

Whānau Ora



Te Puni Kōkiri
REALISING MŌRĪ POTENTIAL



MINISTRY OF SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora



MANATŪ
HAUORA

MINISTRY OF HEALTH

Whānau Ora

Transforming our futures



Cover Photo:

Building relationships – the Kiwara whānau with Turuki Health Care kaimahi are, from back left: Sonny Kiwara, Turuki nurse Vicky Maiava, Puti Kiwara, Turuki primary health care manager Renee Muru, 10-year-old Ani Renata, Georgina Kiwara and eight-year-old Chance Kiwara.

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Hon Tariana Turia

Minister responsible for Whānau Ora

Me te mea ko Kōpū, ka rere i te pae.

Whānau Ora is like the beauty of the star, Kōpū, that heralds the coming of the dawn. Like the stars, our whānau continue to provide us with reason to be hopeful. They prompt us to plot our destiny; to chart the steps necessary to achieve our aspirations.

This, then, is the transformation that we have been witnessing throughout the motu – restoring the opportunity for our whānau to value the essence from which they come. It has been, if you like, a coming home.

But the transformation is not just grounded from a basis of optimism – it is pragmatic; it is meaningful to each whānau; and it is firmly driven by outcomes.

The outcomes we seek are that whānau will be:

- self managing
- living healthy lifestyles
- participating fully in society
- confidently participating in te ao Māori
- economically secure and successfully involved in wealth creation
- cohesive, resilient and nurturing.



How each whānau expects to achieve such outcomes will be determined by them, to fit their own unique set of circumstances.

Perhaps the biggest immediate difference is that services, programmes and agencies are required to work differently; to centre their focus on whānau.

Officials from Te Puni Kōkiri, the Ministry of Health and the Ministry of Social Development are working intensively with

Whānau Ora provider collectives to complete their Programmes of Action. These Programmes of Action will ensure there is a planned approach to the actions providers need to take to move to a new way of working under the Whānau Ora approach.

The process to date reflects a sea change in thinking around service provision. The level of interaction between whānau, hapū, iwi and service providers has improved markedly.

Best of all, whānau are empowered to develop a plan for their future; to trust in their own solutions.

Whānau Ora is ultimately about survival. We can all be proud of the difference we are making – and I thank you all for your mahi.



Everyone deserves to experience Whānau Ora

What could be more empowering than belonging to a resourceful, resilient whānau whose members nurture each other, enabling happy, healthy lives? A whānau that has economic security and the ability to create its own wealth? A whānau that participates fully in society, and develops its own solutions to successfully deal with life's challenges?

These concepts are all part of the Whānau Ora vision. At its heart are New Zealand families who have been empowered to transform their own futures by taking control of their lives.

Whānau Ora is for all families. Introduced in 2010, it has been enthusiastically embraced by whānau, communities, health and social service providers and agencies throughout the country.

New Zealand currently has 25 Whānau Ora collectives representing more than 150 service providers and thousands of whānau members. These collectives are continuing to offer existing services while they work on changes to engage whānau.

So how does this work for whānau?

Quite simply, families are asked about their needs and aspirations, and are supported in the approach they choose to meet their collective goals. This focus puts whānau at the centre of Whānau Ora, because they are the best people to make decisions for themselves.

Some whānau will come up with their own ways of improving their lives, perhaps after working on their ideas with their hapū, iwi or community.

Other whānau may want specific, tailored help from Whānau Ora providers.

Already, Whānau Ora providers are looking at ways to improve their services to whānau. Some are exploring the navigator role, where a key worker helps whānau to identify their needs and develop a plan to address them. The aim is to restore control to whānau.

For many providers, a whānau-centred service is not a new concept. Significant changes have, however, been made to support and strengthen providers in their whānau-focused work.

Under Whānau Ora, providers who may have had dozens of separate contracts with different reporting and accountability procedures can choose to integrate these into a single, outcomes-focused contract that delivers holistic services to a specific group. This streamlining frees them up and enables them to tell their stories about how they are making a difference to families, rather than just reporting on statistics.

Another key Whānau Ora component is its research, evaluation and monitoring, which will allow those taking part to initiate action for change and development. This action research brings together whānau, providers and government agencies to gather evidence of whānau-centred service delivery and whānau development. It will give families the opportunity to voice their expectations of service delivery and will support providers to design and deliver quality, holistic services to families. It also allows the Government to fund services more effectively, so that the services available match the needs of the whānau.

The whole approach is about whānau, providers and government agencies working together to build whānau capability, strengthen whānau connections and inspire whānau leadership.

Although the implementation of Whānau Ora is still in its early stages, many thousands of people

around the country are already working tirelessly to ensure its success.

This publication looks at some of the work being carried out in our communities and includes examples of how Whānau Ora, even in these early days, is helping to transform lives.

From the Governance Group

Mason Durie KNZM

Acting Chair, Whānau Ora Governance Group

Whānau Ora was initially highlighted in the 2002 Māori Health Strategy, He Korowai Oranga.

It challenged the health sector to achieve best health outcomes for Māori as individuals and as whānau members.

The 2009 Taskforce on Whānau-Centred Initiatives expanded the meaning of whānau ora to reflect outcomes across social, cultural and economic dimensions.

The Whānau Ora philosophy was based on Māori cultural foundations built around a communal approach to wellbeing, group capacities for self determination, intergenerational transfers of knowledge and values, and full participation within society.

As a model of practice, Whānau Ora shifted attention from individuals to collectives, from sectoral interventions to intersectoral collaboration, from crisis intervention to

capability building and from process indicators to measures of outcome.

In 2010, a total of 25 clusters incorporating many independent providers were able to show that, by joining forces, they could offer a comprehensive range of services with greater coherency to whānau, in which there was less duplication, more consistent advice and more opportunities for innovation.

Though still to be fully implemented, there is already evidence that the Whānau Ora practice model enables providers to work effectively together under a single contract that allows for a developmental approach, a sharper focus on whānau aspirations and greater recognition of whānau potential. More importantly, the model expects that whānau will remain at the centre of activity and all interventions will foster whānau self management.



Supporting Christchurch quake victims

Oliula Iosefa, her husband Simanua and their eight children had just spent two nights sleeping in the family's van when Pacific Health Outreach workers Christine Leleifenika and Edna Soli visited them in April this year.

A chimney had crashed through the family's Christchurch home and silt had bubbled up around it in the February 2011 earthquake, making the house unsafe and unhealthy. Since then, the Iosefas had been living partly in the van and partly at the home of a nearby relative. Most of their clothes were still inside the house, they had little food and they didn't know where to go for information.

Thankfully, the Iosefas were among 3554 people who were visited from April to June during the Pacific Health Outreach project in Christchurch.

The project, initiated after the February quake, was facilitated by the Ministry of Health's Pacific Programme Implementation Team and delivered with Whānau Ora provider Pacific Trust Canterbury, along with Pacific Island Evaluation, Tangata Atumotu Trust and Vaka Tautua.

As well as offering immediate support to all Pacific families who could be reached, the project allowed a community profile of key health and psychosocial issues to be built. These data will be shared with Pacific communities and key decision-makers to develop a sustainable model for addressing Pacific health and psychosocial needs.

For the Iosefas, the project helped with their urgent needs for food, clothing, blankets and replacement of some of their essential household



▲ Supportive service: Pacific Trust Canterbury's Christine Leleifenika, left, with members of the Iosefa family: Mary (7), Noa (16), Sasa (4), Toaono (14), Oliula and Blessing (11 months).

items. They were also encouraged to visit the Pacific Trust Canterbury health clinic where the family had flu vaccinations and it was discovered that Oliula needed help to reduce her high blood pressure. In the meantime, their landlord was working quickly to have their home repaired.

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Pacific Trust Canterbury’s Quit Smoking coordinator Christine Leleifenika said adopting a Whānau Ora approach meant the organisation had been able to wrap itself around families like the Iosefas, helping them to identify what they needed during the crisis and what they needed to sustain themselves in the future, as well as offering support from people with a wide range of expertise.

Pacific Trust Canterbury service manager for Mental Health and Social Services Mark Esekielu said the approach was highly beneficial in identifying family needs after the February quake.

‘At an organisational level, all services have had to work in a more collaborative way, both with one another and with other Pacific providers. Focusing on all the needs of the Pacific community post quake has been important in helping us to step back from delivering individual services to focused areas of the population and to work in a more collaborative and cohesive way to support our whole community,’ he said.

‘Putting our whānau needs first, then finding ways to help them is what Whānau Ora is about. It is about supporting our communities who support our whānau who support our mothers, fathers, children, grandparents, aunties, cousins, etc.’

Oliula says that of all the services offered, having a translator to explain what was happening and what was available to help her family was the most important.

Now that she has strong links with Pacific Trust Canterbury, she has asked to make use of other services, such as budgeting advice.

Listening to whānau and going the extra mile

Kia tū tika ai te whare tapu o Ngāpuhi

Rheumatic fever is a key health issue in Northland. So when a Māori health and social services provider in Kaikohe was approached by whānau concerned about the disease, it didn't hesitate to help.

Te Hau Ora o Kaikohe, a member of Te Pu o te Wheke Ngāpuhi Whānau Ora collective, runs a rheumatic fever school screening programme in eight local schools.

Special projects manager Erena Kara said that this year alone, a number of local tamariki had been diagnosed with acute rheumatic fever. The group A streptococcus (strep A) throat infection is a precursor to contracting rheumatic fever, and one of the ways to identify whether this infection is present is through a throat swab.

Te Hau Ora o Kaikohe kaimahi go into schools and swab tamariki who are complaining of a sore throat. Every week, about 95 children aged 5 to 14 years are swabbed. Each month, an average of 35 of these swabs test positive for strep A, indicating that these children need a course of antibiotics.

Recently, Te Hau Ora o Kaikohe was notified that two children in one whānau had returned a positive result for strep A. The tamariki had been travelling to a tangi in a van with eight or nine other whānau members.

'On learning that the tamariki had tested positive for strep A, the whānau took a proactive approach and, using the information they had been provided with, attempted to make an appointment at the local GP (general practitioner) clinic for the whānau to be swabbed,' Erena said.

With no immediate appointments available, the whānau decided to try the accident and emergency clinic. But they discovered there would be a cost involved in swabbing the whole whānau. The waiting time was also longer than they had anticipated.

So they decided to visit the school screening programme and drove from Kaikohe to Tautoro

School – about 10 minutes from the town – to ask for help.

'Swabs were taken immediately and, by the close of business, the lab had received the swabs,' Erena said.

'We consider this to be a success, as the whānau were comfortable enough and felt safe to come to our kaimahi and ask to be swabbed. For us, this meant the kaimahi have been visible in the schools, proactive in making contact with whānau, and breaking down barriers for whānau in the community.'

Te Hau Ora o Kaikohe's school screening programme contract is limited to swabbing school-aged children. That is what they are funded to do. However, by listening to what the whānau wanted, the provider was able to be flexible and contribute directly to its population outcomes and Whānau Ora aims.

The Kaikohe provider is one of seven members of Te Pu o te Wheke Ngāpuhi.



▲ Kaimahi Charlotte Poa swabs Kapuatere Barber's throat as part of the Kaikohe rheumatic fever school screening programme.

Strengthening whānau connections

Johni Rutene has big plans for his whānau.

He wants to reconnect his 180-strong family with each other and their Wairarapa turangawaewae, strengthen their bonds and improve their overall whānau ora.

‘For the last five years, I’ve been wanting to do something to unite our whānau with a continuous nurturing connection,’ he said.

‘But it was really only since I became aware of Whānau Ora that I started getting glimpses of hope around how that rejuvenation process might go.’

Johni, his wife Micaela and some of his cousins have been working on their whānau-centred plan. It’s almost finished. The next step is to set up a family trust and apply for Whānau Integration, Innovation and Engagement funding. This is available to support whānau, who, among other things, want to strengthen whānau ties.

Johni described the whānau plan as having a strong focus on reconnecting whānau members to their whakapapa, tikanga and taha Māori.

‘But we’re also including everything we might come across in the future,’ he said.

‘We’re looking at growing our whānau economically, (and in) employment, health, education, rongoā and te maara kai. Things are really hard for whānau, and they’re going to get harder. We need to learn – as a family – about things we can grow that we can eat.’

The Rutene plan is based around holding six hui next year, with the first commemorating the 25th anniversary of the death of his grandparents, Ihaka and Eraina Rutene. The focus of the other five hui will reflect the Rutene whānau approach to their own whānau ora.

Johni wants his whānau to learn about themselves, their turangawaewae at Te Whiti, Gladstone, and the marae they belong to.

‘With our whānau plan, maybe we could get our turangawaewae back, so we have a place to call our own,’ he said.

‘I have young kids and it’s really important that they are involved and they get given that taha Māori.’

‘I’m turning 40 this year, and I am dedicating my next 10 years to te reo, tikanga and te ao Māori for myself and my whānau.’

‘I am very excited about getting these plans off the ground. We have to look forward . . . I know this is going to help our whānau.’

For more information on the Whānau Integration, Innovation and Engagement Fund, go to: www.tpk.govt.nz/en/in-focus/whanau-ora/fund/



▲ Johni Rutene with his children, 21-month-old Māhinarangi (front left), six-year-old Lucia, seven-year-old Vinnie, four-year-old Maui and wife Micaela.

Comprehensive care from Te Whānau o Waipareira

Comprehensive, holistic care will be the hallmark of services offered from Te Whānau o Waipareira's new four-storey Whānau Ora complex in west Auckland.

Integrating a host of health, social, justice and education services, the Henderson Whānau House is also home to the Whānau Centre Health Clinic and Waipareira's new-look Whānau Ora workforce: kaimahi (service workers), kaiārahi (navigators) and kaiwhakahaere (leaders).

Te Whānau o Waipareira is part of the National Urban Māori Authority Whānau Ora collective. It has been operating a 'Whānau Ora, Whānau Tahī' approach to service delivery since January 2011.

So far, more than 200 staff have taken part in training and developmental workshops on understanding outcomes, whānau-centred

practice and privacy requirements when working with whānau.

Dr Glenn Doherty, Clinical Director of the Whānau Centre Health Clinic, said it was an exciting time for Te Whānau o Waipareira.

'Waipareira is the only service entity of its kind in New Zealand run and operated by Māori for all people wanting new approaches to their personal care and the care of their whānau,' he said.

'The whānau have been impressed with the new centre, given it has been expanded to include more comprehensive services than the clinic had before.'

There is now an expanded dental service and an on-site pharmacist. Waipareira is also in the process of co-locating various Waitemata District Health Board and government services. It is negotiating with a radiology service, and there are plans to accommodate visiting specialists and a birthing unit.

In addition to core general practice and nursing services offered by the Whānau Centre Health Clinic, there are podiatry, midwifery and dietician services.

'We are about to employ a GP to run a chronic care clinic and we are looking at working with an endocrinologist to run virtual and on-site clinics for our difficult diabetic clients,' Glenn said.

'We also have family violence, Māori mobile nursing and cardiac rehabilitation services integrated with the clinic.'

Whānau Ora kaiārahi will work with families to identify their needs and aspirations and help them develop a plan to achieve them. The kaiārahi will then help whānau learn how to find the best resources and services they need, either within Te Whānau o Waipareira or externally.

Glenn said the wide range of services offered by Waipareira means whānau accessing their services will get comprehensive care – 'not just snapshots of care or contact'.



▲
Exciting times – Dr Glenn Doherty.

Realising a dream

Whānau tahi, whānau ora!

Janine Kaipo is overwhelmingly enthusiastic about Te Hau Āwhiowhio o Otangarei's Whānau Ora vision.

'It's absolutely awesome,' the Whangarei collective's spokeswoman said.

'Whānau Ora has given us a big opportunity to drive change and contribute towards our whānau reaching their own aspirations.

'Our collective is committed to transforming our mahi, working to our strengths and abilities and focusing on care under kaupapa Māori. This care is available to all peoples.

'As non-government organisations, we have been talking about this for years, but the system hasn't allowed us to do it. Whānau Ora has given us the opportunity to "de-frag" it and make it work much better. We are very excited.'

The six-member Otangarei collective services one of the lowest-income suburbs in Whangarei. Its members have a history of flax-roots engagement with whānau and communities.

Since November last year, collective members have spent one day every week, learning each other's strengths and mapping their Whānau Ora vision.

Knowing that whānau consultation was crucial, the collective designed a simple Whānau Ora questionnaire and took it to their families.

About 200 surveys were completed earlier this year. Survey responses shaped and informed the collective's direction.

'A lot of the feedback was really simple stuff . . . Whānau wanted things like warm homes, to have food, a job, no violence . . . that was wellbeing for them,' Janine said.

Other strong themes were that families wished to control their own destiny, wanted more cultural development and a greater input from kaumātua, and placed a high value on education.

Armed with this feedback, the collective is now working towards three more goals: establishing

a Whānau Ora centre; strengthening education and training links to jobs; and creating a positive image of whānau capability by using its social marketing tools. In particular, the collective is keen to explore the role of its member Northland TV Charitable Trust (Channel North) and its local iwi radio station partner Ngāti Hine FM.

The collective has just begun holding community hui to develop the Whānau Ora centre plans.

Already, thought has gone into how the centre might provide programmes for whānau, activities for rangatahi, taha Māori training, professional development and initiatives for preventing family violence.

'It has been a huge job and we were exhausted at first,' Janine said. 'But you can't mess around. Our vision is that whānau reclaim their rangatiratanga within a nurturing community. When that's achieved, everyone's dream will be realised.'



▲ Te Hau Āwhiowhio o Otangarei collective member Janine Kaipo, treats Whaea Pat Fenton to a foot massage, while Whaea Hazel Kingi relaxes after enjoying her massage. The mirimiri – a first for both kuia – was one of the activities offered at the Otangarei Whānau Celebration Day held in late July.

Whaioranga Trust benefits from integrated contract

After 30 years working in the Bay of Plenty, Whaioranga Trust knows that addressing individual needs effectively requires the collaboration of whānau, service providers and funders. Integrated contracts are helping them to achieve just that.

Tauranga's Whaioranga Trust is one of nine providers in Ngā Mātaapuna Oranga Primary Health Organisation's Whānau Ora collective.

The trust aims to support, empower and enhance whānau from newborn up. Services offered include Tamariki Ora, mental health, social services, traditional healing and disability services.

Trust manager Alice Nuku admits that previously, despite its range of services and wrap-around approach, Whaioranga had become 'siloed'. She said staff were obliged to work within the specific criteria attached to particular contracts, and they sometimes found it difficult to look beyond those demands.

For both clients and staff there could be annoying duplication of assessments and referrals to meet contract entry criteria. Plans could be inflexible and overly prescriptive and, more importantly, clients sometimes seemed even less connected to whānau, family and community as a result.

'Depending on the situation, an assessment could take one and a half hours, and writing up the assessment would take another 30 minutes,' said Alice.

'Then there's travel and preparation work to be sent off, taking another hour. Multiply all that by five people for the five services someone might need ...'

She said Whaioranga Trust had already experimented with multidisciplinary teams as a way to cut workloads. So when the Ministry of Social Development suggested rolling all contracts into one integrated contract, they jumped at the chance.



▲ Whaioranga Trust workers sitting from left are: Vivienne Parker, Alison Palmer, Ian Davis, Michelle Haua, Betty Dickson, Dot Gwerder and Aneta Ohia. Standing, from left, are: Miriama Westworth, Alice Nuku and Rawi Nuku.

Alice did have initial concerns that contact with personnel at the Ministry of Social Development and the district health board might be reduced through this arrangement. 'But the new contract specifies that we meet every six months. It's awesome.'

Finally, and perhaps most impressively, the whole process of setting up an integrated contract took just six months. That tight timeframe would not have been possible without the efforts of the National Integration Advisor and the district health board's Māori Funding and Planning team. Because of their work, the integrated contract was up and running from 1 July 2011.

The new contract has slashed administrative requirements, freeing staff to be more innovative in how outcomes are met and what and how services are delivered.

'Now staff know they are not looking after an individual client but the whole family. This is much closer to how staff work naturally and is more aligned to Whānau Ora,' Alice said.

Enhancing the Ōrākei experience

Everyone has a different idea of whānau ora, and how their whānau will achieve that.

Ngāti Whātua kuia Puawai Rameka recognises Whānau Ora working in her hapū every time she sees the increasing number of kaumātua at Ōrākei Marae.

‘A couple of years ago, there was a tangi at the marae, and during the course of the last day, everyone went to the urupā and then later came back to the wharenuī to talk and mihi mihi,’ she said.

‘I was walking into the wharenuī and suddenly realised I was seeing something quite special. There was a big row of kaumātua sitting in chairs, and it was that sight that stopped me in my tracks.

‘I counted those kaumātua and there were just over 30 of them – all over 70 years of age.

‘In my lifetime, I have never known a time when we had so many kaumātua of that age still alive. We are witnessing a major change and a major success that I put down to the impact our clinics are having. It was such a simple sight but so powerful an expression that progress is being made in the health of our people.’

Puawai said most of the kaumātua were living at Ōrākei or in the eastern areas, near the clinics and other health services provided by her hapū.

‘Not long ago, our people couldn’t afford to go to the doctor and then couldn’t afford the medication if they got it. It took quite a while for older people to get used to the idea of going to the clinic.

‘But things have changed, and an awful lot of people have now become more educated towards their health.

‘We have the clinics and so many other services where treatment can come to them, they get the medication they need when they need it, and they don’t have to worry about the cost. I just can’t believe the difference in the way things are now. I am over the moon.’

Ngāti Whātua o Ōrākei Māori Trust Board spokesman Eru Lyndon said that Whānau Ora gave the trust board the opportunity to apply the experience of Ōrākei and enhance it, for the benefit of everyone.

‘Stories like Whaea Puawai’s are motivating because they are real stories and show that the efforts of leaders like her created change. The opportunity now is to work smarter on the part of both providers and government agents and funders. I’m heartened to see that progress is being made on this front, but there is much more work to be done.

‘People say whānau ora has been around forever, and essentially it has, but we’re not all the way there yet. There is a need to get this stuff right. By doing so, there are going to be downstream savings and benefits for everyone.’

Six Ōrākei providers are working together in the trust board’s Whānau Ora collective. They provide services to communities in central and east Auckland, particularly Ōrākei, the suburbs of Tāmaki and Otāhuhu.



▲
Kaumātua Alec Hawke (left) and Herbie Hetaraka (right) with Puawai at Ōrākei Marae.

Turuki support makes a positive difference for quake whānau

Christchurch earthquake refugees Georgina Kiwara and her whānau had just moved into emergency housing in South Auckland when Turuki Health Care workers swept into their lives.

Turuki's impact was immediate. For the former Christchurch East residents forced from homes damaged by the February earthquake, it was also life changing.

Georgina, her two daughters, five mokopuna and a nephew and his wife had spent five days living in their Aranui garage – a basic shelter with no amenities.

With the help of their whānau, they relocated to Auckland on 26 February and started trying to put their lives back together.

Almost two weeks later, Georgina, two daughters and three grandchildren were given emergency accommodation in Manurewa. That's when Turuki Health Care found them.

'We moved into an emergency home on Friday, and two Turuki workers turned up that night while we were having tea,' Georgina said.

'We had next to nothing – no beds, no blankets, no nothing. They asked us what we needed, took one of my daughters with them and told us they would be back. I thought they were going to get second-hand stuff, but they came back with brand new blankets, pillows, towels, sheets, pots, spoons . . . I couldn't believe it. I've never had anything like that before.'



▲ Georgina Kiwara, left, with Turuki Health Care primary health care manager Renee Muru and nurse Vicky Maiava.

The workers also came back with about \$300 worth of groceries for the quake-traumatised whānau.

In the weeks that followed, Turuki continued helping the whānau with their immediate needs. This included providing them with new beds and household furniture, arranging to get their family van, Georgina's mobility scooter and freezer transported up from their Christchurch home and getting a school uniform for Georgina's eight-year-old grandson. Turuki Health Care also sent a van to the Kiwara home to take the whole whānau to the health clinic for check-ups.

‘Having workers that have a combination of skills in both primary health care and social work is also key for this approach because it allows us to get the full picture of what is happening for the whānau. Once we have that picture, our long-term mahi with the whānau begins.’

Georgina and her whānau are now living in rental accommodation in Manurewa. They are, Georgina said, ‘all right now’.

She tells all her visitors about Turuki Health Care's assistance.

‘They helped me with a lot of stuff,’ Georgina said.

‘It's the first time I have had help from people like that. I've always tried to manage on my own and have never had help like that before.’

‘I was really surprised, and then I was glad. I can't get over what they have done for us and really can't thank them enough.’

Turuki Health Care is one of four South Auckland Māori health and social service providers in the Kōtahitanga Roopū Whānau Ora collective.

Turuki's primary health care manager Renee Muru believes collaboration is key to the success of the Whānau Ora approach.

‘We have to deal with the acute needs first and foremost – it's imperative to get the whānau into a situation where they can then focus on the short-term, medium-term and long-term goals. Then you can look at supporting the whānau in more aspirational planning,’ she said.

‘Having workers that have a combination of skills in both primary health care and social work is also key for this approach because it allows us to get the full picture of what is happening for the whānau. Once we have that picture, our long-term mahi with the whānau begins.’

Renee said that by viewing the whānau as a whole, Turuki's team, supported by the whānau's key worker, are more efficient and effective. It's a process that helps with continuity of care, relationship building and establishing a platform whānau are comfortable with.

Turuki Health Care worked with Housing New Zealand, Work and Income, and Harvey Norman in Mt Wellington to help Georgina and her whānau with their needs.

More than 20 families who arrived in Auckland after the Christchurch earthquake in February 2011 have benefited from Turuki's assistance. Some of this work is ongoing, as Turuki continues to support whānau with their goals and aspirations.

Health scare prompts whānau changes

A Porirua whānau has made big lifestyle changes after one of their family members had a massive heart attack when he was only in his early 40s.

The health scare spurred the Ngāti Toa/Ngāti Koata Hippolite whānau to take action.

For the five sisters and two brothers still living in Porirua that action included getting medical checks, embarking on a family 'Biggest Loser' weight competition and doing regular exercise such as walking, playing whānau hockey and going to the gym.

The medical checks revealed that some of the whānau had diabetes. Testing positive to high cholesterol and high blood pressure also put other whānau members into the high-risk category for heart disease.

One family member said that their brother's heart attack, coupled with a history of heart disease that went back at least two generations, shocked them into action.

'We all got a fright. It was a real wake-up call. We had horrible eating habits – we had to change, and compared with what we were like before the heart attack, we're much better. It's made a big difference. But it's something we are going to have to watch all the time. This will be a life-long thing.'

Their moves towards healthier lifestyles have been supported by their children, a couple of whom organised 'The Biggest Loser' weight competition among the siblings' families. With a whānau-contributed putea and bragging rights at stake, competition was fierce. It is rumoured



that some of the whānau hid heavy objects in their pockets during their first weigh-in to give themselves an advantage the next time they stepped on the scales!

‘We all got a fright. It was a real wake-up call. We had horrible eating habits – we had to change, and compared with what we were like before the heart attack, we’re much better. It’s made a big difference. But it’s something we are going to have to watch all the time. This will be a life-long thing.’

Randall Hippolite’s children now monitor what he eats and regularly remind him about the foods he should be avoiding. Dietary changes are also evident in the homes of his siblings Evan, Caroline, Raylene and Lynn. Among these changes are: swapping white bread for brown; knocking out desserts every evening except for a once-a-week Sunday treat; reducing portion sizes,

particularly with cake; and baking once a month rather than every second day.

The whānau say that changing lifetime habits is not easy – and they do have lapses. But working together and introducing fun, whānau-focused competitive elements are helping maintain their motivation.

They’ve also received good support from Whānau Ora provider Te Rūnanga o Toa Rangatira.

This includes getting health services, such as general practitioner and diabetes nurse check-ups, access to a nutritionist and podiatrist, as well as heart checks and retinal screening.

And they play intergenerational whānau hockey, organised by the rūnanga-operated Ora Toa Primary Health Organisation.

Randall believes whānau changes, particularly around healthier eating, are making a positive difference.

‘It’s working,’ Randall said. The reason that led the whānau to make the change in the first place, he acknowledged, was not good. ‘But at least it’s a change.’

◀ Members of the Hippolite whānau at Takapuwahia Marae, Porirua are, from back (from left) Caroline Taurima, Evan Hippolite, Natalia Apirana and four-month-old Teaniwa Apirana-Bishop, Raylene Bishop with 18-month-old Ngarauhina Apirana-Bishop, Lynn Selwyn. Front (from left) Evan Bishop, Randall Hippolite, eight-year-old Karlee Selwyn and Christina Taurima.



Final words

Leith Comer, Chief Executive of Te Puni Kōkiri

Tēnā rā tātou katoa.

Whānau Ora is a new initiative of Government derived from a Māori world view and philosophy with a single overarching aim of best outcomes for whānau.

Te Puni Kōkiri has a leading role in the implementation of Whānau Ora on behalf of Government; and we are pleased to be doing so with the active engagement of our partner agencies, the Ministries of Health and Social Development.

This leading role extends from the governance table through to regions where we provide on-the-ground support for Regional Leadership Groups to carry out their role as the face of Whānau Ora

at a local level. Regional Leadership Groups ensure local solutions fit with local-level realities, and I have been delighted to see how they have risen to this challenge.

Whānau Ora offers a strategic opportunity, and Te Puni Kōkiri is determined to work collectively to make maximum use of all the talent and potential available, including the strengths that whānau bring. We look forward to seeing Māori succeeding as Māori and whānau succeeding as whānau.

Mauri ora ki a koutou katoa.



Kevin Woods, Director-General of Health

Service coordination and clinical integration have gained currency in health reforms worldwide in attempts to address issues such as ageing populations, increasing chronic conditions and fiscal constraint.

In many countries, integration is a key component of reforms to place patients at the centre of the system, increase the focus on prevention and shift more services closer to home.

Sound familiar? With Whānau Ora, families are placed at the heart of our work. And right now, more than 150 health and social service providers around New Zealand are pursuing Whānau Ora

through collaborative, strengthened and integrated service delivery.

There is no doubt that increasing integration across the health and social services sectors offers exciting opportunities for improving the lives of whānau.

I am delighted to see the way Whānau Ora is bringing people together to achieve this common goal and look forward to charting the progress and successes of this important approach.



Peter Hughes, Chief Executive of Ministry of Social Development

Whānau Ora is an inclusive, culturally-anchored way of working with whānau and families across New Zealand. It identifies their needs and their strengths so that they can meet their own social requirements and move towards self-reliance. It promotes collaboration in determining the best mix of services for each community, family and individual.

The Ministry of Social Development is one of three agencies making this a reality, with Chief Executive representation on the Governance Group, Deputy Chief Executive representation on the Implementation Group and regional manager representation on the 10 Whānau Ora Regional Leadership Groups. In addition, the Ministry of Social Development is developing integrated contracts for Whānau Ora providers.

These streamlined and simplified agreements encourage community providers and Government to share the risks and responsibility of improving outcomes for families by getting them around a table with key agencies, such as justice, education and health.

The result is a holistic package of services tailored to the specific needs of whānau and families using common language, a common approach and common sense.

Integrated contracts allow Whānau Ora providers and collectives to innovate, to concentrate on results and to focus on what they do best – deliver the best results for whānau.





Te Puni Kōkiri
REALISING MĀORI POTENTIAL



MINISTRY OF SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

