Hauora offers a holistic health service with a focus on improving whānau and hapū health and preventing disease.

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<sup>12</sup> This programme was the recipient of the Ministry of Health's Te Tohu Kahukura (Overall Winner), Whānau Ora Award in 2006.

## *Whānau Ora Integrated Service Delivery*

### **Tikanga-based service design and provision**

For Ngāti Porou Hauora, Māori philosophy and values are integral to the design and delivery of the services it provides. The organisation is committed to holistic models of care and wellbeing that draw on the integrity of Māori cultural values and practices. As far as possible the organisation uses Te Pae Mahutonga<sup>13</sup> as the framework for its work in the health promotion and public health because of this model's holistic approach to wellbeing. All of these values and practices sit and operate alongside mainstream clinical practices.

*Whānau ora – it's something that you know we've practised here in Ngāti Porou ever since the beginning of time, it's not new – it comes from ngā taonga i tuku iho o ngā tipuna. So the whole way that we practise is around the values of tikanga, kawa, all those things that are ingrained within*

Whakapapa-based relationships are a reality for many who work within the organisation. Unlike the majority of staff in mainstream organisations, many at Ngāti Porou Hauora have direct ancestral links to the whānau and communities they work with. Therefore accountability is direct and the concept is ever-present in the work that they do. Appropriate cultural communication and social skills that build relationships are a necessary prerequisite.

### **Working with whānau and the community**

Working to meet the needs of whānau and communities is important to Ngāti Porou Hauora. This focus underpins its model of service delivery and reflects a whānau ora integrated approach where patients, whānau and communities are involved in the identification of solutions and interventions that work for them and that they own. Enabling self-care and self-management is a goal and an aspiration that Ngāti Porou Hauora work to accomplish alongside whānau. It is an aspiration to be encouraged where whānau are empowered to become self-determining.

### **Taking a holistic approach**

From Ngāti Porou Hauora's perspective, whānau ora integrated services are about meeting the patient's care needs and responding to the full range of issues that impact on their wellbeing. Providing such services effectively may require:

- both clinical and non-clinical interventions
- a range of services
- a range of providers
- a plan of care that is not just focused on an individual patient but also embraces whānau, and
- coordination and collaboration.

*Ngāti Porou Hauora are invited in because of a particular health condition but once there you recognise there are other issues that need to*

<sup>13</sup> M. Durie (1999) Te Pae Mahutonga: A Model for Māori Health Promotion. School of Māori Studies, Massey University, Palmerston North.

## Going beyond contracted deliverables

Many at Ngāti Porou Hauora provide services and support beyond what they are contracted to do. These 'additional' responsibilities are often matters they cannot ignore especially if patients/whānau require follow-up treatment. Transport support is an issue for many who live along the East Coast when specialist services are located in Gisborne.

## A committed workforce

Working on the East Coast and dealing with multiple needs requires a dedicated team. The clinical teams, particularly the kaiāwhina and rural health nurses, use their relationships and intimate knowledge of the community to work with the whole whānau. Where appropriate, Ngāti Porou Hauora has also utilised and drawn on the expertise of others beyond the established team.

Those interviewed talked about the important role of kaiāwhina in particular in working with whānau. Many kaiāwhina are recruited and employed because they:

- 'whakapapa' to the community
- are known to whānau and hapū
- are active participants in their communities, and
- are knowledgeable about their respective communities.

Their role is about linking the health professionals with members of the communities. For example, when Ngāti Porou Hauora engages locum doctors, from both Aotearoa New Zealand and overseas, many are unfamiliar with Māori communities so kaiāwhina take an active part in bringing the two together.

## Collaborating with others

To provide whānau ora integrated services it is necessary to work alongside and with others. For Ngāti Porou Hauora, this means working with other organisations with common aspirations like Te Rūnanga o Ngāti Porou, tertiary institutions, other health sector bodies, government agencies and not-for-profit organisations. However, Ngāti Porou Hauora is adamant that more work needs to be done in this area, especially to achieve stronger coordination among government agencies and break down silos.

*The concept of whānau ora is such that we can't work without the assistance and support of other agencies.*

## Conclusions

As a remote rural provider, Ngāti Porou Hauora is a dedicated provider of services aimed at improving the health and wellbeing of whānau. In the face of many challenges, especially in the area of workforce planning and development, it has had to be innovative in the delivery of services, and worked collaboratively with others to provide effective services that are responsive to the needs of patients and whānau. Critical to the success of this approach is gaining whānau and community 'buy in' to and ownership of the design and delivery of integrated services.

## Case Study: Ora Toa Health Services

*Ka oho te wairua  
Ka mataara te Tinana  
He aroha ki te aroha  
Ka kaa te Rama.*

*When the spirit is awakened  
The body is alerted  
Love abounds  
So follows enlightenment.*

### *Background*

Ora Toa Health Services was established to provide a broad range of health services to Ngāti Toa Rangatira descendants and other Māori living in Porirua, north of Wellington. Over the years its client base has expanded, reflecting the diverse population groups living in Porirua. In 2010 Ora Toa has almost 12,000 registered clients accessing its services.

### **An iwi-led organisation**

Ora Toa is an iwi-led and iwi-driven organisation. Since its establishment, it has received ongoing support and guidance from Te Rūnanga o Ngāti Toa Rangatira. The Executive Director of Te Rūnanga o Ngāti Toa Rangatira also manages and oversees Ora Toa. Initially it provided its services within the Porirua area only; however, as whānau members have moved around the greater Wellington area, Ora Toa has extended its operational base to include sites within central Wellington. While the number of registered clients is reasonably static, Ora Toa experiences a turnover in patients as people move in and out of its service area.

### **A community-focused organisation**

For Ora Toa, the key to its service provision is understanding and knowing the community that it serves, especially in terms of what the needs of the community are. This drive to serve its community is reflected in its mission statement:

To assist the Porirua and wider communities to be aware of Health issues, by providing information, options and choices which will empower Māori and non-Māori to develop and maintain a healthy lifestyle. Ora Toa is committed to working within the bounds of Tikanga O Toa Rangatira.<sup>14</sup>

In delivering on its mission statement, Ora Toa provides a broad range of health services and has established a number of sites, including four medical centres, in both Porirua and Wellington.

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<sup>14</sup> Ora Toa Health Services website: <http://www.oratoa.co.nz>

The organisation is committed to providing and delivering health services that are affordable and that meet the requirements of its wide and diverse client base. Its mobile nursing facility is illustrative of this approach. With this service, patients and their whānau are able to choose where they wish to be seen, which may be:

- in their own home
- at their place of work
- in a clinic
- at a marae, or
- in any other community setting.

Ora Toa offers a comprehensive range of primary care, mental health, oral health and specialist services to its communities. The specific areas it covers include:

- Tamariki Ora
- Whānau Ora
- alcohol and drug services
- asthma services
- diabetes
- general practitioner (GP) clinics
- antenatal education
- cervical screening
- breast screening education
- cancer support
- nutrition and physical activity
- dental service, and
- disability services.

#### *Whānau Ora Integrated Service Delivery*

##### **Meeting the needs of whānau/the community**

The concept of integrated services is not new to Ora Toa. Those interviewed assert that their organisation has been operating along those lines since its establishment. A prime example is its Tamariki Ora programme which is a total wraparound service covering breastfeeding, nutrition, hearing, skin clinic and antenatal services.

Recently Ora Toa has noted an increase in demand for advocacy services particularly in regard to housing. Ora Toa is therefore working to build sound, strong, close relationships with the appropriate agencies including Housing New Zealand, District Health Boards, the Ministry of Social Development, Work and Income, and the Ministry of Education.

Through regular and active involvement with its communities, Ora Toa has identified issues outside a purely health focus and has responded to those needs by developing and initiating additional programmes and services. This additional support encompasses areas such as education and ensuring that whānau have access to acquiring competencies in physical activities such as swimming, for example, to minimise the potential for drowning.

Sporting activities play a prominent part in enabling Ora Toa to involve and connect with as many members of the whānau as possible. The Ora Toa community fields a number of sporting teams in rugby, hockey and basketball. Other activities focus on specific outcomes or areas, such as group walking (weight loss), podiatry (diabetes) and oral health (adolescent focus). A further example is the tuakana programme, a Child, Youth and Family contract that incorporates life skills and mentoring.

### **Team work and professionalism**

A multi-disciplinary approach is used throughout Ora Toa as much as possible. With its established, committed and highly skilled workforce, the organisation has been able to develop and deliver its wide range of services. Integration is variable with some clients requiring a few services while others may require 10 or more services. What is clear though is that few, if any at all, ever access a single service. With internal referrals, Ora Toa finds that, at times, capacity is stretched – and with its client base of almost 12,000 it is easy to understand how this situation arises.

Finding GPs can be an issue on occasions. However, Ora Toa closely monitors the situation while also monitoring registrations so that it can seek out additional resources and support before shortages become an issue or create an undue strain on existing resources.

In-house training is carried out on a regular basis and staff are supported in their professional development. Ora Toa has Te Wana accreditation and also receives strong support from Te Rūnanga o Ngāti Toa Rangatira, including through the sharing of facilities. The professionalism and expertise of its workforce are recognised beyond Ora Toa, with key stakeholders regularly seeking their involvement in forums, committees and other areas.

Ora Toa also has a Memorandum of Understanding with the Wellington School of Medicine that covers opportunities for placement of medical students.

### **Looking forward**

Ora Toa acknowledges that it will never be able to meet all of the expectations and needs of its clients. However, it works diligently to ensure that it has the financial capacity, the personnel and the physical resources to meet the essential health and social service needs of its communities.

Ora Toa believes that the Government's Whānau Ora initiative provides an opportunity for it to consider broadening its service provision beyond health. Some possibilities include the development of additional practices and joint ventures in areas where the organisation has already been approached in this regard. Other possibilities include the establishment of a residential facility for mental health clients and a nursing home for the elderly/kaumātua.

### *Conclusions*

Ora Toa is an iwi-led Māori health provider, driven by and focused on the community, with almost 12,000 clients currently accessing its services. Since its establishment it has provided these services in an integrated and holistic way. Ora Toa is committed to serving its communities and to enhancing and expanding the services that it provides to meet the demands and expectations of its significant client base.

### **Case Study: Raukura Hauora o Tainui**

*Kia tū pakari ngā uri whakaheke  
Kia ora ai te whānau  
Kia mau ki te reo Māori  
Akonga ngā mokopuna kia maia  
Awhina te whānau kia ora te Iwi*

*The future generations shall stand strong for the survival of their families, they  
will be well versed, and will hold fast to te reo Māori  
Teach the generations that follow them to be brave  
They'll take care of their families which in turn will care for the Tribe  
Nā Te Puea Herangi*

### *Background*

Established in 1994, Raukura Hauora o Tainui (Raukura) is a charitable trust, not-for-profit organisation. Inspired and driven by the aspirations of King Tawhiao, the dream of Princess Te Puea Herangi and legacy of the late Dame Te Arikinui Te Atairangikaahu, the organisation works to support and reclaim the health and wellbeing of Tainui people and others within their rohe. Today the organisation continues to pursue this goal under the leadership of King Tuheitia Paki, delivering health services within Waikato and Tamaki.

### **An iwi-led organisation**

In 1983 as a result of a survey conducted into the state of the people of Tainui, major disparities in employment, health, education and housing were identified as key priorities to be addressed. Recommended for health were small health clinics, based in Māori communities and operated by trained local people who could move easily among their communities, assess basic health problems and conduct home-based and/or marae-based preventative health programmes. This concept became the starting point for community-based health centres in Waikato: from its first clinics in Ngaruawahia and Huntly, Raukura extended its reach to Tamaki in the mid 1990s. Since the development of these foundation services, the organisation has built its client base to more than 20,000.

Service philosophies are centred on providing health care that is accessible, cost-effective, comfortable, efficient, and clinically and culturally safe and secure (ACCESS). Raukura offers a comprehensive range of primary care, public health, mental health and specialist services to its communities including:

- GP clinics
- diabetes diagnosis and prognosis
- asthma
- immunisations
- vaccinations
- family planning
- skin cancer checks
- smokefree cessation programmes
- nutrition and exercise
- sexual and reproductive health
- health promotion
- alcohol and drug
- ACC vocational rehabilitation
- rongoā Māori
- whakawhānaungatanga-based initiatives
- disability and support
- advocacy and liaison, and
- care coordination.

The organisation's mission statement determines that 'Raukura will provide excellence in health care, which embraces the individual's right for integrity and dignity within a culturally appropriate environment'. Ultimately Raukura is committed to ensuring the health needs of all those who live within the boundaries of Tainui are met.

### *Whānau Ora Integrated Service Delivery*

#### **Responsive whānau-centred services**

For Raukura, whānau ora is integral to the organisation and the services offered. Meeting the health needs of whānau is paramount and drives the design, development, planning and delivery of its services. While Raukura is contracted to deliver a range of services, staff do more than that by responding to a variety of needs and requests when they engage with patients and their whānau. Some of these requests include providing transport to attend appointments, providing advocacy or similar support when dealing with other agencies, simplifying information about specific medical conditions/treatments, referring to other Raukura-led services, and the like.

*Whānau ora is not so much about the health outputs we are required to deliver ... but what is best for whānau.*

Therefore integrated service delivery involves staff on the front line dealing with patients or their whānau in ways to address the socio-economic determinants that impact on their wellbeing. Taking this approach means having a comprehensive perspective of what is needed to improve the health and wellbeing of whānau.

### **Tikanga-based and tikanga-driven services**

The ethos of Māori cultural beliefs and values permeates all aspects of the organisation. Māori cultural beliefs and values shape and influence the planning, development and implementation of all Raukura health care programmes. Some of these values include Tainui kawa me ona tikanga, providing for the people, care and respect, commitment to active participation, leadership, access to Raukura services, choice, efficient and cost-effective services, and customer satisfaction. Many of these values are embedded in the organisation and the way it operates as an integrated service provider.

### **Building trusting relationships**

Staff who are committed to meeting whānau and community needs are a feature of integrated service delivery at Raukura. Staff interviewed talked at length about the circumstances of their clients and how they work to build trusting relationships. Some of these relationships are established quickly; others evolve over time and proactive follow-up with whānau and other stakeholders is necessary. For Raukura, building and maintaining relationships is essential for improving the health and wellbeing of its population base and a feature of whānau ora integrated services.

*... we have to identify the problem ... it might take a lot of work but we still have to follow up with all agencies ... [so] that whānau ... get the outcome that is required of us.*

### **Facilitating access to other services**

Although staff at Raukura are contracted to deliver a specific service, they also spend time facilitating access (for their patients and whānau) to other services and information. They undertake this role after making home-based visits. Sometimes this work is straightforward, perhaps requiring the staff member to make a referral to another Raukura service, provide transport or interpret blood results. On other occasions, Raukura may convene a monthly group session around a specific condition such as diabetes; here specialists are invited to speak and respond to questions. For Raukura fulfilling this role is an important feature of whānau ora integrated service delivery.

*We have to get ourselves into being the drivers of solutions .... The reality is that we are the only ones that can design things that will sort our issues out and we are the only ones that can actually carry them out.*

### **A strong and cohesive workforce**

Hand in hand with the task of building strong relationships is a committed and cohesive workforce. Again at Raukura, a dedicated workforce that understands the needs of their communities and the values of the organisation is critical. Understanding both these aspects is a prerequisite for working for a kaupapa Māori- and iwi-led organisation. Delivering whānau-centred services requires staff to 'buy in' to this framework of thinking and then apply it as part of their practice model.

Many at Raukura have been there since its establishment including the chief executive, community health workers and members of the board.

### **Leadership that is responsive and influential**

Raukura is a leading Māori health and whānau-centred provider. It features strong governance and management. It believes that what will make a significant difference for providers in this current climate is a commitment to changing contractual arrangements from being purely output-focused to being about improving outcomes. For whānau ora integrated services to become embedded across funders and providers, it is essential to have real change at a national level that is then translated down to local levels. Establishing drivers of solutions, rather than focusing on problems alone, is another outcome to which Raukura is committed.

### *Conclusions*

Raukura Hauora o Tainui is an iwi-led Māori health provider. As one of the first Māori health providers to be established in this country, it has always been driven by the needs of the communities it serves, especially whānau. For Raukura, the concept of integrated services is not new but rather an approach that requires dedicated resources and support across government (both national and local) and solutions that are ultimately determined and driven by iwi.

### **Case Study: Te Oranganui Iwi Health Authority**

*Te korowaitia te puna waiora, hei ora ngā motuhake mo te iwi.*

*To empower change is to assist in adding absolute wellness to our people.*

### *Background*

Te Oranganui Iwi Health Authority (Te Oranganui) is an organisation led by iwi and driven by kaupapa Māori. Established in 1993 Te Oranganui is governed by the iwi of Te Atihaunui a Pāpārangi, Ngāti Apa and Ngā Rauru Kitahi. From its base in Whanganui, the organisation delivers health and social services within the tribal boundaries of the three iwi, with the aim of enhancing the mana motuhake of whānau, hapū, iwi and other peoples. It has a client base of approximately 8,500 and receives funding from a range of agencies.

### **A kaupapa-driven organisation**

Te Oranganui is driven by Kaupapa Ake – an iwi/Māori inspired cultural framework. Kaupapa Ake is aptly expressed in the kōrero above which focuses on bringing wellness to people. In addition, Te Oranganui is committed to developing and supporting the potential of whānau. Kaupapa Ake underpins the way in which the organisation operates including:

*What makes it unique is the fact we are using Kaupapa Ake to drive an organisation with a vision that's looking at developing the potential of whānau.*

- how staff engage with others in a mana-enhancing way
- how the organisation develops and maintains relationships with a range of stakeholders that are beneficial for all concerned
- how it resolves and manages conflict, and
- the way in which it designs and delivers its services.

### **A whānau-centred organisation**

From its inception, Te Oranganui has always focused on meeting the needs of whānau by working alongside them to identify what they require. This approach has led to:

- a whānau ora pilot involving a proportion of its client base that aims to improve a range of outcomes including reduced hospital admissions and reduced GP consultations
- the development of a pilot training programme for whānau ora practitioners leading to participants receiving an indigenous tohu
- a joint venture research study with the Health Research Council investigating whānau resilience, and
- a documentary about whānau ora featuring Te Oranganui to be broadcast on Māori Television.

### *Whānau Ora Integrated Service Delivery*

#### **Meeting the needs of whānau**

For Te Oranganui, whānau ora integrated service delivery is about providing services that respond directly to the needs and realities of whānau. There are several components to achieving this approach to delivery.

#### **Integrated funding**

A key component of whānau ora integrated service delivery is integrated funding. Establishing such funding requires major changes in contractual arrangements. Te Oranganui has almost 60 contracts that vary in scale from large contracts delivering a range of services, to small contracts for specialised services. The majority of these contracts require the organisation to respond to funders in a silo fashion. Reducing the number of contracts, consolidating them and streamlining accountability arrangements are also necessary measures. A further key measure is to construct specifications within contracts to align with achieving outcomes rather than specific outputs.

#### **Holistic interventions**

Another important feature is applying a holistic approach through the provision of a range of services that meet the needs of whānau rather than solely the needs of individuals. To achieve this approach, Te Oranganui's individual services generally refer patients to other services within the organisation. It is only if they do not have a particular service that they will refer patients elsewhere; in any such cases, the referral is usually to another organisation that they have an established relationship with and that can provide the services required.

## Team work

Multi-disciplinary teams working with whānau are another important feature of integrated service delivery. In Te Oranganui's view, a multi-disciplinary team approach requires everyone to work towards the common goal of improving the health and wellbeing of whānau. An aspiration of Te Oranganui is that every patient and whānau has a single care plan. This plan will broadly document the range of interventions available and/or being accessed by whānau. Te Oranganui staff will be able to access it both manually and electronically.

## A committed and professional workforce

Applying an integrated approach requires a dedicated, strong and confident workforce that is supported to deliver and respond to whānau needs.

Te Oranganui is currently running a whānau ora training programme. Aligned with the organisation's Kaupapa Ake and designed to respond to the different communities and stakeholders associated with the organisation, the programme focuses on four specific models: engagement, empowerment, conflict resolution and Māori approaches to whānau wellbeing. Participants are expected to bring along a specific whānau case study to work with. Once all competencies are achieved, participants receive an indigenous tohu that is equivalent to an undergraduate diploma of the New Zealand Qualifications Authority (NZQA) and that is validated by programme assessment and iwi.

Te Oranganui is strongly committed to this programme. When participants complete training and receive their tohu, they are in turn recognised financially. There has been some interest in the programme including in the possibility of rolling it out nationally.

*Now the other thing for me about integrating services is really the process of integrating.*

## Process is important

Finally Te Oranganui considers the process of delivering integrated services is important. Process involves the way in which the organisation engages with whānau and how it works with whānau to identify goals and solutions. Empowering whānau underpins Te Oranganui's whānau ora integrated service approach.

## Conclusions

For Te Oranganui, whānau ora integrated service delivery as a model of practice involves:

- empowering whānau with the necessary advice and information so they can determine their own solutions
- working directly with whānau to meet their needs
- a major change to funding and contracting arrangements
- the provision of integrated funding and accountability arrangements
- a strong, confident and competent workforce who can deal directly with whānau
- multi-disciplinary teams working together to achieve a common goal

- a service model that is based on kaupapa Māori values and practices and that is accepted, endorsed and embraced by all Te Oranganui staff
- iwi engagement, support and validation, and
- strong relationships with communities of interest and key stakeholders in Te Oranganui.

## **Case Study: Tui Ora Ltd**

*Let unity prevail.*

### *Background*

Operating since 1998 Tui Ora Ltd (Tui Ora) is a Māori development organisation and an integrated health service entity committed to enhancing health and wellbeing. It evolved from a joint venture relationship between the Taranaki Iwi Health Forum – Te Whare Punanga Kōrero Trust and the former Midland Regional Health Authority.

The following account of what whānau ora integrated services entail for Tui Ora draws on a discussion with senior managers from the organisation. The organisation's vision is to 'provide and support a world-class standard of operational efficiencies that meet or exceed client needs'.

Along with developing best practice methods and monitoring Māori provider services the primary objective of Tui Ora is to improve Māori health status in Taranaki through provision of health and social services as well as economic and health promotion programmes.

Currently 17 providers<sup>15</sup> are affiliated to Tui Ora, with 13 delivering services contracted by various government agencies. Each of the providers has strong linkages to the communities it serves and provides a range of services. Across all providers, these services include:

- general practice
- rongoā Māori
- dental service
- problem gambling
- mental health services
- education and cultural awareness programmes
- event management services
- nursing/kaiāwhina
- disability support service

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<sup>15</sup> The affiliated providers are: Te Hauora Pou Heretanga, Tu Tama Wahine o Taranaki Inc, Raumano Health Trust, Te Whare Puawai o Te Tangata Trust, Te Ihi Rangi Trust, Karangaroa Inc, Piki Te Ora Nursing Services Ltd, Manaaki Oranga Ltd, Mahia Mai-a-Whai Tara Trust, Te Rau Pani Māori Mental Health Trust, Toiora Healthy Lifestyles Ltd, Te Aroha Medcare Ltd, Tihi Ltd, Taylor Dental Service, Otarau Hapu Management Service, Te Kaweora and Te Kikini Trust.

- elder protection
- youth transition services
- strengthening families services
- supported employment services
- youth justice initiatives
- alcohol and drug services targeting rangatahi
- home-based support, and
- community support and development.

Tui Ora is affiliated to Te Matarau Ltd, a national organisation that provides a structure for collaboration and support among all Māori development organisations. One of the goals of Te Matarau is to facilitate opportunities for improved integration of health and social services.

*We can now communicate easily via email Outlook ... we are all linked onto the same system. We can share relevant information from a single system.*

### *Whānau Ora Integrated Service Delivery*

#### **Integrated management and support services**

As a Māori development organisation, Tui Ora provides a range of support services – covering information technology, finance, human resources and administration – to its affiliated providers. These support services are critical especially as providers are challenged to not only meet service delivery demands and expectations but also have the necessary infrastructure to be viable and sustainable.

For Tui Ora, management and administrative support must also be configured to enable and facilitate integrated service delivery. An important example is the information technology system that Tui Ora has in place. The system stretches from Patea to Mokau and fosters greater collaboration and connectedness between Tui Ora and its providers.

*So we've got agreements ... we share resources and infrastructure. It's about doing a collective process rather than all of us using different systems and different people.*

#### **Working in partnership with others to deliver integrated services**

Building and maintaining relationships with both affiliated providers and other key stakeholders is a key priority for Tui Ora. Again, utilising its IT expertise, Tui Ora has developed a strong relationship with Ngāti Ruanui – working with the iwi to meet its IT requirements.

Tui Ora is also part of the Midlands 'Better, Sooner, More Convenient' Primary Health Care network, has Memoranda of Understanding with a number of organisations (e.g. Healthcare of New Zealand, Pharmac, Plunket) and has constructive working relationships with its District Health Board and other funding bodies. Tui Ora Trust is a 50% owner of Hauora Taranaki Primary Health Organisation in partnership with Taranaki Primary Health Provider Inc., a network of general practitioners. The partnership provides opportunities to improve access to services for Māori and high-need populations through the delivery of a wide range of health services and programmes.

Ultimately these relationships are important and of mutual benefit to Tui Ora and its partner organisations committed to enhancing the health and wellbeing of Māori and others in Taranaki. Tui Ora is known for working with Māori communities and dealing with a wide range of funding agencies to provide a genuine inter-sectoral perspective in the delivery of its services and programmes.

Finally the organisation is about to embark on a three-year project to design a distinctive Tui Ora Whānau Ora model. A significant amount of engagement with communities is planned so that the model is owned and designed by the communities that Tui Ora and its affiliated providers serve. In this case, the role of Tui Ora will involve facilitating, convening and brokering key information and relationships.

### **Strong leadership**

Led by the governance board and the chief executive, Tui Ora is a proactive organisation facilitating initiatives and enlisting alliances with other provider organisations. Core values that guide Tui Ora in the pursuit of its vision and in all of its activities include:

- tikanga o ngā tūpuna i tuku iho
- leadership, and
- quality of service delivery and clinical/management practices.<sup>16</sup>

Leadership and modelling an integrated approach through relationships, back-room support, best practice and the delivery of services that respond to whānau needs are essential. Leading the way in these areas is what Tui Ora strives to do.

### *Conclusions*

Tui Ora illustrates the benefits that can be forthcoming from an umbrella organisation that is committed to providing a seamless and quality package of core services to its network of providers. Tui Ora reflects this commitment in philosophy and practice and is dedicated to working for this purpose now and into the future to enhance the wellbeing of Taranaki Māori and others.

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<sup>16</sup> Tui Ora has attained accreditation via Quality Health New Zealand, which is valid until 2011.

## CHAPTER FOUR: EXAMINING THE EVIDENCE

In this chapter, we assess the case studies, highlighting key distinctive features of these approaches to integrated service delivery. Some key observations are also presented.

### Key Themes

From our case studies of six Māori health providers, the following themes of whānau ora integrated service delivery emerge.

#### *Delivering integrated whānau-related services*

All the providers in this study stated their belief that they had been delivering whānau ora integrated services for some time. They cited examples such as their focus on meeting the needs of whānau rather than of individuals alone, providing services that respond to multiple conditions, building relationships with patients and their whānau and delivering clinically sound and culturally appropriate services. They were unequivocal in their commitment to meeting the needs and addressing circumstances that many whānau they work with encounter.

#### *Integrated funding*

Integrated funding is an important component of integrated service delivery for the providers in this study. All wanted existing arrangements changed from being based purely on outputs to focusing on outcomes and results. Many consider that this change would help to improve service delivery, especially by creating greater flexibility on how and when to deploy the resources available to them.

Many also called for initiatives to consolidate existing contracts and streamline accountability and reporting arrangements. In the view of providers, the current funding model does not foster a collaborative and integrated approach to service provision. To the contrary, under this model many programmes are initiated in isolation from other related services. Probably even more concerning are the multiple discussions between providers and funders over service contracts, the transaction costs associated with reporting requirements and the like. Some providers in this study want to see improvements in this area so that the Māori health provider sector as a whole can be more efficient and effective. They are hopeful that the Government's Whānau Ora initiative will lead to tangible changes.

#### *Iwi-led and Māori kaupapa-driven organisations*

All of the providers in this study are led, governed or owned by an iwi-based organisation. They are all committed to supporting their patients and whānau to improve their health and wellbeing. An underlying theme was that improving the health and wellbeing of whānau is part of an overall strategy to improve the wellbeing of an iwi. For some of the providers this theme is integral to their vision and mission.

Māori cultural values, beliefs and practices are central to the operational activities of all the providers. Tikanga Māori and Māori models of wellbeing have informed and been applied in the way in which organisations operate, engage with others, and design and deliver their services.

The reality for many Māori health and social service providers is that the majority of their clients/whānau present with multiple and complex needs. The service paradigm should therefore be aimed at meeting these needs in a comprehensive and integrated way.

#### *Meeting the needs of whānau*

Whānau ora integrated service delivery is about providing a package of services that respond directly to the needs and realities of whānau – Māori and others. Many providers aspire to a seamless model from which they deliver health and other social services. All the providers were unequivocal that integrated services are first and foremost about whānau. It is with that goal in mind that they have endeavoured to design and deliver their services working throughout that process, in all instances, in close consultation with local iwi and whānau.

#### *Coordinating services*

Providing a package of services requires coordination and support. Many of the providers in this study highlighted how their staff spent a considerable amount of time working with patients and their whānau to ensure they are receiving the appropriate support to address multiple needs.

For example, front-line staff for an oral health service spend time referring or brokering contact and direct support for their clients to deal with other health and social conditions. Although they were not contractually required to provide these services, they inevitably did so because of their commitment to their work as well as their awareness of the reality that, if they did not act, then many of their patients and their whānau would miss out.

However, working beyond contractual requirements also presented a challenge. Indeed in one case a provider acknowledged that at times the organisation was stretched to capacity. This particular provider proactively monitors these demands on an ongoing basis.

#### *Holistic interventions*

Many of the providers in this study recognise that a number of factors contribute to improving the health and wellbeing of the communities and whānau they serve. They recognise they are not just dealing with the health status of their patients but also responding to other environmental factors (housing, income, employment status, etc.) that impact on them.

Through this study, the providers conveyed a readiness to spend whatever time is necessary to fully address that patient's needs – be they social, cultural, medical or spiritual. Hence, they appreciate the value of a whānau ora integrated service delivery model.

### *Team work*

The value of multi-disciplinary teams working with whānau is another theme to emerge as a means of supporting integrated service delivery. A multi-disciplinary team approach requires everyone working towards the common goal of improving the health and wellbeing of whānau. When talking with providers, some spoke about the importance of having teams with a mix of skills, experience and expertise (clinical and non-clinical) working together especially to deal with multiple and complex needs. For some of the larger providers in this study, this concept had been realised and was operating well, with team meetings a regular feature. For others, it was still an aspiration.

### *Coordinated and managed plans of care*

Regardless of the presenting need, all of the providers from this study aspire to have plans that are coordinated and well managed. Some spoke about every patient or whānau having a single care plan. This plan will broadly document the needs of a particular whānau, their goals and the range of interventions that are available and/or could be accessed by them. The plan would be proactively monitored to assess progress and would be a key accountability document for both the whānau and the provider. With whānau consent, it could over time be accessible manually and electronically by different services located within a provider organisation.

### *A committed and professional workforce*

Applying an integrated approach requires a dedicated, strong and confident workforce that is supported to deliver and respond to whānau needs. One of the providers in this study spoke at length about the organisation's 'distinctive' whānau ora training initiative. The programme focuses on four specific models: engagement, empowerment, conflict resolution and Māori approaches to whānau wellbeing. Once all competencies are achieved, participants receive an indigenous tohu that is equivalent to an NZQA undergraduate diploma and that is validated by programme assessment and iwi. Staff who complete the programme are recognised financially. This organisation aspires to be a government-supported whānau ora provider with a pool of whānau ora practitioners in place working alongside whānau to meet their needs.

### *Services beyond health*

Many Māori health providers fulfil and take on responsibilities that are not health specific. As highlighted in Chapter Three, some of the providers in this study talked about their advocacy role, including in ensuring patients were receiving the necessary information and care from secondary or tertiary health care providers or other providers generally. Some of the Māori health providers are assuming this added responsibility as a positive and necessary part of integrated service delivery.

## **Key Observations**

The previous discussion highlights a number of themes relevant to whānau ora integrated service delivery. Some are not unique to the providers in this study but are being applied by other Māori health and social service delivery organisations. The following observations respond to the themes and characteristics identified above.

### *Outcomes-based funding*

While all the providers want to see integrated funding arrangements driven by outcomes and results, no one offered specific advice or guidance on the shape of such arrangements. Outcomes-based funding arrangements also featured in the Report of the Taskforce on Whānau-centred Initiatives.

Although it is critical to have a focus on outcomes and results, it is difficult to envisage contracts being framed without any output-related specifications. This is an area that will require considerable discussion and work involving funders and providers especially as decisions are made as part of the Government's process for Whānau Ora Expressions of Interest. Funders will also need to provide a degree of flexibility and avoid the impression that a 'one size fits all' approach is the only way forward.

Funders should also draw on the experiences of the Ministry of Social Development. In recent years this Ministry has worked to re-shape its contractual arrangements through Funding for Outcomes, Integrated Contracts and lately High Trust Contracts.

### *Whānau-centred services*

The Report of the Taskforce on Whānau-centred Initiatives describes whānau-centred services as 'services that focus on the whānau as a whole, build on whānau strengths and increase their capacity'. These services are characterised by six key operational elements:

1. whānau-centred methodologies shaped by the values, protocols and knowledge contained within te Ao Māori
2. commitment across government
3. the establishment of an Independent Trust with a dedicated government appropriation<sup>17</sup>
4. a primary focus on best outcomes for whānau, through integrated and comprehensive delivery
5. strong regional direction, and
6. building on existing provider capabilities.

Another strong feature of whānau-centred services is that whānau drive the design and delivery of those services. In many ways, this approach requires a

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<sup>17</sup> The Government's Whānau Ora approach encompasses all points except the establishment of an Independent Trust.

paradigm shift by government agencies, funders and providers from 'doing it to whānau' to 'whānau doing it themselves'. It could be argued that a whānau-centred approach demands a more purposeful way of operating and therein lies the challenge for government agencies, funders and providers. Further work and discussion involving whānau will be required.

Although all the organisations that participated in this study provide a range of whānau-related services, no firm conclusions can be drawn as to whether all were providing whānau-centred services as described by the Taskforce on Whānau-centred Initiatives.

### *Building trusting relationships*

Developing relationships and effective communication is a significant priority for the Māori health providers in this study. All the providers emphasised the importance of building trusting relationships with patients and their whānau.

We were told on a number of occasions that building trusting relationships is key to effective care. Māori health providers cannot be effective if they do not have community buy-in and participation or support from other organisations to achieve whānau ora integrated services. All providers in this study invest in building and maintaining these relationships.

### *Collaborative relationships*

In a collaborative relationship, two or more people or organisations work together to achieve common goals and share knowledge and learnings, especially where resources are limited or finite.

Some of the providers in this study have established strong alliances with other health and social service providers in their areas especially when they are unable to offer one or more specialist services that their clients need. These relationships tended to evolve around a commitment to meeting the needs of patients and whānau. Where these relationships exist, there is considerable reciprocity between organisations. Again, building trusting relationships is seen as important.

Working collaboratively with others is essential especially where resources and capacity are limited. For some of the providers in this study, the Government's Whānau Ora and the 'Better, Sooner, More Convenient' Primary Health Care initiatives have prompted providers to work together.

### *Government alignment*

Although the providers in this study advocated for the integration of contracts and outcomes-based arrangements, an underlying theme is the need for Government policy and operational frameworks to align with the needs of whānau.

Again the Report of the Taskforce for Whānau-centred Initiatives provides some useful insights into this aspect of whānau ora integrated service delivery. For

example, to align policy and frameworks strongly with whānau needs, it is important to:

- clearly understand the definition and characteristics of whānau and ways of effectively engaging with whānau
- use systems, policies, processes and organisational cultures that support whānau-centred approaches and methodologies
- integrate delivery of government services to provide a single point of contact for whānau by organisations acculturated towards whānau-centred service delivery
- focus on whānau strengths and build on these to meet whānau needs
- focus on early intervention initiatives, supported by transference of skills and knowledge to whānau
- build a collaborative relationship involving providers, whānau and government agencies, and
- understand that whānau-centred services are diverse and require tailored models and responses.

Another important component is that agencies/funders interfacing directly with providers in the regions consistently implement what is determined at a central government level. One of the providers in this study spoke about the challenges the organisation has encountered when ministerial policy commitments are not adhered to or implemented appropriately at a local level. Often this local response has been the source of conflict. This particular provider hopes that the Government's Whānau Ora approach will facilitate improvement at the coalface.

### *Capacity and capability challenges*

What is apparent from this study is that few, if any, clients and their whānau ever access a single service. As mentioned in Chapter Three, most of them present with multiple needs. Responding to these needs requires staff to facilitate access and referrals to other services. Fulfilling this role, along with workforce development issues generally, can place considerable pressure on providers whose capacity and capability are limited. Although some of the larger providers in this study are able to manage these challenges, they also acknowledge that they must proactively monitor such pressures and anticipate in advance how they mitigate these risks.

Whether whānau ora integrated services will improve capacity or increase the pressure is difficult to determine. The perception among the providers is that such an approach will improve conditions but that further resources will be necessary for activities like IT, workforce development, evaluation and research.

### *Clinical care*

Although the scope of this study did not include clinical practice specifically, critical matters for effective integrated service delivery relate to safety, effectiveness and efficiency, as well as meeting the needs of a particular service user. Improving the clinical practice and health care service delivery is an ongoing priority for Māori health providers and central to an integrated and whānau-centred approach.

We are confident that the providers in this study (like those in *Te Toi Hauora-nui*)<sup>18</sup> support services that meet both cultural and clinical best practice standards. Compromising one for the other is not an option. Within the health sector there is a range of clinical practice guidelines that promote interventions with proven benefit to reduce morbidity and mortality and improve quality of life for some conditions, thereby increasing the cost-effectiveness of care provided. Likewise across the social services sector, to become an approved Child, Youth and Family or Justice provider, organisations must meet a range of standards and assessment criteria.

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<sup>18</sup> Ministry of Health (2009) op cit. This report can be downloaded from <http://www.moh.govt.nz/moh.nsf/indexmh/te-toi-hauora-nui?Open>

## CHAPTER FIVE: EVALUATING FOR WHĀNAU ORA INTEGRATED SERVICES

This section outlines a method that might be used to capture the information needed to evaluate the first year of operation of a provider that delivers whānau ora integrated services. This evaluation model was developed with reference to the direct experiences of two of the providers in this study. It is intended to provide some guidance to the Ministry of Health and other agencies involved in the Government's Whānau Ora initiative.<sup>19</sup>

### Provider Perspectives

#### *'Provider Tuatahi'*

This provider currently has just under 12,000 enrolled patients and offers a range of primary care services. Discussions with this provider focused on the provision of its services, what it saw as success and the reasons for that success. The discussion centred on four main components:

1. whānau, hapū, iwi and Māori community
2. provider personnel (staff)
3. effective health and disability services, and
4. working across sectors.

These components align with the four pathways in He Korowai Oranga: Māori Health Strategy (Ministry of Health 2002). The discussion was not intentionally directed along these four pathways; rather the subsequent examination of the discussion content suggested that this alignment has the potential to be useful to an evaluation model.

#### *'Provider Tuarua'*

This provider discussed its role as a provider of whānau ora services and what that meant for both service delivery and the outcomes both achieved and expected for clients and whānau. To facilitate discussion, and in keeping with the desire of the group to focus on outcomes, the following themes were used:

- whakapiri – to capture the initial engagement with clients and whānau
- whakamana – to describe the journey of clients to a place of increased strength
- mana motuhake – to describe the ongoing journey of clients towards being self-sustainable, and
- waka – to recognise the kaupapa and strength of the organisation that provides the service and how it is the waka that must be prepared so that clients can journey safely.

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<sup>19</sup> For more detail on this model, see Appendix D.

Group members also noted two other aspects that they considered key in their service delivery and integrated service delivery:

- evaluating what difference they made, and what they did that made a difference for clients and whānau, and
- the need for integrated service delivery involving multiple providers to be underpinned by building trust and whānaungatanga. Rather than being a criticism of other providers, this point was made as an expression of the need and desire to get know each other in order to build confidence that they were all working on the same kaupapa, and for the good of whānau.

## **Analysis of Evidence**

Through an examination and analysis of the content of the discussions with the two providers, an evaluation framework was developed. Provider Tuatahi discussions produced the framework for presenting the information; Provider Tuarua contributed information on personal and organisational aspects of effectiveness and is complementary to the 'Effective health and disability services' component of the developed framework as described below.

### *Whānau, hapū, iwi and Māori communities*

The key message to be taken from He Korowai Oranga Pathway One is that Māori health provider services to the community should be delivered within a kaupapa Māori community development framework. Accordingly, within the proposed evaluation structure, three interconnected dimensions are seen as important:

1. **knowledge/mātauranga** – a provider's understanding of its community including the knowledge it has as being part of that community
2. **connection/whānaungatanga** – a provider's connection with its community and how it engages with other groups, and
3. **development/rangatiratanga** – a provider's contribution to community development through the provision of health services, including health promotion and health care.

### *Personnel*

Pathway Two of He Korowai Oranga examines Māori participation in the health and disability sector. The nature of the services provided, particularly within the clinical setting, sees Māori and non-Māori staff working alongside one another. From discussions on this aspect, three personnel dimensions emerged:

1. **recruitment** – an assessment of existing recruitment policies to identify any difficulties in retaining staff or barriers to attracting and retaining health professionals
2. **orientation** – vital for both Māori and non-Māori staff

3. **retention/professional development** – dealing with questions on the organisation’s commitment to professional development of its staff, and the degree to which staff are enabled to implement innovative changes to procedures and other aspects of the organisation.

#### *Effective health and disability services*

He Korowai Oranga Pathway Three relates to improving access of Māori to high-quality services. Discussions raised issues in the area of capacity with an emphasis on the organisation itself, and on service delivery. Four relevant dimensions that emerged are:

1. **leadership** (board, chief executive and managers) – a crucial area in which opportunities around staff professional development and innovation can indicate that a Māori health provider is incubating leadership from within its own staff
2. **finance** – ensuring that the organisation is financially robust and transparent
3. **organisation as a waka** – ensuring that the organisation has the full capacity to deliver effective services for its clients, and being fully prepared prior to inviting clients to join its waka, and
4. **service delivery**, which should entail the following characteristics and outcomes.
  - **Whakapiri** is concerned with engagement or, equally, whakawhānaungatanga; the building of relationships. It acknowledges that clients frequently access services from providers that the clients recognise as being Māori. Whakapiri cannot and must not be undervalued or underestimated.
  - **Whakamana** is a desired outcome of clients’ engagement with providers: that is, clients have a better ability to cope, to make changes for themselves. Clients may go away and then return or a member of their whānau may return. Clients will learn skills that they take away and practise and then come back for a ‘top-up’.
  - **Mana motuhake** is a long-term outcome that provider should aim for: that is, clients should have a sense of self-sustainability and self-reliance. Rather than meaning that the client is left on their own, with this outcome the client is seen as interdependent – connected to others.

#### *Working across sectors*

The fourth pathway of He Korowai Oranga relates to the health and disability sector taking a leadership role. In this instance it may mean a Māori health provider’s ability to provide or facilitate the provision of a range of non-health services for clients and/or the ability to liaise with other agencies such as in joint ventures.

1. **Internal connectivity** – both providers reviewed operate ‘across sectors’ within their own organisational structure and community – that is, they make internal referrals for services.
2. **External linkages** – again both providers commented that to successfully link with other services they had to take the lead and be in complete control.
3. **Whānau Ora** – both providers understood that the Government’s Whānau Ora initiative is to involve collaboration between health and social services led by Te Puni Kōkiri. They understood the concepts involved and noted that they already interact with other agencies. However, rather than representing ‘external linkages’ these interactions are facilitated referrals to agencies where the provider acts as broker or navigator on behalf of its clients. Of concern was the broader issue of inter-sectoral support for whānau ora; whether the structure would support and empower organisations to deliver whānau ora. The providers also noted that, given whānau are made up of individuals, good primary health care is a part of whānau ora. Within this context, they stressed the importance of the confidentiality of the individual.

### **Evaluation Framework: A Proposed Approach**

Appendix D sets out two tables for each category in this framework. The first ‘intervention logic’ table covers objectives, resources, and immediate, short-term and long-term outcomes. The second ‘short-term outcomes’ table lists possible indicators of short-term outcomes and possible evaluation methods.

The tables align with the discussions held with the providers as well as with the four pathways from He Korowai Oranga. For Pathway Three, Effective Health and Disability Services, the table is separated into the components of finance, leadership, service delivery, and whānaungatanga and waka preparation.

## CHAPTER SIX: CONCLUSIONS

Integrated service delivery that meets the needs of whānau is a goal for all the providers in this study. The potential to realise this approach is present but doing so requires good alignment of: the policy direction and design and delivery of government services; service providers; and the needs of whānau.

The following findings from this study are significant to whānau ora integrated service delivery for Māori health providers.

- Providers in this study have a strong commitment to improve the wellbeing and circumstances of whānau.
- Providers have a real desire to have truly whānau ora integrated service provision; that is, provision where there is a seamless but coordinated and managed approach to meeting multiple needs. But achieving such provision requires strong alignment of the policy direction and design and delivery of government services, providers working at the coalface and the needs of whānau.
- A paradigm shift from delivering 'whānau-related' services to taking a more purposeful 'whānau-centred' approach is necessary. Moving from 'doing it to whānau' to 'whānau doing it for themselves' requires a shift in mindset for all committed to improving the wellbeing of whānau.
- All the providers in this study advocated strongly for a focus on outcomes-based funding arrangements.
- Another critical step will be the integration of services and contracting arrangements.
- Many of the providers in this study are viewing the Government's whānau-centred initiative as a positive step towards integrated service provision. There is strong support for the underlying principles and intentions of the Government's approach.
- In terms of changes required to move closer to a whānau ora integrated services approach, some providers mentioned:
  - reconfiguring and reprioritising existing services and contracts aligned with whānau goals and outcomes
  - aligning and integrating existing funding arrangements
  - identifying service gaps and service duplication
  - accessing shared management and governance services
  - exploring the potential for reducing costs of delivery, and
  - improving case coordination and management.
- Delivering a service that is both clinically sound and culturally competent is an ongoing priority for Māori health providers in this study. Compromising one of these components for the other is not an option. Safe and effective clinical and cultural standards must be evident in an integrated and whānau-centred organisation.

- Evaluating whānau ora integrated service delivery requires engagement with providers and whānau. Evaluation is important and needs to be embedded into the design and delivery of services to whānau.

### **Gaps**

A limitation to this study is that the case studies featured providers that are iwi-led or iwi-owned organisations. While the Taskforce for Whānau-centred Initiatives also conducted some case studies, some further examples would be useful to build up a whānau-centred evidential and knowledge base. We would strongly recommend the initiation of further case studies that investigate specific aspects (monitoring, evaluation, research, impact assessments on whānau etc.) as part of the Government's process for Whānau Ora Expressions of Interest.

## APPENDIX A: MĀORI HEALTH PROVIDER QUESTIONNAIRE

1. Your organisation/operation has been identified as a provider of quality services to Māori. When did you start your operation/s?
2. What services do you provide? [tick all that apply]:

### *Health:*

<input type="checkbox"/>	GP	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Clinic – non-GP
<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	Dietary	<input type="checkbox"/>	Oral
<input type="checkbox"/>	Cardio-vascular	<input type="checkbox"/>	Optometry	<input type="checkbox"/>	Smoking Cessation
<input type="checkbox"/>	Drug & Alcohol	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Geriatric
<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Specialist e.g. cancer	<input type="checkbox"/>	Podiatry	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Mobile Nursing
<input type="checkbox"/>	Other – please specify:				

### *Social:*

<input type="checkbox"/>	Housing	<input type="checkbox"/>	Food bank	<input type="checkbox"/>	Budgeting
<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Family Violence	<input type="checkbox"/>	Parenting Skills
<input type="checkbox"/>	Youth Aid	<input type="checkbox"/>	Welfare	<input type="checkbox"/>	Kaumātua
<input type="checkbox"/>	Family Counselling	<input type="checkbox"/>	Family Support	<input type="checkbox"/>	Youth Support
<input type="checkbox"/>	Other – please specify:				

### *Educational:*

<input type="checkbox"/>	Pre-school	<input type="checkbox"/>	Early Childhood	<input type="checkbox"/>	Adult
<input type="checkbox"/>	Numeracy	<input type="checkbox"/>	Literacy	<input type="checkbox"/>	Distance Learning
<input type="checkbox"/>	e-Learning	<input type="checkbox"/>	Trade Skills	<input type="checkbox"/>	Learning Difficulties
<input type="checkbox"/>	Te Reo	<input type="checkbox"/>	Tikanga/Kawa	<input type="checkbox"/>	Self Defence
<input type="checkbox"/>	Sports	<input type="checkbox"/>	Employment & Training		
<input type="checkbox"/>	Other – please specify:				

### *Justice:*

<input type="checkbox"/>	Justice/Corrections related programmes	<input type="checkbox"/>	Victim Support
<input type="checkbox"/>	Youth Advocacy	<input type="checkbox"/>	Youth Aid
<input type="checkbox"/>	Anti-Violence	<input type="checkbox"/>	Legal Aid
<input type="checkbox"/>	Other – please specify:		

*Te Puni Kōkiri:*

Please specify any services that you provide in conjunction with, or on behalf of Te Puni Kōkiri?

3. Are there any services that you offer that you consider fall outside the categories listed in 2. If so, please detail those below.
4. What are the features of your work which you believe are distinctive and enable you to be successful in the delivery of these services?
5. How were these features developed?
6. In developing your services and practices, were there other models and experiences that you drew upon? What were these?
7. What processes do you have in place covering:
  - a. Review & Evaluation of Services
  - b. Monitoring of Service
8. What is your understanding of the term 'whānau ora integrated services delivery'?
9. Do you believe that it is a term that adequately describes your operations? If your answer is no, what do you believe is a more appropriate term to use when describing your operations?
10. What factors have you identified that hinder your operations and, potentially, any future developments that you have planned?
11. What strategies do you have to overcome those factors that you have listed in response to question 10?
12. How do you see your services developing over the:
  - a. The next 12 months?
  - b. The next 5 years?
13. If not already covered in some of your responses so far, what Māori elements/protocols such as tikanga, kawa, manaakitanga etc. are contained or woven into your operation and/or activities? Please provide examples.
14. Do you have any additional or particular comments that you would like to make relative to the kaupapa of this study? If so, please record them below:

## APPENDIX B: MĀORI HEALTH PROVIDER INFORMATION SHEET

### *What is the purpose of this research?*

The study will focus on defining and describing the term 'integrated services' by drawing upon examples of how it is applied by a Māori health provider. An analysis of the service delivery approach will be undertaken including the identification of strengths, opportunities and challenges that Māori health providers need to take into account as they deliver services not just within health but across other sectors too.

### *Who will conduct the research?*

The Ministry has engaged the services of Mauriora-ki-te-Ao/Living Universe Ltd [MKTA] to undertake this research. Mauriora-ki-te-Ao/Living Universe Ltd carried out the research that culminated in the production in the *Te Toi Hauora-nui* report.

A business profile for MKTA is attached for your information.

### *How will the research be conducted?*

MKTA will carry out interviews with selected Māori health providers to gather the information and data required to meet the research purposes outlined.

### *How will the providers be identified to participate in this study?*

The Ministry acknowledges and is aware of a number of Māori health providers that are delivering an array of services and are recognised by their communities, other providers, clients and government agencies as being effective.

The Ministry is currently compiling a list of recommended Māori health providers for the research team from MKTA. An invitation to participate in this study will then be extended to these providers.

### *How many providers are required for the study?*

There will be four to six Māori health providers involved in the study.

### *Is participation in the study compulsory?*

No, participation is entirely voluntary.

### *When will interviews be conducted?*

Once a Māori health provider consents to participate in the study contact will be made to arrange a mutually convenient time for the researchers to make an on-site visit. It is anticipated that interviews will take no more than two hours with participants being provided with a questionnaire prior to the visit.

Interviews will be conducted from late March to May 2010.

*What will happen to the information gathered during the interview?*

The research team will use the information provided to complete their analysis. This analysis will contribute to a final report to the Ministry.

Following each interview, a report will be completed and sent to the Māori health provider for their perusal and feedback to ensure content is accurate. All requested amendments or deletions will be made prior to the inclusion of that information in any report, written or oral, to the Ministry.

If the interview has been taped then at the conclusion of the study any tapes will be disposed of as per instructions from the particular Māori health provider i.e. returned to the provider or destroyed.

Written notes taken by the research team during interviews will be retained by the research team in a secure place and the privacy of the Māori health provider maintained. At the expiration of two years from the conclusion of the study, all written notes will be destroyed.

*What will happen to the results?*

The results will be collated and a written report will be produced for the Ministry.

*Will the report be available publicly?*

The Ministry will release the report and make it available on their web site. At that time, each participant will be sent a copy of the final report.

*Who should we contact if we need further information?*

The Ministry contact regarding this study is Paula Searle  
Paula\_Searle@moh.govt.nz or ph. 04 496 2000.

The MKTA contact for this study is Parekāwhia McLean  
parekawhia@mkta.co.nz or ph 021 403 024.

## APPENDIX C: MĀORI HEALTH PROVIDER PARTICIPANTS

Provider	Hauora services									Social services
	Primary	Oral	Auahi kore	Drug and alcohol	Diabetes	Nursing/ clinical hospital/ residential	Tamariki ora	Mental health	Awareness and education	
Te Oranganui Iwi Health Authority	x		x	x	x	x	x	x	x	x
Ora Toa Health Services	x	x	x	x	x	x	x	x	x	x
Raukura Hauora o Tainui ki Waikato	x	x	x	x	x	x	x	x	x	x
Ngāti Porou Hauora	x	x	x	x	x	x	x	x	x	
Tui Ora Ltd	Māori development organisation									
He Oranga Pounamu	Māori development organisation									

## APPENDIX D: PROPOSED EVALUATION FRAMEWORK

Table 1: Draft Intervention Logic: Whānau, hapū, iwi and Māori communities

Objectives	Activities	Outputs	Short-term outcomes	Long-term outcomes
Mātauranga – organisational capacity for community responsiveness	Development of knowledge about the community gained from (for example): <ul style="list-style-type: none"> <li>Staff who are community members</li> <li>Needs assessments</li> <li>Client assessments and feedback</li> <li>Stakeholder input</li> </ul>	<ul style="list-style-type: none"> <li>Staff meetings</li> <li>Stakeholder hui</li> <li>Research reports</li> <li>Strategic planning</li> </ul>	<ul style="list-style-type: none"> <li>Organisation has built capacity for community responsiveness</li> </ul>	<ul style="list-style-type: none"> <li>Community engagement with Hauora services</li> <li>Community engagement with groups and activities organised by the Hauora provider and Marae</li> </ul>
Whānaungatanga – community awareness of Hauora services	Outreach to sections of the community in response to identified needs and aspirations	<ul style="list-style-type: none"> <li>Visits – community groups, whānau, clients</li> <li>Whānau – client assessments</li> <li>Service provision</li> </ul>	<ul style="list-style-type: none"> <li>Community awareness of Hauora services</li> </ul>	<ul style="list-style-type: none"> <li>Community engagement with Hauora services</li> </ul>
Rangatiratanga – community health literacy development	<ul style="list-style-type: none"> <li>Health promotion</li> </ul>	<ul style="list-style-type: none"> <li>Health resources</li> <li>Attendance at community-organised events and activities</li> </ul>	<ul style="list-style-type: none"> <li>Health literacy</li> <li>Jointly organised activities (Hauora provider and community)</li> </ul>	<ul style="list-style-type: none"> <li>Development of community-based health initiatives</li> <li>Disease prevention</li> <li>Contribution to the reduction of disparities (impact)</li> </ul>

**Note.** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

Table 2: Draft Short-term Outcomes Evaluation Framework: Whānau, hapū, iwi and Māori communities

Objectives	Possible short-term outcome indicators	Possible evaluation methods
Mātauranga – organisational capacity for community responsiveness	<ul style="list-style-type: none"> <li>Community needs and aspirations are integral to Hauora strategic documents</li> <li>Staff orientation and professional development incorporate local knowledge and perspectives</li> <li>Community members participate in the planning and development of Hauora services and programmes</li> </ul>	<ul style="list-style-type: none"> <li>Community survey</li> <li>Review of Hauora strategic documents and audits for evidence of alignment of services (with community needs and aspirations)</li> <li>Stakeholder (including staff and governance) interviews</li> </ul>
Whānaungatanga – community awareness of Hauora services	<ul style="list-style-type: none"> <li>The community is knowledgeable about the services provided by the Hauora provider</li> <li>The community is confident about accessing Hauora services</li> <li>The community knows Hauora staff</li> </ul>	<ul style="list-style-type: none"> <li>Community survey</li> <li>Hauora enrolment demographics, including community coverage</li> <li>Staff interviews</li> </ul>
Rangatiratanga – community health literacy development	<ul style="list-style-type: none"> <li>Community-initiated groups and programmes are common, including ones jointly organised with the Hauora provider</li> <li>There is good community engagement with health promotion and prevention initiatives of the Hauora provider (and other organisations)</li> <li>Community capacity for health literacy</li> </ul>	<ul style="list-style-type: none"> <li>Community survey</li> <li>Review of attendance and enrolment records</li> <li>Longitudinal monitoring of community health</li> <li>Stakeholder interviews</li> </ul>

**Note.** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

Table 3: Draft Intervention Logic: Personnel

Objectives	Activities	Outputs	Short-term outcomes	Long-term outcomes
Recruitment of knowledgeable and skilled staff	<ul style="list-style-type: none"> <li>Relationships built with health education institutes</li> <li>Provision of intern/placement opportunities for students</li> <li>Development of preferred staff specification(s)</li> </ul>	<ul style="list-style-type: none"> <li><i>Number of clinical and other placements per year</i></li> <li><i>Number of applicants for each advertised position</i></li> <li><i>Recruitment of well-qualified staff to vacancies</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Health education institutes knowledgeable about the Hauora provider</i></li> <li><i>Contribution to the development of skilled health professionals</i></li> <li><i>Staff with good clinical skills</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Recruitment of knowledgeable and skilled staff</i></li> </ul>
Orientation of new staff to the Hauora provider and its environs	<ul style="list-style-type: none"> <li>New staff attendance at a cultural awareness programme</li> </ul>	<ul style="list-style-type: none"> <li><i>Number of new staff attending the programme</i></li> </ul>	<ul style="list-style-type: none"> <li><i>New staff oriented to needs and aspirations of community</i></li> <li><i>New staff able to contribute to strategic planning and programme development</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Knowledgeable and skilled staff</i></li> </ul>
Retention of knowledgeable and skilled staff	<ul style="list-style-type: none"> <li>Professional development supported, including in cultural responsiveness experience and training</li> <li>Staff innovation supported</li> </ul>	<ul style="list-style-type: none"> <li><i>Staff professional development plans</i></li> <li><i>Staff attendance at professional development</i></li> <li><i>Staff development of service and programme innovations</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Provision of quality, responsive health care</i></li> <li><i>Community engagement with the Hauora provider</i></li> </ul>	<ul style="list-style-type: none"> <li><i>(Contribution to the) reduction of ill health and health disparities within community</i></li> </ul>

**Note.** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

Table 4: Draft Short-term Outcomes Evaluation Framework: Personnel

Objectives	Possible short-term outcome indicators	Possible evaluation methods
Recruitment of knowledgeable and skilled staff	<ul style="list-style-type: none"> <li>• <i>Health student internships offered by the Hauora provider are competitive (i.e. more students apply than the number of places available)</i></li> <li>• <i>Internships increase the knowledge and skills of students</i></li> <li>• <i>Qualified health professionals seek employment with the Hauora provider</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Interviews with students and supervisors (including Hauora and academic supervisors)</i></li> <li>• <i>Interviews with job applicants (e.g. regarding motivations)</i></li> <li>• <i>Review of Hauora documentation (e.g. position specifications, advertisements)</i></li> </ul>
Orientation of new staff to the Hauora provider and its environs	<ul style="list-style-type: none"> <li>• <i>Newly recruited staff are satisfied with the cultural awareness programme</i></li> <li>• <i>The skills and knowledge of newly recruited staff is improved by the cultural awareness programme</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Staff self-report</i></li> <li>• <i>Programme provider report</i></li> <li>• <i>Staff supervisor report</i></li> </ul>
Retention of knowledgeable and skilled staff	<ul style="list-style-type: none"> <li>• <i>Staff source and access appropriate professional development</i></li> <li>• <i>Staff skills and knowledge is improved by professional development</i></li> <li>• <i>Staff develop relevant and appropriate service innovations</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Staff self-report</i></li> <li>• <i>Review of documents (e.g. professional development plans, professional development programme agendas and content)</i></li> <li>• <i>Stakeholder interviews (e.g. professional development providers, Hauora managers and supervisors)</i></li> <li>• <i>Review of innovations (e.g. documentation, internal and external feedback, audit and evaluation reports)</i></li> </ul>

**Note.** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

Table 5: Draft Intervention Logic: Organisation

Objectives	Activities	Outputs	Short-term outcomes	Long-term outcomes
Leadership <i>within the Hauora provider for excellence in service delivery</i>	<ul style="list-style-type: none"> <li>Engagement of expert, professional leadership</li> <li>Professional development and innovation opportunities for staff</li> <li>Identification of leadership gaps and priorities</li> </ul>	<ul style="list-style-type: none"> <li><i>Clearly defined leadership roles and responsibilities</i></li> <li><i>Strategies and actions to fill leadership gaps and priorities</i></li> <li><i>Staff professional development</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Provision of good quality, appropriate leadership by chief executive</i></li> <li><i>Staff retention and satisfaction</i></li> <li><i>Provision of leadership coverage for priority areas</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Organisational development and innovation</i></li> </ul>
Finances – <i>to ensure transparency, accountability and viability</i>	<ul style="list-style-type: none"> <li><i>Appropriate financial management systems and procedures</i></li> <li><i>Regular, independent audits</i></li> <li><i>Review of financial statements by board</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Accurate and timely financial statements</i></li> <li><i>Accurate financial projections</i></li> <li><i>Budgets are an integral part of project management</i></li> </ul>	<ul style="list-style-type: none"> <li>The organisation is financially viable</li> <li><i>Financial literacy of appropriate staff and board members</i></li> </ul>	<ul style="list-style-type: none"> <li>The organisation is financially sustainable</li> <li><i>Financial literacy of all staff</i></li> </ul>
Service delivery – <i>timely, high-quality, effective and culturally appropriate health and disability services</i>	<ul style="list-style-type: none"> <li>Delivery of some home-based services</li> <li>Regular open clinic</li> <li>Internal referral of clients</li> <li>Retention of clients for in-house procedures</li> <li>Referral of clients for procedures and care as appropriate (to health services and other services)</li> </ul>	<ul style="list-style-type: none"> <li><i>Client engagement with home-based services</i></li> <li><i>Client attendance at open clinics</i></li> <li><i>Utilisation rates</i></li> <li><i>(Communicable diseases that are not seen in the community)<sup>1</sup></i></li> <li><i>Client files maintained and stored in secure location<sup>2</sup></i></li> </ul>	<ul style="list-style-type: none"> <li><i>The Hauora provider has a good working knowledge of the health system</i></li> <li><i>There are multiple access points for clients into Hauora services</i></li> <li><i>The Hauora provider provides good quality, appropriate treatment</i></li> <li><i>The Hauora provider liaises with other service providers for the provision of good quality, appropriate treatment for Hauora clients</i></li> </ul>	<i>Client and community wellness</i>

**Notes:** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

1. The absence of expected outputs might also be seen as an output.

2. Other outputs can be linked, like this one, to the client procedures followed in the provision of care.

**Table 6: Draft Short-term Outcomes Evaluation Framework: Organisation**

Objectives	Possible short-term outcome indicators	Possible evaluation methods
Leadership <i>within the Hauora provider for excellence in service delivery</i>	<ul style="list-style-type: none"> <li><i>The chief executive provides the leadership needed to carry out the Hauora provider's mission and responsibilities</i></li> <li><i>Staff show leadership through the development of relevant and appropriate service innovations (also included in Table 4 above)</i></li> <li><i>Appropriate leadership is shown in priority areas</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Boards, staff member and stakeholder interviews</i></li> <li><i>Review of documents (e.g. board minutes, chief executive reports to the board, strategic plans, etc)</i></li> <li><i>Review of innovations (e.g. documentation, internal and external feedback, audit and evaluation reports)</i></li> <li><i>Review of programme and service documentation</i></li> </ul>
Finances – <i>to ensure transparency, accountability and viability</i>	<ul style="list-style-type: none"> <li><i>The organisation is financially viable</i></li> <li><i>Board members are financially literate</i></li> <li><i>Appropriate staff members are financially literate</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Review of financial documentation (e.g. audit reports, financial statements, board meetings related to finances, contracts, programme and service budgets)</i></li> <li><i>Key informant interviews with appropriate board members and staff</i></li> <li><i>Review of staff position descriptions and staff qualifications</i></li> </ul>
Service delivery – <i>timely, high-quality, effective and culturally appropriate health and disability services</i>	<ul style="list-style-type: none"> <li><i>Clients receive quality, appropriate and timely health care</i></li> <li><i>Clients are satisfied with the care provided by the Hauora provider</i></li> <li><i>Clients' health and wellbeing are facilitated by the Hauora provider</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Review of audit and monitoring reports (and any evaluations of Hauora programmes and services)</i></li> <li><i>Client file review</i></li> <li><i>Health service and hospital utilisation data</i></li> <li><i>Interviews with staff, clients and whānau</i></li> <li><i>Clients' self-assessed health and wellness</i></li> <li><i>Interviews with other stakeholders</i></li> </ul>

**Notes:** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

Health service delivery is subject to monitoring and audit requirements. Evaluation is not intended to take the place of these other accountability processes; rather they should be seen as complementary. In addition, the criteria in the objective could be used to evaluate the characteristics of service delivery (e.g. is it timely, high quality, effective and culturally appropriate?).

**Table 7: Draft Intervention Logic: Whānaungatanga and waka preparation**

Objectives	Resources	Immediate outcomes	Short-term outcomes	Long-term outcomes
Whānaungatanga	<ul style="list-style-type: none"> <li>The right people on board, with the right attitude, knowledge, skills and resources</li> </ul>	Whakapiri <ul style="list-style-type: none"> <li>Trust</li> <li>Willingness to enter into a relationship</li> <li>Willingness to re-engage</li> </ul>	Whakamana <ul style="list-style-type: none"> <li>A relationship with the provider</li> <li>Coping skills</li> <li>Motivation and ability to make changes, to attain goals</li> </ul>	Mana motuhake <ul style="list-style-type: none"> <li>Sense of self-sustainability and self-reliance</li> <li>Inter-dependency, with whānau</li> <li>Whānau-determined choices</li> </ul>
Waka preparation	<ul style="list-style-type: none"> <li>The right provider environment</li> </ul>	<ul style="list-style-type: none"> <li>Ability to engage with clients</li> <li>Clients provided with a sense of belonging</li> </ul>	<ul style="list-style-type: none"> <li>Having a willingness to refer based on client need</li> </ul>	<ul style="list-style-type: none"> <li>Being a backstop for clients</li> </ul>

**Note:** The 'right people' and the 'right environment' are intertwined as the right environment enables good practices in the right people which, in turn, promote the right environment. The Draft Intervention Logic does not include an 'activities' column as specific activities were not discussed.

**Table 8: Draft Short-term Outcomes Evaluation Framework: Whānaungatanga and waka preparation**

Objectives	Possible short-term outcome indicators	Possible evaluation methods
Whānaungatanga – Whakamana	<ul style="list-style-type: none"> <li>• Clients are willing to be 'enrolled' with a provider and have a record of their visits kept by the provider</li> <li>• Clients needs have 'moved on' since their first visit(s) with the provider</li> <li>• Clients are setting their own goals and making plans to achieve them</li> </ul>	<ul style="list-style-type: none"> <li>• Review of client records</li> <li>• Client interviews</li> <li>• Staff and other stakeholder interviews</li> </ul>
Waka preparation – Whakamana	<ul style="list-style-type: none"> <li>• The provider works with the client to assess the services that will best suit their needs and aspirations</li> </ul>	<ul style="list-style-type: none"> <li>• Review of organisational protocols and policies</li> <li>• Review of client records</li> <li>• Client interviews</li> <li>• Staff interviews</li> <li>• Stakeholder interviews in referral agencies</li> </ul>

**Note:** The suggested indicators are broad and relatively non-specific. More specific indicators can be developed in relation to activities undertaken by providers.

**Table 9: Draft Intervention Logic: Inter-sectoral**

<b>Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Short-term outcomes</b>	<b>Long-term outcomes</b>
Internal connectivity – seamless connections between Hauora and community (including Marae) services and programmes	<ul style="list-style-type: none"> <li>Orientation of staff and clients to how internal programmes and services care linked</li> </ul>	<ul style="list-style-type: none"> <li>Client referrals / attendance at other internal programmes and services</li> <li>Identification of gaps in internal services and programmes</li> <li>Development of strategic plans to fill internal gaps (often aligned with staff innovation)</li> </ul>	<ul style="list-style-type: none"> <li>Hauora staff are aware of and facilitate appropriate internal connections for clients</li> <li>Clients engage in services and programmes beyond their initial point of contact</li> </ul>	<ul style="list-style-type: none"> <li>Clients initiate their own access to internal services and programmes to facilitate their health and wellness</li> </ul>
External linkages – development of mana-enhancing relationships with external services and programmes	<ul style="list-style-type: none"> <li>Liaison with external agencies, including through presentations and networking meetings</li> <li>Collaboration in joint initiatives, led by the Hauora provider</li> </ul>	<ul style="list-style-type: none"> <li>Client referrals / attendance at other external programmes and services</li> <li>Involvement of external services and programmes, 'tagged on' to initiatives</li> <li>Protocols and policies for engagement with external agencies</li> </ul>	<ul style="list-style-type: none"> <li>Hauora staff are aware of and facilitate appropriate external linkages for clients</li> <li>Linkages with external services and programmes done on the Hauora provider's terms</li> <li>Clients engage with collaborating services</li> <li>(The Hauora provider's reputation is maintained)<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Clients initiate their own access to external services and programmes to facilitate their health and wellness</li> </ul>
Facilitated referrals – brokering of client engagement with external services and programmes	<ul style="list-style-type: none"> <li>Liaison with external agencies</li> <li>Facilitation of client access to external agencies</li> </ul>	<ul style="list-style-type: none"> <li>Assessment of client needs</li> <li>Client-based action plans</li> <li>Engagement of clients with external agencies</li> </ul>	<ul style="list-style-type: none"> <li>Hauora staff are aware of and facilitate appropriate referrals for clients</li> <li>Mediation of clients' socio-economic circumstances</li> </ul>	<ul style="list-style-type: none"> <li>Clients initiate their own access to external services and programmes to facilitate their health and wellness</li> </ul>

**Notes.** Table items in italics are the authors' suggestions; the non-italicised text emerged from discussion with the Hauora provider.

1. This point is added in recognition that collaboration, if not appropriately organised, could potentially damage the Hauora provider's reputation with clients and the community.

**Table 10: Draft Short-term Outcomes Evaluation Framework: Inter-sectoral**

<b>Objectives</b>	<b>Possible short-term outcome indicators</b>	<b>Possible evaluation methods</b>
Internal connectivity – seamless connections between Hauora and community (including Marae) services and programmes	<ul style="list-style-type: none"> <li>Clients are referred to existing internal services when appropriate</li> <li>The Hauora provider offers clients comprehensive and holistic health care</li> <li>Staff show initiative in the identification of service gaps that could be met internally</li> </ul>	<ul style="list-style-type: none"> <li>Client file review</li> <li>Interviews with clients, whānau and staff</li> <li>Review of Hauora programme and service descriptions and other documentation (to assess degree of connectivity)</li> </ul>
External linkages – development of mana-enhancing relationships with external services and programmes	<ul style="list-style-type: none"> <li>Hauora engagement protocols and policies are adhered to by all parties</li> <li>Clients are satisfied with their engagement with external services and programmes</li> <li>Client health and wellness are enhanced by the Hauora provider's linkage with an external agency</li> </ul>	<ul style="list-style-type: none"> <li>Review of relationship documentation (e.g. protocols and policies, meeting minutes, Memorandum of Understanding)</li> <li>Stakeholder interviews (e.g. staff, clients and whānau, boards)</li> <li>Client file review</li> </ul>

<p>Facilitated referrals – brokering of client engagement with external services and programmes</p>	<ul style="list-style-type: none"> <li>• Plans for engagement with external agencies are responsive to client needs and aspirations</li> <li>• The Hauora staff are satisfied with the responsiveness of the external service/programme</li> <li>• Client health and wellness are enhanced by the facilitated referral to an external service/programme</li> </ul>	<ul style="list-style-type: none"> <li>• Client file review, including post-referral assessment(s) and review of client assessments and plans against outcomes (i.e. has plan been able to be achieved through facilitated referrals)</li> <li>• Interviews with clients, whānau and staff</li> <li>• Client self-assessment(s) (e.g. Personal Wellbeing Index (PWI); social connections, economic participation)</li> <li>• External agency stakeholder interviews (e.g. staff, management)</li> </ul>
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## GLOSSARY

<b>Hapū</b>	Sub-tribe
<b>Hui</b>	Meeting
<b>Iwi</b>	Tribe
<b>Kaiāwhina</b>	Assistant
<b>Kaupapa</b>	Theme
<b>Koha</b>	Gift
<b>Kōrero</b>	Talk
<b>Mana</b>	Prestige
<b>Mana Motuhake</b>	Autonomy
<b>Mana Whenua</b>	Indigenous Rights
<b>Manaaki</b>	Hospitality
<b>Mātauranga</b>	Knowledge
<b>Rangatahi</b>	Youth
<b>Rangatiratanga</b>	Chieftainship
<b>Rohe</b>	Area
<b>Rongoā</b>	Indigenous Medicine
<b>Te Ao Māori</b>	The Māori World
<b>Tikanga</b>	Customs
<b>Tohu</b>	Sign
<b>Waka</b>	Canoe [tribal]
<b>Whakamana</b>	Empower
<b>Whakapapa</b>	Genealogy
<b>Whakapiri</b>	Join Together
<b>Whakawhanaungatanga</b>	Engendering A Sense of Family
<b>Whānau</b>	Family
<b>Whānua Ora</b>	Family Health
<b>Whanaungatanga</b>	Kinship

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