

Sharing research results to shape future services

Presentation to AES18

Gill Potaka-Osborne, Kiri Parata and Rachel Brown
Whakauae Research for Māori Health and Development

September 2018, Whanganui, Aotearoa New Zealand

- *Transforming Māori lives through excellent research*
- *Rangatiratanga* (self determination)
- *Hauora tangata* (holistic wellbeing)
- *Manaaki tangata* (care & respect)
- *Mātauranga* (knowledge & excellence)
- *Ngākau tapatahi me te aurere* (professionalism, integrity, diligence & passion)
- *Transforming Māori lives!*

Composed by Whakauae staff with help from Kataraina Pipi





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Research for Māori Health and Development

Mihi/Introductions

Gill Potaka-Osborne

Kiri Parata

Rachel Brown



Gill Potaka-Osborne

Te Ātihaunui ā Pāpārangi, Ngāti Hauiti

- Indigenous (Māori) researcher and evaluator
- Whanganui Site Lead
- Worked within government, Māori NGO, iwi owned research organisation
- Whakauae is supporting to complete a Masters in Arts at Massey University using evaluation as the topic.

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Kiri Parata

Te Atiawa, Ngāti Toa Rangatira, Ngāti Raukawa, Ngāti Ruanui, Ngāi Tahu

- Indigenous (Māori) Researcher and Evaluator
- Taranaki Site Lead
- Tuakana - teina mentoring
- Leading own research and evaluation with her iwi



Dr Rachel Brown

Te Atiawa, Kai Tahu



- Hokitika Site Lead
- Previous experience within university, government, health, funding, NGO's and social work
- Completed her PhD with support from Whakauae
- PhD found systemic racism and discrimination facing Māori and Pasifika children and their families in NZ's public hospitals

Overview of research

- Case Study research to examine how the primary and secondary prevention of long term conditions is being modelled, practiced and measured in three Māori Health Provider case study sites
- Address significant inequities in outcomes
- Transfer learning to practice





www.tuiora.co.nz



TE ORANGANUI

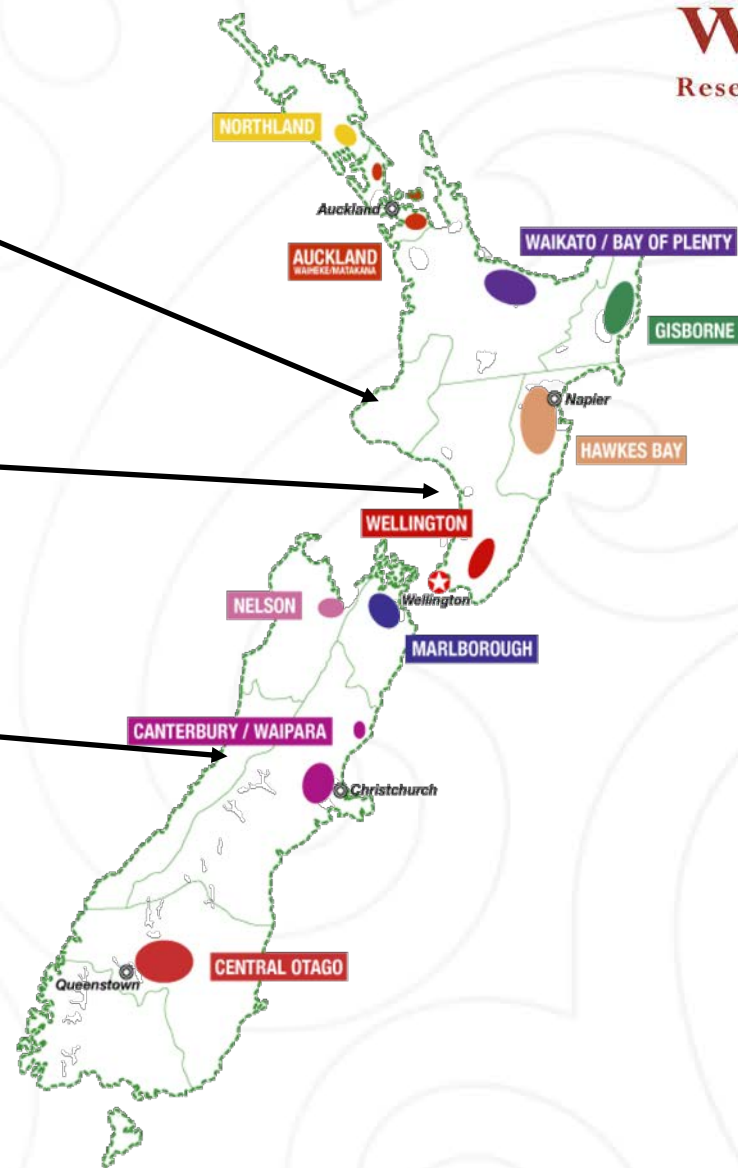
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www.poutiniwaiora.co.nz

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‘Ahakoa ko wai, ahakoa nō whea, kotahi anō tatou’

- Established 1998
- Over 40 services, Kaupapa Māori delivery
- Largest community-based health and social services provider in Taranaki, North Island, Aotearoa New Zealand
- Working collaboratively to deliver on a single contract for Māori health services in Taranaki - a coalition of iwi and funder
- Iwi / tribal governed
- Strengthening whānau wellness and quality of living



- “For Māori by Māori” health services
- Established in 1993 it is tribally governed
- Primary Health & Medical, Whānau & Community, Mental Health & Addictions, Disability Support & Healthy Families

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‘Whakapiki ake te waiora o te whanau’

- The only Kaupapa Māori organisation on the West Coast of the South Island.
- Established 1997
- Services include: counselling, social work, community support, education

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Results

Key Themes - Whānau

- Level of need high
- Cultural identity important for some
- Role of whānau not always obvious
- Resilience evident
- Diversity - range of realities and experience
- Trusting the provider is important



Whānau Ora

An indigenous holistic health initiative in Aotearoa, New Zealand driven by Māori cultural values



The approach supports whānau to achieve their aspirations in life. It places whānau at the centre of decision making and supports them to build a more prosperous future

Māori Health Service Providers Prevention Framework

- Whānau self determining
- Flexibility and adaptability in service design
- Whānau focus and support networks critical
- Broad holistic approach required
- Prevention is consistent with Whānau Ora but not explicit
- Worker is the key to success
- Tikanga based services

Dissemination and Impact from research

Progress Pānui, Posters, Booklets

Conference Presentations, Journal Articles

Feedback to policy makers such as MoH, DHB, Tumu Whakarae,
Providers, Mana Whenua groups

Preventing Chronic Conditions Research Project
Physical Health Outcomes Programme (PHOP) 2014 – 2017

Why we were interested in PHOP

Innovative Factors:

- funding sits outside mental health funding so a flexible approach enabled
- focus on a recovery model and we were interested in how that fitted with a prevention focus
- seemed to have a collaborative approach with access to a range of support services eg. peers, advocacy, vocational, physical activities (rather than clinical services)
- breaking down barriers in the community
- consumer led ideas

What we did – ngā tikanga huruhura

Our methods included:

- literature review
- reading background material
- reviewing PHOP data and programme documents
- interviews with kaimahi, managers, board members
- observing the programme in action
- talking to tangata whaiora
- workshop to understand the various reporting lines and outcomes measurements
- developing a logic model

Give it heaps grill

Kia ora bro, how's your week going?

Kaimahi - working together as a team

Research conducted by Whakaea Research and funded by the Health Research Council NZ

Preventing Chronic Conditions Research Project
Physical Health Outcomes Programme (PHOP) 2014 – 2017

What we know about PHOP - he mahi i ngā rohe

- working across Taranaki rohe growing in size – now reaching whānau in need in the south
- consumer driven, wide range of physical activities offered to suit tangata whaiora - adaptable programme to suit needs and interests, supports recovery, supports cultural needs
- measures progress of participants - logic model developed to check impact of programme
- provides opportunities for friendship, socialisation, challenging oneself, to get fit, to lose weight, to learn new skills
- working with other partners externally
- wide range of facilities used across the rohe including: beach, bush walks, church halls, sports centres, bikes, bowls club, pool, gym, community breakfasts

What stood out – ngā hua

- collegiality amongst staff
- respected relationships between kaimahi and tangata whaiora
- use of friendly language, style of casual engagement with tangata whaiora
- client satisfaction
- wide variety of activities

Our focus is on wellness and recovery

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Preventing Chronic Conditions Research Project
Physical Health Outcomes Programme (PHOP) 2014 – 2017

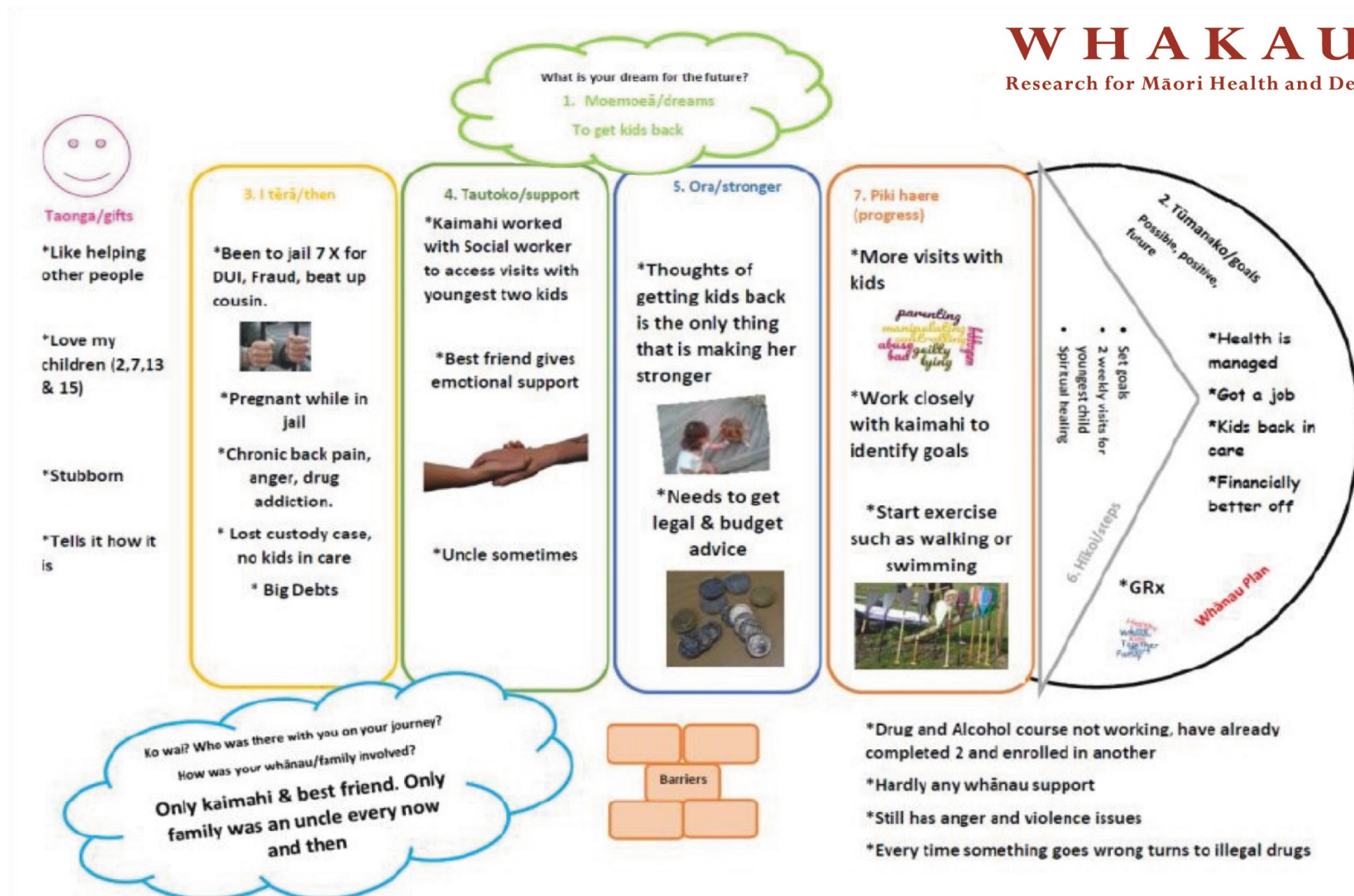
Where to from here – haere tonu

- keep engaging tangata whaiora in the way you have been – strengths based, flexible delivery, highlighting the benefits of investing in a range of support services;
- keep programme diverse, challenging and interesting;
- continue to maintain good community relationships – shared resources, breaking down the stigma;
- support kaimahi to maintain and increase cultural components of programme;
- investigate expansion of Building Bridges programme to other health professionals;
- continue to use logic model to check PHOP is achieving improvements for tangata whaiora;
- use quarterly reporting process as a useful outcomes measurement tool to know if PHOP is achieving improvements for tangata whaiora;
- attribution – consider how PHOP has contributed to change for tangata whaiora;
- building on the trusted relationships you have with tangata whaiora, to broaden scope and address other key determinants of health (education, housing, income, employment, cultural factors, smoking etc);
- continue to utilise the skills and expertise of your Tui Ora colleagues to support tangata whaiora.

PHOP Logic Model

Research conducted by Whakaea Research and funded by the Health Research Council NZ

Planning Alternative Tomorrows with Hope (PATH) – dissemination to participants



Preventing Chronic Conditions Research Project: Te Oranganui Whānau Kaiārahi Service

ULTIMATE GOAL: PREVENTION OF LONG TERM CONDITIONS

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THE CASE

WHĀNAU KAIĀRAHI SERVICE

We wanted to find out if and how Whānau Ora Kaiārahi practice contributed to preventing long-term or chronic conditions in whānau.

WHAT WE DID

From 2014 – 2017 we completed two phases of data collection

PHASE ONE

- 9 interviews (DHB, governance, managers & kaimahi)
- Literature review
- Organisational document review

PHASE TWO & THREE

- 13 interviews (kaiārahi & whānau)
- 2 focus groups (kaiārahi & managers)
- 8 PATH diagrams (whānau)
- 10 fieldnotes /observations
- Organisational document review
- Updated literature review

KAIĀRAHI VOICES

"We (kaiārahi) are the signposts for whānau of other routes"

"We are not there for the \$\$\$ its an honour and privilege to do this work"

"We see our people as whānau, not as gang members, we can get in there"

"Majority of our families come in crisis mode"

"Once we get them up and going on the right road ... then we do start working on the prevention stuff"

WHAT WE FOUND

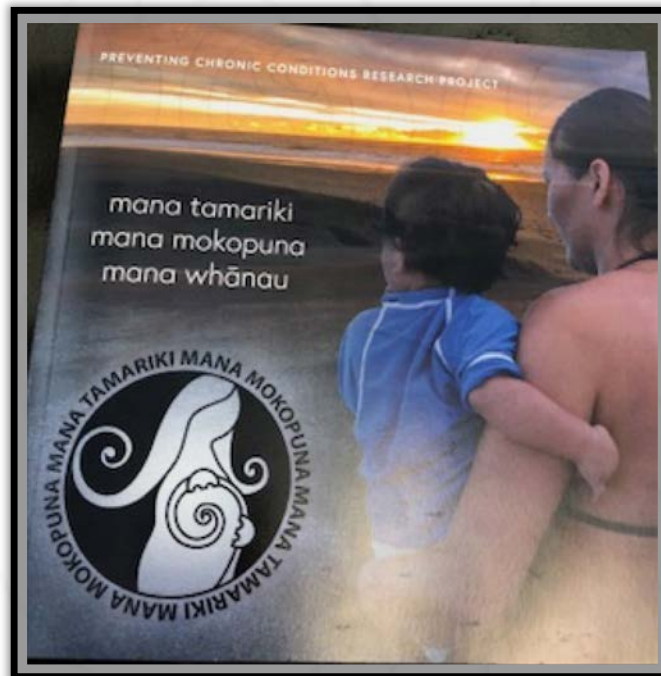
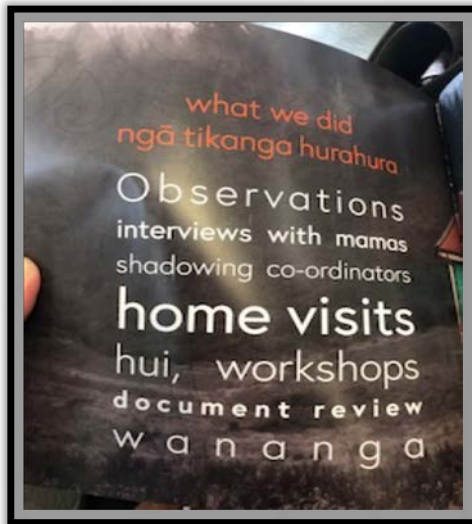
- Being Māori, incorporating tikanga in kaiārahi mahi is critical to success.
- Kaiārahi bring life skills and networks to their practice.
- Services are trusted by whānau.
- Reflective practice is encouraged.
- Practice is innovative and flexible.
- Practice is strengths based.
- Kaiārahi are effective when they work as a team.
- Kaiārahi practice is futures focused.

WHAT WE FOUND

- Services are responsive and flexible.
- Te Oranganui is committed to whānau and community.
- Services are developmental and take time to emerge.
- Kaiārahi possess a huge range of skills and networks allowing them to work with individuals and whānau effectively.
- Whānau Ora practice supports prevention activities but is not easily articulated by kaiārahi.
- Focus on whānau self-determination.
- Holistic, broad approach, wrap around services.

FUTURE ACTIONS

- Continue to consolidate & strengthen Te Oranganui's whānau ora approach where Māori ways of working are the forefront of whānau-centred practice.
- Funders and Te Oranganui to look for opportunities to enable kaiārahi to update knowledge and skills in health promotion.
- Showcase best outcome cases to enable wider learning by the team.
- Maintain and expand current networks and collaborations to increase the focus on prevention of long-term conditions.



Key Messages

- Consider what is required to realise the potential of Whānau Ora type services to purposefully deliver on prevention activities
- Government to provide leadership and reinvest in prevention activities
- Focus on broad determinants of health and at a population level as well as community centred responses to prevent long term conditions
- Earn the trust of communities and work in partnership to develop solutions that work at a local level

Ngā mihi - thank you for the opportunity to present this work.

- We wish to acknowledge the funder; Health Research Council of NZ.
- We would also like to thank Te Oranganui Trust, Tui Ora Ltd and Poutini Waiora Trust who, with their whānau collaborated in the research.
- We have disseminated across a number of audiences; whānau, providers, academics and policy makers.
- We have also published from the research and will continue to do so in 2018 for further information see www.whakauae.co.nz

DISSEMINATION

Gifford, H., Cvitanovic, L. (2018). Can Whānau Ora deliver on prevention of long-term conditions? Public Health Prevention Conference, Sydney, New South Wales, Australia, 02 May 2018.

Gifford, H., Cvitanovic, L., Boulton, A., Batten, L. (2017). Constructing prevention programmes with a Māori health service provider view. Kotuitui: New Zealand Journal of Social Sciences Online. <http://www.tandfonline.com/eprint/2FuKRaN5X3mENjkFzsZ/full>. Published online: 24 Jul 2017

Gifford, H., Batten, L., Boulton, A., Cragg, M., Cvitanovic, L. (2018). Delivering on Outcomes: the experience of Māori health services providers. Policy Quarterly 14 (2).

Potaka Osborne, G., Gifford, H. (2018). Adapting a person-centred planning tool for collecting qualitative data on an Indigenous research project. Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin. Vol 3, No. 1, Article 5, July 2018, pp 57 - 68.

Brief to Tumu Whakarae (National Reference Group of Maori Health Strategy Managers within DHBs)

For further information see www.whakauae.co.nz

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KUA MUTU/THE END

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