Te Piringa: Whānau-centred Māori and Pacific Led Primary Health Care Case Studies

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Te Piringa Whānau-centred Māori and Pacific Led Primary Health Care Case Studies 2020

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Introduction

The Whānau Ora Primary Health Research Project (Research Project) is a step toward understanding and improving whānau centred, Māori Pacific led, primary health (WCMPLPH) care.

The primary objective of the Research Project was to leverage the achievements of Whānau Ora to improve the efficacy of health services and care to Māori and Pacific whānau and to build on the 'whānau-centred approach' - a culturally grounded, holistic approach focused on the wellbeing of whānau and addressing individual needs within a whānau context[1] (p. 6). Te Puni Kōkiri engaged three research groups, Moana Research, Ihi Research and FEM 2006 Ltd to undertake the Research Project from 2019 and 2020 to deliver four research products: a literature scan, six case studies, a rubric and a synthesis report.

This document contains a set of six case studies conducted by the three research teams, Ihi Research (for Te Waipounamu), FEM Research (for Te Ika-a-Maui) and Moana Research (for Pacific). The case studies were carried out between November 2019 and February 2020. Researchers worked alongside providers to describe the ways in which they realised 'whānau-centred, Māori and Pacific led, primary health care' and the mechanism required to commission this work. The next section details the purpose of the case studies, the methodology and the key insights and learnings, followed by the case studies. The report concludes with the description of a metaphor – Te Piringa, used to demonstrate the unique features of the cases and the diversity that exists within whānau-centred, Māori and Pacific led, primary health care.

[1] Te Puni Kōkiri. (2015) Understanding whānau-centred approaches Analysis of Phase One Whānau Ora research and monitoring results.

Purpose of the Case Studies

In the context of the wider Te Puni Kōkiri: Whānau-centred primary health care project, case studies were necessary to bring life to the evidence-based concepts identified in the literature review and stakeholder wānanga/interviews.

The purpose of the case studies is twofold, to demonstrate the complexity of whānau-centred primary health care, and to reflect on the feedback of the rubric[2]. These case studies provide the opportunity to understand how the principles of how a 'whānau or Pacific families (aiga/kainga/famili/kopu tangata/magafoa/vuvale) centred approach' apply to different Māori and Pacific led, primary health settings across Aotearoa.

Whānau-centred primary health care has evolved out of Māori innovation within the health sector rather than direct funding of a 'whānau-centred model or approach'. The purpose of the case studies is to understand how primary health providers had created whānau-centred approaches within the current funding environments. In addition, we sought to understand the perspective of these providers on the potential of contracting and commissioning environments to support a whānau-centred approach.

[2] The 'rubric' is a whānau-centred, Māori and Pacific led, primary health care framework that sets out criteria and standards for the different layers in the system.

Methodology

Case study is a powerful research strategy often used within Kaupapa Māori research and health research 'adding completeness to the exploration of complex issues in particularly in clinical practice'[3].

The case study approach is particularly useful when an in-depth appreciation of an issue, event, or phenomenon of interest, in its natural real-life context is required[4].

Case study was an appropriate method to understand how whānau-centred primary health care is realised in 'real life' within different providers situated across Aotearoa. The researchers choose to conduct multiple case studies. This involved carrying out six case studies, with a clear purpose, simultaneously, to generate a broader appreciation of the concept of whānau-centred primary health care. Running multiple case studies offered the advantage of allowing comparisons to be made across several cases.

Kaupapa Māori Approach

Kaupapa Māori refers to a 'Māori way' of doing things. The concept of kaupapa refers to a way of framing and structuring how we think about and conduct research with Māori (Wehipeihana, 2019). Kaupapa Māori theory positions Māori worldviews and what Māori value and believe

[3] Crowe, S., Creswell, K., Robertson, A. et al. The case study approach. BMC Medical Research Methodology. 11, 100 (2011). https://doi.org/10.1186/1471-2288-11-100
[4] Crowe et. al., 2011
[5] Smith, L. (1999). Decolonising methodologies: Research and indigenous peoples. New York & Dunedin: Zed Books & Otago University Press.

as authoritative, legitimate, and valid to guide research with whānau, hapū and iwi[5].

Māori have for many years argued that within tikanga Māori exists the capacity for the creation of transformative programmes. Kaupapa Māori programmes are culturally grounded and weave tikanga Māori (Māori principles, values, and practices), mātauranga Māori (Māori knowledge), te reo Māori (Māori language) and te ao Māori (Māori perspectives/worldview) throughout all aspects of a programme. They embrace and expect to see ngā kaupapa tuku iho (values gifted by tupuna (ancestors) Māori) given expression to in Kaupapa Māori programme delivery, services, and support. Taonga Tuku Iho - The principle of cultural aspiration asserts the centrality and legitimacy of te reo Māori, tīkanga and mātauranga Māori[6]. Within a Kaupapa Māori paradigm, these Māori ways of knowing, doing and understanding the world are considered valid in their own right[7]. An indicative, but not exhaustive list of kaupapa tuku iho is outlined below.

Kaupapa	Brief explanation
Kaitaiakitanga	Guardianship, the responsibility to look after and care for in accordance with tikanga Māori often in relation to natural and physical resources.
Kotahitanga	Unity or solidarity demonstrated through the achievement of harmony and moving as one.
Manaakitanga	Hospitality, hosting and an ethic of caring for others. Demonstrated through the expression of aroha, sharing of food, generosity and mutual respect.
Pūkengatanga	Teaching, preserving, and passing on expert skills and knowledge.
Rangatiratanga	The right for people to make decisions about their lives, be self-determining. Also, the attributes of leadership including humility, diplomacy, the sharing of knowledge and weaving the people together.
Te reo Māori	The Māori language.

[6] Winiata, W. (2009). How Kaupapa Contribute to Innovative Activities. Our People, Our Future Conference, 1-2 September. Ōtaki: Te Wānanga-o-Raukawa.
[7] Smith, G. H. (1992). Tane-nui-a-rangi's legacy: Propping up the sky. Kaupapa Māori as resistance and intervention. Paper presented at NZARE/AARE Joint conference, Deakin University Australia. Published in Creating space in institutional settings for Māori. Auckland: International Research Institute for Māori and Indigenous Education, University of Auckland.

Wairuatanga	Spirituality: the belief that there is a spiritual existence alongside the physical. It is often expressed through the intimate connection of people to their maunga (mountain), awa/moana/roto (rivers/seas/lakes), marae, tūpuna (ancestors) and atua (spirits/demons).
Whakapapa	Genealogy, family tree, kinship and connections.
Whanaungatanga	Relationship, kinship, sense of family or familial like connection; developed through shared experiences and working together. It provides people with a sense of belonging and includes rights and obligations, that strengthen members and the group.
Ūkaipōtanga	Speaks of knowing where your roots are and being loyal to them. Recognising who you are and where you belong.

Table 1 Examples and brief explanation of kaupapa tuku iho. Adapted from (Winiata, 2009).

The very nature of Kaupapa Māori providers and programmes are to support whānau about what is tika (correct or doing the right thing), pono (acting with integrity and consistency) and aroha (love for self and care and compassion for others). Kaupapa Māori programmes reconnect participants to tikanga Māori, affirm their cultural identify as Māori and elevate the contemporary relevance of tikanga as a cultural compass to guide their engagement with whānau and the wider world[8]. It is from this premise that the researchers engaged with the Māori providers to explore whānau-centred practice.

Pacific approach

Moana Research and Pasifika Futures utilised the 'Talanoa' Framework, which had been tested within the Pacific Whānau Ora Programme. With the views of Pasifika families at the core of the design process, ideas for community and family-led practices, as well as systems change recommendations can be aligned with successful approaches for Pacific families.

The Fa'afaletui Framework, describes the collection, sharing, and validation of all the different levels of knowledge within a community, and the weaving of these perspectives into consensus about a given problem that reflects

[8]Wehipeihana, N. (2019). What's Working for Māori? A Kaupapa Māori perspective on the responsiveness of the Integrated Safety Response pilot. Māori Synthesis Report.
[9] Tamasese, K., Peteru, C., Waldegrave, C. Bush, A. (2008) Ole Taeao Afua, the new morning: a qualitative investigation into Samoan perspectives on mental health and culturally appropriate services. Aust N Z J Psychiatry. 2005 Apr;39(4):300-9. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/15777368

that community's worldview and is acceptable to those concerned[9]. The Fa'afaletui describes the view from the mountain, the view from the treetop, and the view from the canoe.

Process

Case study sites were pre-selected by the researchers with decisions being influenced by key stakeholders and the advisory panel in Phase 1 (see synthesis document for full explanation). The providers were invited to participate and provided with the framework prior to data collection on site by the researchers. The researchers were known to these communities and providers having previously worked with them on other research and evaluation projects. The providers welcomed the inquiry and worked cooperatively with the researchers, appraising, and critiquing aspects of the rubric[10].

Documents were collected on site and emailed to researchers by providers. These documents included evaluation reports, papers written by providers, models of practice, descriptions of practice, academic papers and thesis produced in partnership with providers and non-identifiable data associated with their whānau service users (such as user numbers, ethnicity, iwi, gender, and age distribution). Site visits were conducted between November 2019 and January 2020. Researchers went to providers and met with them for at least one day face to face, meeting a variety of stakeholders, leaders, governance, kaumātua, clinicians and kaimahi. Virtual and phone interviews were conducted with some providers after the visit, to gain more information or talk to key informants who were not available at the time of the site visit. Interviews were transcribed and along with documents used to construct the case studies.

Ethical and interview protocols were created collaboratively by the research teams to ensure the research protected the rights of everyone who contributed. An information sheet was developed and distributed by the research teams prior to the case work. The researchers also shared the information sheet when they met with providers who participated in the interviews. Before they signed consent, all participants were given the opportunity to ask questions and informed of their right to withdraw at any time without explanation.

Researchers discussed with providers the implications of being identified through the research. Case studies were returned to providers for member checking prior to publication. This process enabled providers to retain ownership of their kōrero and how it is presented in the research. Several of the providers are developing innovative responses to primary health care, with intellectual property tied to the success of their innovation. The research process was particularly sensitive to this and only captured what was required, and already publicly available, without compromising the intellectual property of the provider.

Analysis

Individual case analysis

The research teams drew on the data that they collected from the providers and documents availably publicly online for analysis. A deductive method of analysis was applied, the researchers coded data to a shared framework to ensure that there would be some consistency in analysis and evidence building. The framework was established prior to data collection, based on the rubric, literature review and lines of inquiry generated from the research question.

[10] Crowe, S., Cresswell, K., Robertson, A. et al. (2011) The case study approach. BMC Medical Research Methodology. 11, 100 (2011). https://doi.org/10.1186/1471-2288-11-100

The researchers identified 'chunks' of data within documents and interviews and coded these in accordance with the framework. From the framework the case studies were written in a narrative format. The purpose of the case study analysis was descriptive; identifying and describing features of the whānau-centred practice that were evident within the case and to reflect back provider feedback on the criteria in the rubric.

The case studies were returned to the providers for checking, to clarify claims and ensure that the providers agreed with the case description. The checking/review of the case studies by providers, occurred at the time of the Covid 19 pandemic in Aotearoa. Additional information was added to demonstrate the impact of the pandemic on the provider and the providers ability to respond to whānau needs during this time.

Cross-case analysis

The purpose of this analysis was to identify the combination of factors that may have contributed to the outcomes of the case. The researcher sought to construct an explanation as to why one case is different or the same as others, make sense of puzzling or unique findings, or further articulate the concepts[11]. The process of analysis enabled the researchers to explore how relationships exist among cases, to refine and develop key principles, and to build and test the theory. The analysis was designed to compare and contrast findings across the different settings and communities, identifying which aspects were consistent and which may be contextual.

For this reason, analysis extended to funding relationships, and the relationships with communities at a local level. The cross-case analysis enabled the researchers to investigate the data to identify this evidence at the intersections between government, provider and whānau levels[12].

Links to Te Piringa

Feedback from case studies informed the determination of the high-level principles of Te Piringa, in practice, focusing on the generalisability and contextual differences evident in each case, rather than being evaluative. Te Piringa provided a framework from which to analyse how principled concepts were realised in practice, how they differed across sites, and how they reflected the self-determination of the local provider and the whānau accessing their support.

[11] Simpson, A., Coffey, M., Hannigan, B., et al. (2017). Cross-national mixed-methods comparative case study of recovery-focused mental health care planning and co-ordination in acute inpatient mental health settings (COCAPP-A). Health Services and Delivery Research, No. 5.26. Southampton (UK): NIHR Journals Library; 2017 Sep.
[12] Simpson et.al. 2017

Key Insights

This section identifies key themes that were consistent across the case studies.

Providers are culturally anchored

- Cultural elements anchor all other elements of service or practice.
- Core values, ngā kaupapa tuku iho, and Pacific values, are evident across cases.
- Model of practice developed by providers, that fuse together cultural knowledge and clinical approaches.
- Providers' cultural standards are defined by whānau who set the expectations of cultural practices responsive to the needs of their local community.
- Whānau, identity and culture are reflected from governance to support staff
- Rongoā Māori approaches are a validated strategy for maintaining and achieving wellness.

Services are integrated and collaborative

- Health approach is focused on holistic whānau wellbeing.
- Integrated care structures feature collaboration between social and health services.
- Integration of services creates seamless provision and addresses multiple whānau needs
- Data management, systems, and processes support collectivist approaches to data management.
- Information supports collaboration across services and connections with and between whānau.

Localised solutions using local resources

- Solutions are mix of prevention, responsiveness to the local context and the diversity of whānau.
- Responses to health issues are innovative and flexible reflecting the local context.
- Local issues are addressed with local resources to support innovative solutions.
- Local health and wellness resources are utilised.
- Local barriers to access are addressed such as low cost and very low cost patient care funding, and transport to services.

A culturally capable and competent workforce

- Highly proficient clinicians are actively working towards being culturally safe/competent.
- Cultural knowledge and expertise are valued, recognised, and remunerated.
- Kaimahi have three key competencies, clinical, cultural and community.
- Professional development training and supervision opportunities for all staff to increase understanding of whānau-centred practices.
- Māori/Pacific staff are part of a networked workforce of health professionals (including navigators, addiction specialists, mental health practitioners).

Growing and nurturing whanaungatanga (trusted relationships)

- Quality relationships, evidenced through whānau feedback, exist between health kaimahi and whānau.
- Reception and engagement are built on whanaungatanga (respectful relationships) and assist whānau to access the appropriate support.
- Communication before, during and after consultations/interactions is viewed as crucial to sustainable, meaningful relationships.

Monitoring and evaluation systems support practice-based reflection

- Providers demonstrate reflective, relational, and evidence-based workplace practices.
- Providers take steps to understand and reflect on their relationships with whānau and the degree to which efforts strengthen whānau rangatiratanga and improve hauora.
- 'Fit for purpose' information systems and systematic record keeping enable effective monitoring and evaluation.
- Whānau have a sense of ownership of their own data.

Māori and Pacific Led Governance/Leadership

- Iwi/hapū/rūnanga/Pacific peoples have the opportunity to participate in governance.
- Strategic plans, business plans and Memorandums of Understanding with iwi and collectives are a foundation for organisational management.
- Whānau Māori, Pacific and community representation in governance ensures whānau-centred primary health care provision addresses local needs.

Whānau are supported to identify and achieve their aspirations

- Strengths based approaches incorporate whānau health planning based on the aspirations of whānau.
- Integration of services supports whānau wellbeing and improves conditions for whānau health, strengthening whānau rangatiratanga and improving hauora.
- Whānau are provided with the knowledge that they need to navigate the health system.
- Whānau are active in the co-design of localised services/solutions.

Addressing power relationships

- Structures exist to address potential power imbalances between clinicians, whānau and commissioners/providers.
- Providers accept and expect that as a whānau-centred primary health care provider in a mainstream system they challenge the dominant discourse.
- Māori and Pacific staff are empowered to provide feedback, challenging existing taken for granted process.

Ngā Kete Mātauranga Pounamu Charitable Trust (NKMP)

Ngā Kete Mātauranga Pounamu Charitable Trust (NKMP) provides health and social service programmes, addiction, and counselling services, rongoā practitioners and a low-cost medical practice in the Murihiku rohe (Invercargill area).

Whakapapa

Maunga: Tākitimu, O Heikiā

Awa: Aparima

Moana: Te Ara a Kiwa

Waka: Tākitimu

Iwi: Ngāi Tahu, Ngāti Mamoe, Waitaha

Marae: Takutai o te Tītī te Marae

Whare: Te Whare Moana

Wharekai: Te Poha Tītī

NKMP affiliates to Ōraka Aparima Rūnanga situated in Ōraka (Colac Bay) and Aparima (Riverton) with a tribal boundary that extends from Waimatuku to Tawhititarere (in the western Southland region) to central Southland with shared inland areas of Whakatipu Waitai. Ōraka Aparima Rūnanga is one of the 18 regional Papatipu Rūnanga of Te Rūnanga o Ngāi Tahu (TRONT - tribal council of Ngāi Tahu). NKMP is one of two Māori based services in Invercargill, the other service is Awarua Whānau Service which affiliates to Awarua Rūnanga and Te Tau Aroha Marae in Bluff. These two services are collaborative partners supporting whānau in their community to reach optimum health and wellbeing.

"It is a powerful driver to be in your own backyard to try and make a difference for your whānau and the wider community, with a sense of such deep connections to everything." (Wright-Tawha, 2020).

NKMP was created in response to a need in the Murihiku community. In the 1990's Tracey Wright-Tawha and local Māori nurse Dawn Wybrow recognised the provision of hauora services for Murihiku Māori was poor. They shared a concern about the high rate of Murihiku Māori men dying in their 50s. In 2000, Tracey established NKMP as a not-for-profit Charitable Trust mandated by Ōraka-Aparima Rūnanga. The focus was firmly on mental, spiritual, family and physical whānau health.

"We believe whānau can be the masters of their own destiny, and our job is to help them realise their potential and ignite the flame for change." (Wright-Tawha, 2019).

NKMP is a whānau-led, whānau-centred service that is inclusive of a holistic view of primary health care. NKMP was selected to be one of two South Island case studies for this research project because of its wealth of experience and robust connections to Ōraka-Aparima Rūnanga, TRONT and its community. Tracey Wright-Tawha has been CEO since NKMP's inception and remains passionate about providing high level whānau-centred care.

NKMP staff and service

NKMP employs 66 staff members, 64 percent of the NKMP workforce identify as Māori and over 50 percent of NKMP clients identify as Māori. It provides over 75,000 interventions per year through self-help groups, Southern Institute of Technology student support service, GP visits and follow up. Currently they have 6,237 clients enrolled agency wide, of which 3,500 are enrolments with the GP clinic, He Puna Waiora.

Annually they receive 2,500 referrals for their addiction and counselling service and 3,500 referrals for the stop smoking programme (Southland Express, 2020). NKMP hold contracts with a variety of funders including: MOH, MOJ, Police, MSD, SDHB, Corrections, Whānau Ora, private contractors, and philanthropic providers across several government agencies. The Trust has an annual turnover of approximately $5 million.

Recent analysis indicates 75 percent of all referrals to NKMP are people in crisis, 84 percent of clients have chronic conditions and over 15 percent of clients in the GP practice are addicted to prescribed opiate medicines. NKMP has grown services to meet the needs of the whānau. Over the 20-years of operation NKMP has matured to provide 19 different social, economic and health services to their community including:

- Addiction Services - adults 17-years and up and affected whānau
- Problem Gambling Counselling and Health promotion - adults (18-years and older)
- Aronui - Art Therapy Programme using art to explore why participants use substances and to reduce the harm of alcohol and drug use
- Ka Awatea - a programme to reduce burglary recidivism - it has two arms of its service, rehabilitation facilitated by Corrections and an intensive mentoring coach programme facilitated by NKMP
- Te Waka Tūhono - Te Ao Auahatanga Hauora Māori: a Māori Health Innovation Fund programme that builds cultural resiliency and wellbeing for rangatahi aged 14-17 years
- Restorative Justice conferences directed by judges - focus on redressing the harm experienced by victims

- Iwi Community Panels - a supported resolution process for low-level offenders
- Building Financial Capability Plus - support whānau to manage finances
- Disability Services - support and information for clients with disability
- SOAR - Securing Our Aspirational Realities - helping whānau with disabilities to understand more fully the service options and needs they have to live a full life
- Rongoā/Natural Therapies: including mirimiri, nutrition/hydration advice, lymphatic drainage, relaxation massage and reflexology
- Southern Stop Smoking Service
- Mauri Ora Community Nursing Service
- The Māori Cancer Kaiārahi Service - designed to support Māori and their whānau with high suspicion of/or diagnosis of cancer
- Tauira Tautoko Student Support Centre - NKMP founded and facilitates the centre at Southern Institute of Technology
- Kia Piki te Ora - Māori Suicide Prevention
- He Poha Oranga - Māori Public Health; Child health and parenting, Mental health promotion, nutrition and obesity, Infrastructure: workforce and organisation development, Māori health promotion outcomes framework
- He Puna Waiora - A GP/Nurse/Hauora Service with over 3,500 registered patients and subsidised doctor and nurse appointments ($19per doctor visit). They provide the following services: Adult and child medical services, minor accident care, immunisations, minor surgery, cervical screening, and ECG recordings
- Three Whānau Ora Navigators are available to assist whānau with social issues, problem solving, connection and linkage to other agencies.
- NKMP has participated in the direct commissioning from Te Pūtahitanga o Te Waipounamu and support several whānau in the district who are recipients of direct commissioning to achieve their own aspirations.

Governance

Wright-Tawha as the kaiwhakahaere (Chief Executive) states the value of the organisation lies in the team. Leadership has been distributed across the service areas as the organisation has grown. These leaders manage the services, and provide capability building for whānau and other staff. A quality assurance manager ensures contracts are well managed, outcomes are met, and the whānau feedback informs continuous improvement.

NKMP is governed by a Board of Trustees, two board members of the five-seat governance board are reserved for Ōraka-Aparima. The relationship with Ōraka-Aparima is sound, and alongside the Board members, the leadership team receives counsel from their kāhui kaumātua (collective of respected elders). NKMP has not had to seek any money from Ōraka-Aparima Rūnanga, Board and leadership firmly believe funding for health is a Crown responsibility.

Vision

Since establishment, NKMP has focussed on delivering a whānau-centred service, which is strictly determined by whānau Māori. Whānau-centred care includes an investment in the

relationships with whānau, marae, rūnanga and iwi. For the past 20-years they have committed to work in a flexible way and not prescribe to models foreign to their own work and cultural values.

NKMP has three vision statements that underpin their service:

"Connecting whānau with resources, ideas and energy for wellbeing and independence."

"We are individually competent and collectively enabled."

"It's a belief in devolution to Māori, encompassing a by Māori for Māori approach which is inclusive of others. This is an expression of tino rangatiratanga – our ability to lead out."

All practitioners work with the strength of the whānau and staff, acknowledging the skills of the staff and whānau, and pooling their collective competency to achieve greater whānau outcomes. NKMP concentrate on being flexible and open minded in their approach.

Many of the whānau who come to NKMP are in crisis and in acknowledgement of this staff act fast and remain humble. In times of trauma, NKMP aim to be patient and respectful and 'walk the talk' through action and kōrero. NKMP work from the understanding that everything (Ki Uta, Ki Tai) is connected, and through connection people are stronger. Through the expression of tino rangatiratanga (self-determination), whānau can lead, using their skills and capacity (to create solutions) (Wright-Tawha, 2020).

NKMP identified aspects of their organisation that makes them whānau-centred:

- First and foremost, being local, connected to mana whenua[13] and being maata waka[14] inclusive. The mandate from local iwi/ rūnanga ensures iwi have mechanisms to contribute to the organisation to provide authenticity, and a foundation of tikanga me te pono (customs and belief).

- The service has a high percentage of staff who identify as Māori and they are Māori population focussed in their delivery.

- They have a detailed model of hauora that defines practice, a clear philosophy and values bound by Māori principles of awhi and tautoko. This is realised by being inclusive of all whānau and providing a nurturing/care environment that is focussed on the quality of the support relationships.

- Staff can clearly articulate their organisation's philosophy and cultural practices, such as rongoā and karakia. This emphasises the value they place on collective strengths of their staff, requiring high levels of clinical, cultural and community competency.

- A commitment to quality and continuous improvement, working with whānau to continually advance their services, ensures being whānau-centred means they are continually evolving, flexible and responsive to need.

Practice models

NKMP develops its own hauora models and assessment tools. Priority is given to the relationships formed between kaimahi (staff) and the whānau (clients). High value is given to the role of those fronting the service, and those who provide the manaaki daily through reception and administration. Tira Ririnui (AOD

[13] local iwi
[14] Māori from other iwi living in the area

Service Leader, 2020) describes this first point of contact as a "ritual of encounter", he likens this to the karanga on the marae. The call goes out metaphorically bringing people safely into the service. It is vitally important that this first encounter goes well and is led by NKMP.

He Pōhā Oranga - Murihiku Māori Model of Health (Appendix 1), is the NKMP primary hauora model, it originates from Ngāi Tahu and Rakiura Māori and is based on mutton birding practices. The pōhā is a woven kete that stores, protects and preserves harvested tītī. The pōhā concept in the oranga model references the notion of a community or hapū working collectively to achieve wellbeing or more simply, "all hands on, all hands are valued". It acknowledges the contribution of the many people who work together in this endeavour. Those who gather and prepare the materials to make the pōhā, those who construct the pōhā, capture the manu, preserve the manu and fill the pōhā; and those who deliver them to whānau. The pōhā epitomises the mahi of NKMP and has shaped the service they provide. Wright-Tawha (2020) believes the pōhā concept highlights the aptitude of her tūpuna and their ability to pursue opportunities to advance their expertise and improve their quality of life. This, states Wright-Tawha, is what they are trying to achieve at NKMP.

NKMP interpret He Pōhā Oranga as preserving people's wellbeing, embracing pūrākau or personal narratives and focussing on the elements of wellbeing, including whakapapa, te reo Māori, whānau, taiao and manaaki.

Tipu Ora, developed by NKMP kaimahi, is a self-assessment tool that uses a tree metaphor to capture growth and development. The tree roots reflect a person's connections to the whenua, whakapapa, iwi, hapū and whānau connections. Moving up the tree, from the roots to the trunk, of assessing the strength and wellness of their core, their tinana. From the trunk the metaphor relates the branches as skills, strengths, weaknesses and the different pathways and fractions of people's lives that contribute to their ability or inability to maintain wellness. The tree leaves and flowers represent the pūāwaitanga period (the blossoming stage). This is the head of the hauora model and symbolises the hopes, dreams and future directions of the person.

NKMP believe the whānau are the experts in their own world. The role of the NKMP kaimahi is to assist with assessment and planning by drawing out the detail provided by whānau. NKMP adapts Te Whare Tapa Whā Model by Mason Durie by adding mātauranga (knowledge/information). They use a scale out of five to determine how a person is feeling. Whānau and kaimahi go through each element of the model and discuss how the person/client is feeling from 1-5 in regard to their hinengaro, wairua, whānau, tinana and mātauranga.

NKMP use many modalities of practice in differing ways that work for their clients and service to assess and monitor the hauora of their clients. NKMP stress they try not to assume anything about their clients and work hard at keeping the whānau included in the methods of assessment and delivery of care.

Monitoring a whānau-centred approach

Quality assurance is particularly important for NKMP. Their approach is to be transparent and capable in all areas of service delivery and infrastructure. They have a Quality Assurance Leader who tracks performance and whānau satisfaction with service. The QA process relies on multiple forms of data including documentation reviews/clinical review, surveys with whānau, whānau interviews, staff team meetings, and board stewardship review.

"We want to provide quality service provision because our whānau deserve it." (Wright-Tawha, 2020).

NKMP run individual programme evaluations as required by their funders. In addition, they invest in community 'think tanks' throughout the year to better understand the current needs of whānau within the community. NKMP has a kaumātua advisory group which provides the ears and eyes in the community, and alerting NKMP when support is needed.

Barriers or challenges for NKMP's WCPHC

There have been barriers and challenges in running a whānau-centred integrated social service. Over the past 20-years NKMP has continually had to work within funding restraints. Challenges have included managing the demand for services which has resulted in waiting lists and having to tailor their programmes to fit funding rather than being able to fully respond to the needs in the community through co-design with whānau.

Being a Kaupapa Māori Service can be a barrier for whānau engagement. Feedback from whānau indicated some hold deficit views about Māori services. On the other hand, some whānau feel whakamā about not having te reo Māori or cultural skills to engage. They realise this is not the case once engaged with the service, but it can be an initial barrier.

Community perceptions also impact on their service. Other services refer whānau who are seen as 'difficult' or in crisis, as they know that NKMP will work with all whānau. Whānau who are in crisis require a significant amount of support over and above funding. NKMP feels other services are using the wairua Māori approach or whānau-centred approach as a rationale to divert challenging cases to them.

Overt racism and deficit views of a Kaupapa Māori approach held by some external stakeholders and the health community has been a barrier that NKMP has worked hard to overcome. The staff appreciate that people don't value what they do not understand. With the support of the Ōraka-Aparima Rūnanga, the strength of their whakapapa, and the absolute belief in tino rangatiratanga they have navigated a pathway forward in the health community. They have developed NKMP sayings such as, "Rise above" and "Let the merit of our work speak for us."

It is difficult to attract qualified and competent staff to Murihiku. For this reason, NKMP values their staff immensely and realises they are not an infinite resource. NKMP state they need to be funded to provide appropriate staff renumeration that recognises their competencies, offers them job security and conditions that enable their own capability building and hauora.

Successful commissioning

NKMP accesses a wide range of health and social service funding for the organisation. Having many funders contributes to organisational sustainability but can be challenging to manage, when contracts and funders do not allow for a whānau-led, responsive, equitably funded service. NKMP applies a process of assessment that they have designed before they apply for funding opportunities. This includes assessing their own capacity and capability for delivering the contract, if they are the right agency to be offering the service in their rohe, and if the funding enables the best solution for whānau and the community.

NKMP has worked with mainstream funders but always operated in a whānau-centred way. It has identified several aspects of commissioning that would be enabling of a whānau-centred approach in primary health.

- To remove inequalities around compliance matters for longstanding successful Māori providers. Contracting arrangements and compliance can be overly administrative requiring constant reporting.

- Consider the geographical coverage a

kaupapa Māori organisation may service. Insufficient funding and an inadequate budget for travel expenses, coupled with servicing whānau in difficult locations contributes to the difficulty NKMP has in recruiting and sustaining clinical specialists.

- Full Time Equivalent positions need to be localised, specific to the region and where the whānau are located within that region. The funding for an FTE at NKMP is not high enough to cover staff wages and expenses. NKMP get 10-25% less than an equivalent organisation in larger cities; their travel expenses and the time taken to travel and meet whānau in remote and rural areas is rarely factored into funding. Funding to assist whānau to attend specialist appointments in town is a cost that is not often covered in grants. NKMP initially transported 1800-2000 people per year from remote and rural areas to attend secondary care appointments, this was expensive and gave NKMP an appreciation of the costs required to maintain this service.

- An awareness that commissioners can be perceived as colonial agents who historically have disempowered Māori from progressing. Kaupapa Māori organisations will do things differently in pursuit of innovative ideas that are whānau focussed. Having to justify the reasons why they do their mahi can be disabling and oppressive for kaupapa Māori organisations.

- Funding is often allocated to an individual encounter, but whānau-centred services address the needs of the whānau, therefore the funding should reflect the ongoing expenses required beyond a single individual.

- Reporting requirements require a significant amount of time to complete, this takes the attention of the manager away from the needs of the whānau. Wright-Tawha spends 80 percent of her managerial role completing reporting and funding documentation.

- Funding should be high trust acknowledging that the kaupapa Māori PHC know what their community needs and is able to meet these needs. “We would rather they said, ‘you know your population best’ and we are measured, researched and audited on that basis and they give us the funding up front and we put it is where it is needed.” (Wright-Tawha, 2020).

- Recognition of authentic kaupapa Māori services from those that are mainstream. Wright-Tawha (2020) says competing for funding with organisations that are not authentically kaupapa Māori is difficult on a number of levels. “...there is a range of Māori organisations that are tūturu to who they are, born from whakapapa with connections to place – we cannot lose our ability to compete in this (funding driven) environment.” (Wright-Tawha, 2020).

- The ability to go to one funding portal to seek funding. To simplify the funding process that allows organisations to submit an application that aligns funders to the provider, rather than providers having to constantly seek out funders’ priorities.

NKMP has a long standing history of successfully delivering to contract outcomes and meeting the requirements of a wide variety of funders. While they understand the importance of reporting and compliance, working in a high trust funding relationship with funders collaborating would enable a whānau-centred approach, and reduce administrative workload.

Response to Covid 19

NKMP became an essential service at the beginning of the Covid 19 lockdown period. Their GP service remained open throughout yet reduced face to face contact by 70 percent. On the first day of level 4 lockdown they received 400 phone calls to their GP practice and 4000 total calls over the first two weeks. More IT equipment was acquired for visual consultations and relevant training provided to staff, and to guide clients in their homes.

NKMP became a Covid 19 testing station. They accommodated the strict rules around testing people in cars and for those who needed to come into the facility for testing. They increased the cleaning of their building, followed strict rules around safe distancing, separated the GP service from the testing station, and utilised PPE. Murihiku had a significant Covid cluster, and a few of the tests completed at NKMP were confirmed positive for Covid 19.

NKMP had their Whānau Ora commissioning funding reallocated to support kaumātua to not leave their homes to seek food. They had started the kaumātua kai parcels distribution and were able to multiply their production when level 4 was announced to provide kai packages for more kaumātua and whānau. NKMP delivered prescriptions to GP clients for free and they were the distribution station for the Whānau Ora hygiene boxes delivered to whānau. A phone tree was initiated to do wellbeing calls to kaumātua, food and clothing vouchers were supplied when required by whānau in need.

NKMP ran on a skeleton staff structure to ensure staff remained safe. Staff were provided with IT equipment to work with at home. Tracey Tawha-Wright remained at work throughout the pandemic to manage the service. During level 3 staff returned to work in a staggered fashion, and have followed the advised government restrictions. They expect that the GP service will be extremely busy over the coming months as many whānau opted to wait for face to face connection once the service was fully functioning. The systems and connections in the community that were already in place prior to the lockdown enabled NKMP to scale up activity quickly and effectively. Covid 19 multiplied NKMP's production lines for food and necessities and deployed a greater distribution network to serve the wider community.

Te Kāika

Te Kāika is an integrated health care service based on a village (kāika) concept, based in Caversham, South Dunedin.

South Dunedin is a low socio-economic area of Dunedin with significant Māori, Pacific, migrant and refugee populations. The site was previously the College St School which was closed in 2011 as part of a wider school closure and merger process. In 2015 the school was jointly purchased under the right of first refusal by the Ōtākou Rūnanga, raiteuru Whare Hauora and the University of Otago.

Whakapapa

Maunga: Te Atua o Taiehu me Pukekura

Awa: Ōtākou

Iwi: Waitaha, Rapuwai, Kāti Hawea, Kāti Māmoe

Hapū: Te Ruahikihiki, Kāti Moki, Taoka

Whare: Tamatea

Wharekai: Hākuiao

This is the pepehā for Te Rūnanga o Ōtākou, one of two key stakeholders for Te Kāika who, alongside Araiteuru Whare Hauora own Te Kāika. As a rūnanga owned and led entity, all management and governance decisions are made from whānau-centred, Māori-led perspective.

An essential part of the development of Te Kāika was a collaborative partnership between Te Pūtahitanga o Te Waipounamu (Te Waipounamu Whānau Ora Commissioning Agency), Te Rūnanga o Ngāi Tahu, the Pacific Community, Te Mataora; Te Rūnanga o Ōtākou, the University of Otago and Araiteuru Whare Hauora. The collaborative approach has also been extended to the local community of homeowners to keep

them fully involved in the development of Te Kāika and the benefits for their community.

Background

The initial idea for Te Kāika came as a result of the experiences of a health manager in a Pacific organisation, Albie Laurence, who found that health services in Dunedin were too expensive for the whānau that he worked with. Too often whānau would go to the emergency department and wait for six to eight hours to be seen for things that could have been dealt with by a GP. One event demonstrated the struggles that whānau faced. A young Māori man had moved from Christchurch and clearly needed support for his health and wellbeing. Laurence tried to enrol him with a doctor but as he had a history of owing money to GPs, no one was prepared to enrol him. He began discussions with the chairperson of Ōtākou Runanga, Donna Matahaere-Atariki, who had seen these same concerns when she managed a local Māori health provider. From this conversation the vision for Te Kāika health hub was born. They imagined a culturally responsive, affordable, and accessible purpose built health hub.

In 2015 Laurence and Matahaere-Atariki applied to the first wave of direct whānau commissioning through the South Island Whānau Ora Commissioning Agency, Te Pūtahitanga o Te Waipounamu.

Matahaere-Atariki felt Te Kāika aligned strongly with the Whānau Ora Outcome Pou. They successfully made it through to the second phase and submitted a full business case to Te Pūtahitanga o Te Waipounamu at the end of April 2015. In December that year they were informed that their funding application was successful. Matahaere-Atariki and Laurence established Ōtākou Health Limited (OHL), a company with charitable status to umbrella Te Kāika.

Establishment was expensive. The partnership spent $4.2 million purchasing the entire site and renovating buildings to be fit for purpose. They faced unexpected expenses and delays such as the discovery of an historic places trust building onsite; the unearthing of another school building under the current one that required costly excavation for preservation; the discovery of asbestos; significant IT costs to merge patient files; and, the cost of securing clinical expertise.

Collaboration has not been smooth. Initially Te Kāika had an two-tier governance/management structure. Ōtakou Health Ltd (OHL) governed Te Kāika. The second entity Ōtakou Health Services Limited (OHSL) was instituted by Ōtākou Health Limited to provide the operational arm of Te Kāika. OHSL included university and community representatives and was originally chaired by a representative from the University of Otago. Competing priorities and complex power relationships quickly became apparent. While the relationship with University of Otago (UO) was founded on a common understanding, as Te Kāika progressed, the kaupapa Māori vision held by the rūnanga was at odds with the teaching and service demands of the university. The relationship between the university and the rūnanga became strained and different understandings of the purpose of Te Kāika and its kaupapa became evident. The subsidiary OHSL faced a number of system faults and significant financial concerns. The OHL governance group were obliged to disestablish OHSL in order to sustain Te Kāika. Both Matahaere-Atariki and Laurence acknowledged that the establishment stage “was a good learning curve where we fail fast and move on” (Laurence, 2020). Matahaere-Atariki spoke about *“understanding failure not as a loss but as an opportunity to reflect, learn, recalibrate and building the courage to continue”.*

Service Provision

When Te Kāika officially opened on the 28th February 2018 the client enrolment was 400. Over the following 12 months Te Kāika enrolments reached over 7000. Patient numbers continue to grow through the purchase of the Forbury Health Centre, and the addition of a satellite medical practice in Brockville (September 2018). In September they were awarded the Dame Tariana Turia Award for contribution to Whānau Ora and whānau-centred practice. Currently Laurence is the CEO, primarily responsible for the business side of Te Kāika.

Te Kāika serves 5,800 enrolled patients, 1,200 causal patients giving a total of roughly 7,000 patients. The ethnicity breakdown of the total group (enrolled plus casual) is: 37% Māori, 19% Pasifika and 44% other. 72% of their total patients are Māori and/or Pasifika and/or Community Service Card holders. Collaboration with other services focused on the needs of Māori, Pasifika, low income families and others who experience barriers to primary care is important.

Te Kāika currently receives funding from the following organisations:

- Oranga Tamariki
- ACC Practice Contract
- PHO/DHB through practice contract
- Te Rūnanga o Ngāi Tahu
- MSD

Te Kāika offers the following services:

- A low cost dental service “Niho Taniwha” (final year University of Otago dental students)
- Physiotherapy (provided by The University of Otago)
- A WINZ office onsite. They noted that 60 percent of Te Kāika clients under MSD were not receiving their entitlements prior to Te Kāika and MSD collaboration. Originally having MSD onsite was an attempt to reduce the high demand MSD was facing but in reality, demand increased after MSD established at Te Kāika. Te Kāika have a partnership with MSD and co-manage this service.
- Medical and General Practitioner Service
- Health, Social and Education Services - administered by Arai Te Uru Whare Hauora.

Leadership at Te Kāika contend that collaboration is integral for gaining broader support and functions best when the collaborators share a vision and theory of change towards achieving high quality, low cost - high access, kaupapa Māori, whānau-centred primary health care. Araiteuru Whare Hauora service is located within Te Kāika. It was originally established in 1997 to support whānau using an integrated and collaborative approach to service provision in partnership with whānau and other organisations. Arai Te Uru Whare Hauora work inclusively and aim to remain culturally relevant. They pride themselves in working alongside whānau to support them to realise their potential.

Dr Ma'ia'i provides clinical governership for Te Kāika and Aria Te Uru Whare Hauora. Services under the umbrella of Arai Te Uru Whare Hauora are:

Hauora

- Mauri Ora Community Health Services
- Mauri Ora Disease Management
- Tamariki Ora
- Mobile Clinics
- Kaiārahi Māori Cancer Service

Social Services

- Family Centred Services: Family Violence works with victims of family violence providing information, advice, advocacy, referrals and the development of a safety plan
- Whānau Ora Navigation - building upon whānau capacity
- Middle Eastern Integrated Support Services - supporting Syrian and Muslim families
- Whānau Ora Connect - co-ordinating and planning structured connections for individuals and whānau to increase confidence and awareness of services relevant to need aimed at helping improve whānau wellbeing
- Mokopuna Ora - aimed at families with children aged up to five years old to provide pre-school, education opportunities for tamariki
- Hinengaro Hauora Kaiārahi (B4) Youth Suicide - support rangatahi between 14-25 years and their whānau who have self-harmed and/or attempted suicide
- Strengthening Families Lead Agent (MSD)
- Refugee Support Services
- Music School - music lessons for people of all ages and ability.

Whānau Centred Practice Model

Te Kāika describes whānau-centred care as...

- Seeing beyond the individual and treating the whānau
- Putting in the right supports around whānau that they identify they need
- Building relationships with the whole whānau
- Enabling conversations that include the whānau – listening and asking whānau what they want to achieve for themselves and then assisting whānau respectfully to draw out their aspirations.
- Providing flexible support, that continues post crisis and includes medium to long-term goal setting
- Accepting whānau are different and have different circumstances requiring a case by case approach
- Staying true to a whānau approach. They acknowledge consistency of understanding and implementation of a whānau-centred approach is challenging
- Going from an individual choice to a whānau choice (as an option for the individual).

Te Kāika achieves whānau-centred care by...

- Listening and asking whānau what they want to achieve for themselves, respectfully challenging thinking where necessary to elicit long-term goals, and then responding to those aspirations in order to realise whānau potential
- Providing flexible support for whānau to move beyond crisis into identifying and achieving medium and long-term goals for sustained change
- Supporting whānau to achieve positive long-term outcomes through expressions of civic entitlement, authentic cultural connectivity and rangatiratanga
- Using an integrated approach that includes economic, cultural, environmental factors, as well as social factors
- Recognising whānau can be very different and have their own set of circumstances and what works for one whānau may not work well for another
- Recognising that whānau have skills, knowledge, experiences and assets that contribute to their resilience, and provide a platform for whānau to become more self-managing and independent
- Providing an integrated team approach across the different disciplines onsite
- Pushing for changes in clinical practice away from single clinician-led responses to unwellness towards collaborative whānau-centred approaches focussed on wellness that address the contributors to poor health.

Te Kāika has developed a framework Mataora, which is built on the proverb "It takes a village to raise a child". The model reinforces Te Kāika's values to best support to whānau in their community (see Appendix 1).

Te Kāika is an expression of tribal rangatiratanga. Donna Matahaere-Atariki explains how the development of Te Kāika, is a response to the current health systems inability to properly provide for tino rangatiratanga and mana Motuhake.

"Māori primary health organisations and health providers are intrinsic to sustaining Māori health and wellbeing and are expressions of tino rangatiratanga. That the Crown fails to adequately resource these organisations, and further fails to govern the primary health care system in a way that properly supports them to design and delivery primary health care to their communities, is a serious Treaty breach...the current primary health care framework does not recognise and properly provide for tino rangatiratanga and mana motuhake of hauora Māori"

Reflections on the Rubric

Te Kāika appears to meet all aspects of the rubric service provision. They are a culturally anchored, localised solution. Rūnanga owned and led, they are disappointed they do not meet government definition of a kaupapa Māori service. This is due to the low number of qualified Māori staff in their area and the difficulty attracting and retaining Māori staff. Being a low lost, whānau-centred service has an impact on the employment conditions of their employees that is not currently appreciated in government funding and contracting models.

Te Kāika acknowledge that relational partnerships and collaboration has been a difficult area to navigate and they have felt at times that this has not been conducive to a healthy working environment. In the establishment phase relationships became strained and what OHL was trying to achieve and how they wanted to achieve it was at risk. They have moved through

this phase by asserting the rangatiratanga of the stakeholder rūnanga and taking difficult but important steps to protect the kaupapa and vision of Te Kāika.

All potential partnerships and collaboration receive careful consideration and risk is considered and managed as part of the engagement process. Although whanaungatanga has been tested through the establishment of Te Kāika there has also been greater insight into what a trusting relationship is, and what it means to commit to and sustain the kaupapa.

Whānau feedback is a strength for Te Kāika. Responses to feedback are immediate and there are several mechanisms for whānau to contribute to service improvement and the generation of new innovations.

Acquiring a capable and competent workforce is an issue for Te Kāika. Situated within this concern is the development of dual competencies within an understanding of, and commitment to whānau-centred practice.

They believe it is important to acknowledge that whānau-centred providers and kaupapa Māori organisations are more effective when the, *"drivers of transformation are linked to the broader outcomes of tribal development and strengthening the capacity for whānau to act in a purposeful way to enhance their aspirations"* (Matahaere-Atariki, 2020).

Successful Commissioning

Contracting and trust is a key part of effective collaboration. Te Kāika believe contracting should allow for localised solutions to the issues that present within a community, rather than centralised solutions to perceived issues from a national level. They gave examples of effective contracting where Te Kāika kaimahi were able to propose solutions and had the flexibility to co design interventions with the funder and their whānau.

Te Kāika prefer to contract with funders who work collaboratively and enter the contracting relationship at an equal level. They describe some funders as colonising when they dictate what the problem is, what the solution will be, and the outcomes required. Effective commissioning requires negotiation regarding these three areas, and a willingness of the funder to accept local knowledge rather than impose their own perceptions and solutions.

It is evident that the growth of kaupapa Māori whānau-centred provision requires equity of funding, not equality of funding. Equitable funding is likely to have an impact on all aspects of management and practice and ultimately on the experience and health of whānau.

Response to Covid 19

Due to the COVID19/Corona pandemic, Te Kāika moved all booked appointments to telephone. Moving from face to face GP consults to phone consults. GP consults were down significantly. This had an impact on the financial viability of GP services nationally as noted in a letter from the chairman of General Practice NZ to Dr Ashley Bloomfield stating that, '...the order of loss is $40 million per month nationally' (Lowe, 27 March 2020) in GP services. This is anticipated to be more enduring in very low cost practices serving high needs populations. On March 30, Te Pūtahitanga o Te Waipounamu advised Te Puni Kōkiri that Te Kāika, a very low cost health provider in South Dunedin, was at risk due to a massive drop in cashflow. The Poutahi recommended a rescue strategy for Te Kāika.

Te Kāika instigated a new internet payment system but the acceptance that bad debts and whānau being unable to pay will rise. They have made an ongoing commitment to providing care for low income whānau regardless of their ability to pay. Te Kāika is actively testing whānau/patients if they are concerned that they have COVID-19.

Whānau support	To feel a sense of belonging. Encouraging our people to be a apart of their whānau, where they are constantly surrounded by love and support.
He Korowai Manaaki **'A Cloak of Care'**	Te Kāika's mission statement. Wrapping our communities in a cloak of care and support.
Outside influences	Interactions with people and places outside of the home.
Te Kāika's services	All whānau that are enrolled at Te Kāika have access to all our services including GP & nurses, dental, Work and Income, physio, eduction, health and social services, a free gym with a lifestyle coach and free personal trainer.
Mataora **'A State of Living'**	A Māori worldview on holistic wellbeing. When our people are feeling supported in all aspects of their life, they are living.
External services	Services, agencies and networks outside of Te Kāika that we work alongside to ensure our whānau are cared for in every way.
"Mō tatou, ā, mō kā uri ā muri ake nei" **"For us and our children after us"**	Whakatauki from Te Rūnanga o Ngāi Tahu. The foundation for which Te Kāika's integrative and collaborative approach to support whānau hauora and oranga.
Te Kāika **The Village**	Based on the proverb that it takes a village to raise a child, Te Kāika has taken this approach to support our people with health, education and social services all on one site.
Wāwata & moemoeā	When our people are in their state of living (Mataora) with positive influences and support, this gives them the chance to plan, to dream, to find their passion and aspire to reach their goals.

Etu Pasifika

Context

Etu Pasifika is a Limited Liability Charitable Company based in Christchurch and provides an Integrated Primary Health Care,

Behavioural Support and Whānau Ora support service for the Canterbury region. This service was co-created with the Pacific community in Christchurch, Canterbury District Health Board and Pasifika Futures the Whanau Ora Commissioning Agency for Pacific Families. The service is Pacific family focussed, family driven and seeks to achieve a Pacific well-being framework that pacific people have designed.

The organisation is owned by the Pasifika Medical Association Group (PMA). ETU Pasifika is governed by a Board of Directors that reflect the interests of Pacific communities, demonstrates strong Governance skills and experience and can operate within cultural frameworks. The board has extensive business, professional and community networks throughout Canterbury and New Zealand built on family, village, kinship, professional, church, cultural, education,

Territorial Authority/District	2013	2018 (% of Total population)	Increase (%)
Christchurch City	10,101	14,178 (75%)	40%
Ashburton	1,017	1,716 (9%)	69%
Timaru	480	882 (5%)	84%
Total	11,598	16,776 (89%)	45%

business and community relationships. As individuals who have dedicated their lives to serving Pacific communities the relationships are deep and multi-faceted. The board consists of 5 Directors. There are two Fijian, one Cook Island, one Tongan and one Samoan Director. All Directors are involved in ongoing training and development with the New Zealand Institute of Directors. The boards policies and practices are guided by the NZIOD "Four Pillars of Governance Best Practice". The board undertakes an annual board review and holds an annual strategic planning exercise. The Board is supported by a Governance Advisory group which provides technical advice and support. The organisation is Pacific owned, led and staffed by pacific people.

Etu Pasifika serves Pacific families in Christchurch and the wider Canterbury region. Christchurch City is home to most Pacific peoples in Canterbury with 75% of the total Pacific population living there.

The wider regions include Ashburton and Timaru home to 9% and 5% respectively of the total Pacific population. The number of Pacific peoples residing in these Districts is provided in the table below including the percentage change from 2013.

The Pacific population in Canterbury grew significantly over the past 5 years, increasing by 49% from 12,720 in 2013 to 18,927 in Census 2018 making up 3.2% of the total Canterbury population (599,694). This growth in the Canterbury's Pacific population also represents an increasing proportion of the total Pacific population in New Zealand (381,642) increasing from 4.1% in 2013 to 5% in 2018.

In order to co-create a service to meet the needs of pacific families in Canterbury it was important to understand the challenges faced by families.

Provider Description

Etu Pasifika Integrated Primary Health Care, Behavioural Support and Whānau Ora services includes the following services:

- Whānau Ora family navigation and support
- Mental Health, addiction and behavioural support services
- Mana Ake mental health support in schools,
- Child and family health services
- Matua (elderly) connection and support services,
- Integrated Primary Care including same day access and
- Covid-19 response, recovery & support packages.

Family driven, family centred, and integrated services are at the core of the service model which has been in place for a number of years. It is underpinned by a strong belief that families will set their own path, are partners in their health care and are able to design the solutions to their challenges themselves. It has enabled Etu Pasifika to engage[15] with 3,462 individuals in the January to March quarter of the 2019/20 financial year. This equates to 20% of the Pacific population in Canterbury.

Etu Pasifika is currently jointly funded by Canterbury District Health Board and Pasifika Futures.

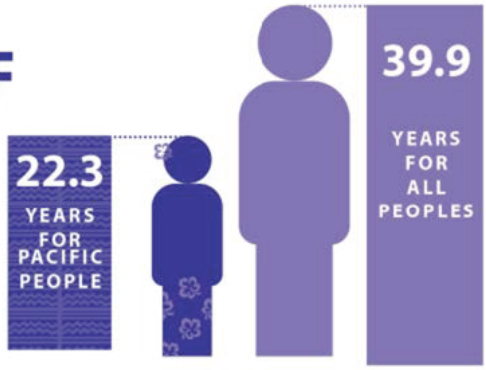
[15] The level of total engagement includes clients who may have received multiple services, hence this is not a unique individual count.

THE MEDIAN AGE FOR CANTERBURY'S PACIFIC PEOPLE IS

NEARLY HALF

THE MEDIAN AGE OF ALL CANTERBURY PEOPLE COMBINED

THIS YOUNG POPULATION IS INDICATIVE OF PACIFIC PEOPLE'S SHORTER LIFE SPAN AND PROPORTIONATELY MORE CHILDREN PER FAMILY



Education

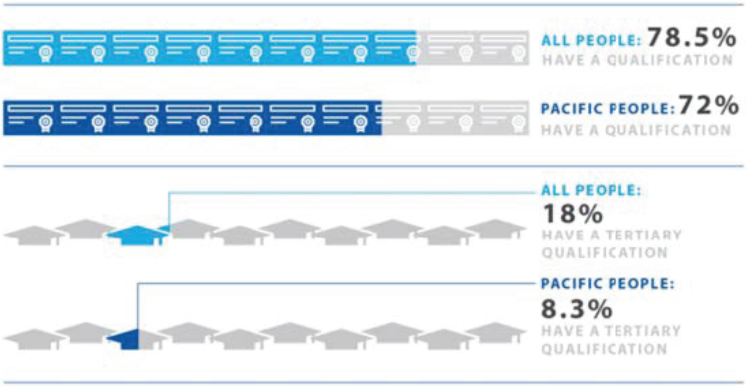
CANTERBURY'S PACIFIC PEOPLE ARE LESS LIKELY TO HAVE

A QUALIFICATION
(NCEA LEVEL 1)

AND

HALF AS LIKELY

TO HAVE A TERTIARY QUALIFICATION IN COMPARISON TO ALL PEOPLE IN CANTERBURY



PROPORTIONATELY CANTERBURY'S PACIFIC PEOPLE HAVE

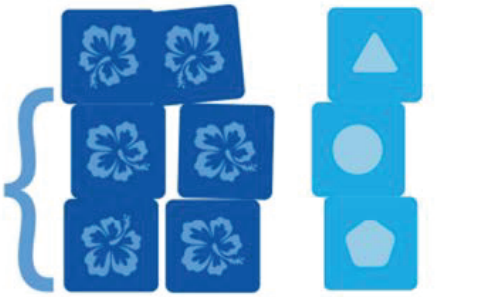
NEARLY TWICE

AS MANY UNDER FIVES COMPARED TO OTHER CANTABRIANS

OF THESE UNDER FIVES ONLY

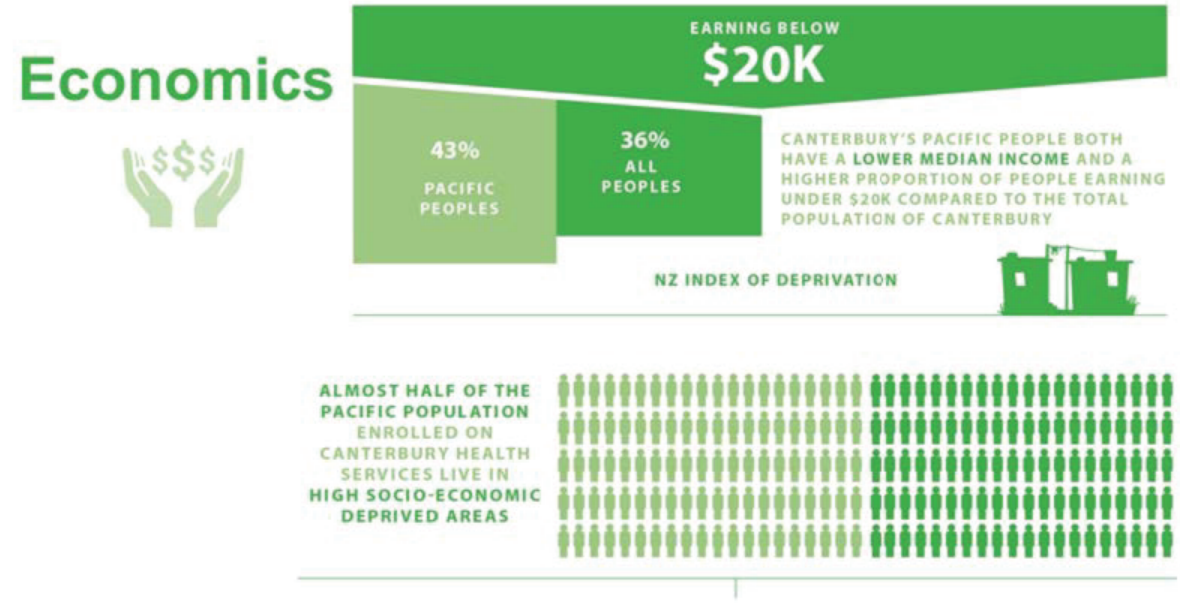
36%

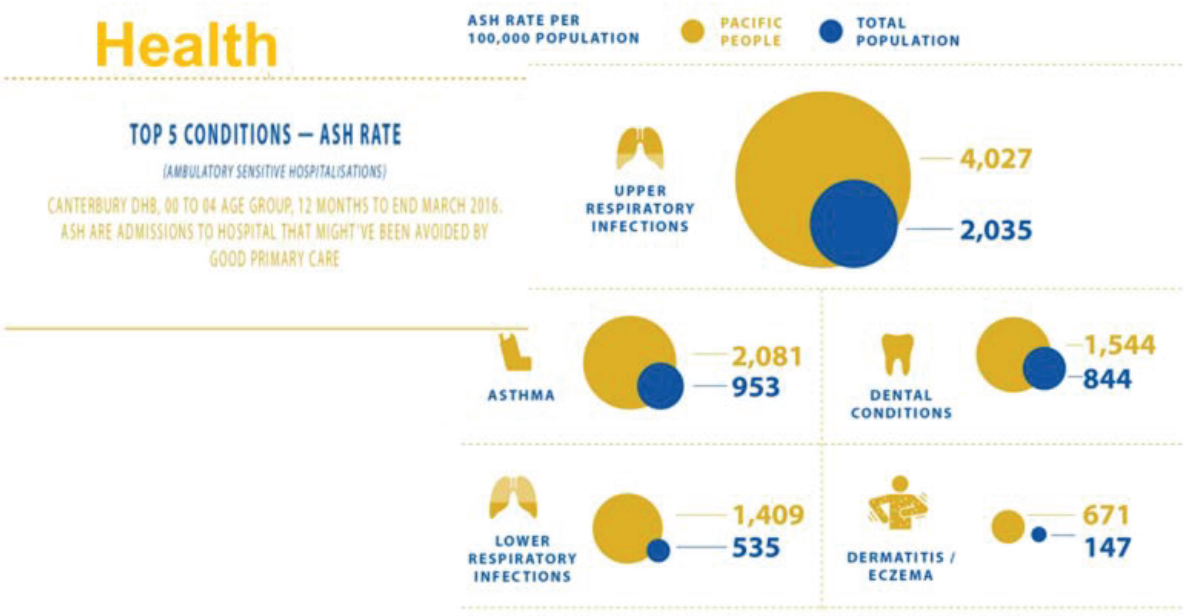
ARE ENROLLED IN LICENSED EARLY CHILDHOOD EDUCATION SERVICES



CANTERBURY'S PACIFIC CHILDREN UNDER 10 YO

OTHER CANTERBURY CHILDREN UNDER 10 YO (PROPORTIONATELY)


Economics
EARNING BELOW
$20K
43%
PACIFIC PEOPLES
36%
ALL PEOPLES
CANTERBURY'S PACIFIC PEOPLE BOTH HAVE A LOWER MEDIAN INCOME AND A HIGHER PROPORTION OF PEOPLE EARNING UNDER $20K COMPARED TO THE TOTAL POPULATION OF CANTERBURY
NZ INDEX OF DEPRIVATION
ALMOST HALF OF THE PACIFIC POPULATION ENROLLED ON CANTERBURY HEALTH SERVICES LIVE IN HIGH SOCIO-ECONOMIC DEPRIVED AREAS


Health
TOP 5 CONDITIONS – ASH RATE
(AMBULATORY SENSITIVE HOSPITALISATIONS)
CANTERBURY DHB, 00 TO 04 AGE GROUP, 12 MONTHS TO END MARCH 2016.
ASH ARE ADMISSIONS TO HOSPITAL THAT MIGHT'VE BEEN AVOIDED BY GOOD PRIMARY CARE
ASH RATE PER 100,000 POPULATION
PACIFIC PEOPLE
TOTAL POPULATION
UPPER RESPIRATORY INFECTIONS
4,027
2,035
ASTHMA
2,081
953
DENTAL CONDITIONS
1,544
844
LOWER RESPIRATORY INFECTIONS
1,409
535
DERMATITIS / ECZEMA
671
147

Strategic Partnership

Pasifika Futures the Whanau Ora Commissioning Agency for pacific families is Canterbury District Health Boards Strategic Pacific Partner. This involves a co-commissioning approach to funding and supporting Etu Pasifika. The strategic partnership includes the joint funding of a Pacific Portfolio Manager, the joint development of a Pacific health Plan for the Canterbury region and a Pacific Workforce Development Plan for Canterbury District Health Board.

Successful Commissioning

Successful commissioning in a Pacific context relies on ensuring that commissioning decisions and priorities are informed and driven by evidence, Pacific family's aspirations, strong partnerships with communities and partners and delivered in a strength-based manner. This requires the commissioning agency to operate from a strong base of principles which guides the relationship with partners.

Multiple contracts with funders who pursue their own agenda, who contract based on inputs and outputs, who have unrealistic understandings of cost of service delivery is unhelpful in achieving pacific family aspirations and outcomes. Contracts with multiple agencies also require additional compliance costs, multiple reporting and promote siloed service delivery rather than focussing on the needs of families and measuring the impact and outcomes.

A successful commissioning approach requires a high trust, long term relationship approach, recognising and allowing for flexibility, and understanding the iterative nature of building capacity and capability within both partners and families. In particular working with a Pacific commissioning agency who understand the context in which pacific families live, understand the needs of Pacific families, working 'close to the community' and designing an approach based on their deep understanding of the challenges, issues and opportunities for Pacific peoples. This approach includes contracting on an outcome's basis, reporting on outcomes, anchored in Pacific methodologies and supported by a Pacific outcomes framework, funding in advance, long term contract (4 years), investment in training and support, quarterly collaboratives to discuss performance and opportunities and investment in capability development. All this is driven by a commissioning agency that is Pacific owned, governed and led by Pacific people.

ETU Pasifika's success in developing an Integrated Primary Care service has been largely due to the ability to work alongside Pasifika Futures, to take full advantage of the development opportunities provided by Pasifika Futures in both model and service development and also the development and investment in staff. This has included being part of the South Island Collaborative where learnings are shared, performance of the organisation is openly discussed, and strong alliances are developed across partners in the South Island has been helpful.

Responsiveness: COVID 19

Etu Pasifika played a key role in supporting the Government's response to the covid-19 pandemic focusing on Pacific peoples in Canterbury. ETU Pasifika was designated as an essential service by Pasifika Futures. Etu Pasifika developed and implemented an integrated response to covid-19 based on its pandemic plan. The plan included the following support:

- "Kai noo teatea mamao tatou pouroa"- Let all live and be prepared. Families are knowledgeable: ensuring families are aware of how to prepare and protect their families through culturally appropriate channels, translations and dissemination.

- "Vava manava a kaiga" - Families are supported: through packages of care distributed throughout Canterbury to enable families to manage the lockdown.

The packages provided essential food, educational supplies including books and stationery for families with children, and sanitary products.

- " Ia sagalemu aiga" - Families are safe: ensuring where necessary families are able to remain safe through providing supervised accommodation for those with COVID19 diagnosis and mild symptoms not requiring hospital, supported accommodation for those who have been in contact with community spread and require self-isolation, accommodation options for whanau who may be displaced or have circumstance which require immediate intervention.

- "Sema vakavuvale" - Families are connected: ensure families are connected to resources they require during the pandemic and that they can meet the necessary costs of living i.e. rent, utilities etc.

Etu Pasifika's response was rapid and effective reaching 32% of the Pacific population in 6 weeks.

Etu Pasifika was able to prepare, pack and distribute 1140 support packages to 1017 Pacific families made up of 5,394 Pacific individuals during Level 4 lockdown. 91% of those receiving packages were not enrolled in Whanau ora.

As an Integrated Service provider, the Etu Pasifika team also took the opportunity, when engaging with families in the delivering packages, to discuss their health needs in case they needed additional health support. Etu arranged for example, separate accommodation for a woman who was 37 weeks pregnant and living in a home with 15 family members, to lower the risk of her and her baby being infected with the virus.

For patient care, Etu Pasifika's Integrated Primary Care Clinic was able to facilitate video consultation with its patients during the covid-19 lockdown. The walk-in service continued based on a phone triage from the Family Support team. Navigators also worked closely with the Mental Health nurse to triage clients over the phone to provide support with mental health.

Further assistance was also provided to families to get their flu vaccination in an effort to protect against influenza and help to reduce the burden on the healthcare system during this pandemic.

Families have also been assisted in connecting to further health services and were informed on how they can access Etu Pasifika's services during the lockdown period. Families were

Reason	Number of Families	Percentage
Family are not able to meet basic needs	582	51%
Loss of family income	582	95%
Someone in the family is sick	134	12%
Other	99	9%

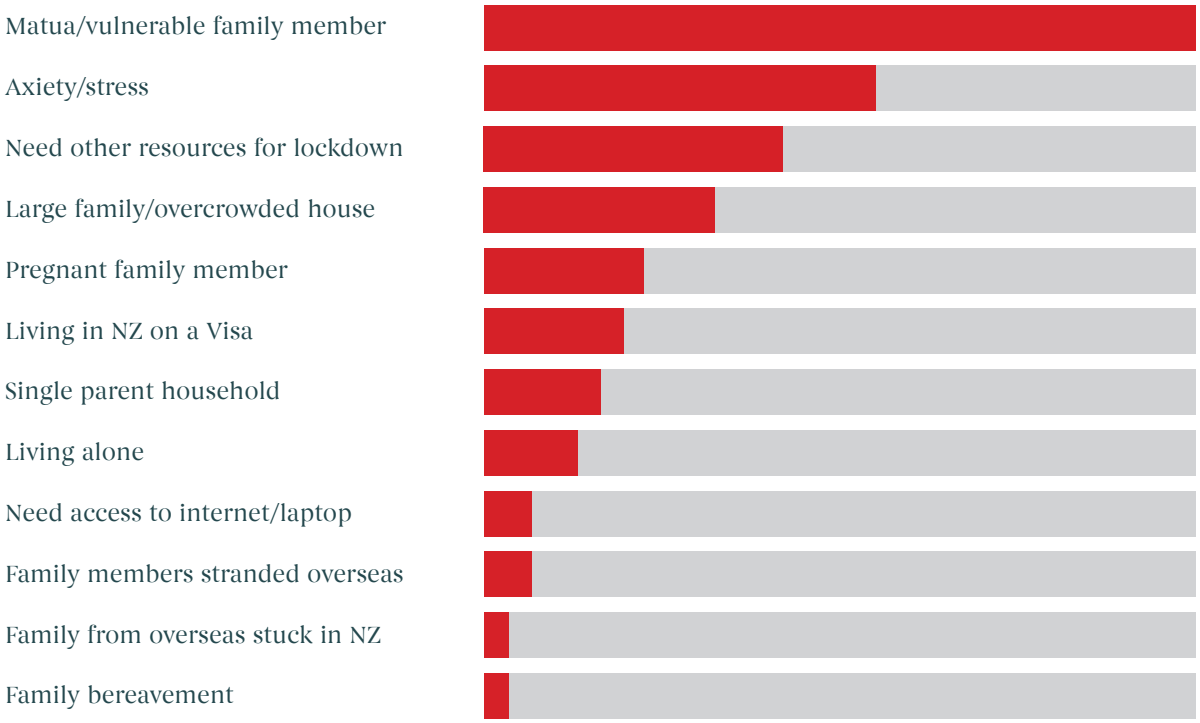
Graph 1. Reason for needing package of support

equipped to be well informed and connected with covid-19 information packs and support to access internet enabling them to stay connected to extended family, the wider community and trusted information sources and advice on covid-19.

As a Whanau ora provider, Etu Pasifika was funded through Pasifika Futures, the commissioning agency to provide packages of support for vulnerable families. In a 6 week period, Etu Pasifika was able to prepare, pack and distribute 1140 support packages to 1017 Pacific families made up of 5,394 Pacific individuals during Level 4 lockdown. Moreover, Etu was able to report on key insights from the data collected from families, key insights are summarized below.

Families receiving packages were asked for their family size. Overall results on this question show that Canterbury families receiving packages are large with the average family size being 5.35 members. Of families receiving packages of support, nearly half, 44% consist of 6 or more family members and 17% have 8 or more family members.

Other reasons for needing package of support



Graph 2. Other reasons for needing package of support

Ethnicity	Number of Families	Percentage
Samoan	720	63.2%
Tongan	209	18.3%
Cook Island Maori	182	16%
Fijian	25	2.2%
Tuvaluan	8	0.7%
Niuean	6	0.5%
I - Kiribati	2	0.2%
Tokelauan	1	0.1%
Solomons	1	0.1%
Other	33	2.9%

Graph 3. Ethnicity of families receiving packages

Covid-19 changed the way Etu Pasifika navigators worked to facilitate urgent and dedicated response in support of Pacific families. They provided, amongst others:

- A Pasifika covid-19 information pack to all Whānau Ora families to help them understand and navigate through the pandemi.c
- 6 days roster service for staff to provide ongoing support for families.
- Phone based check ins for families including vulnerable Matua to monitor wellbeing.
- Welfare packages for families in need of food, power and rent during the lockdown.
- Resources to help families with their mental health, particularly those with young children to cope during the lockdown.

Ethnicity	Number of Families	Percentage
2 people	119	10.4%
3 people	113	9.9%
4 people	179	15.7%
5 people	222	19.5%
6 people	186	16.3%
7 people	129	1.3%
8 people	94	8.2%
9 people	48	4.2%
10 people	24	2.1%
11 people	15	1.3%
12 people	6	0.5%
12 people	5	0.4%

Current service model

The development of the Etu Pasifika Integrated service began in 2017. This service was co-created with the Pacific community in Christchurch, Canterbury District Health Board and Pasifika Futures the Whanau Ora Commissioning Agency for pacific Families. The service was informed by a review of the outcomes and socioeconomic indicators for Pacific families in the region, supported by consultation with over 1100 families as part of the design of the Pacific Whanau Ora Outcomes

Framework. The service is Pacific family focussed, family driven and seeks to achieve a Pacific well- being framework that pacific people have designed.

Pacific family voice

Pacific communities in Christchurch outlined their desire for a range of services which met the needs of the whole family (including youth and elderly) and focused not just on health but on prosperity. Pacific families in Christchurch identified the key principles for the design and delivery of the services to be (Figure 1):

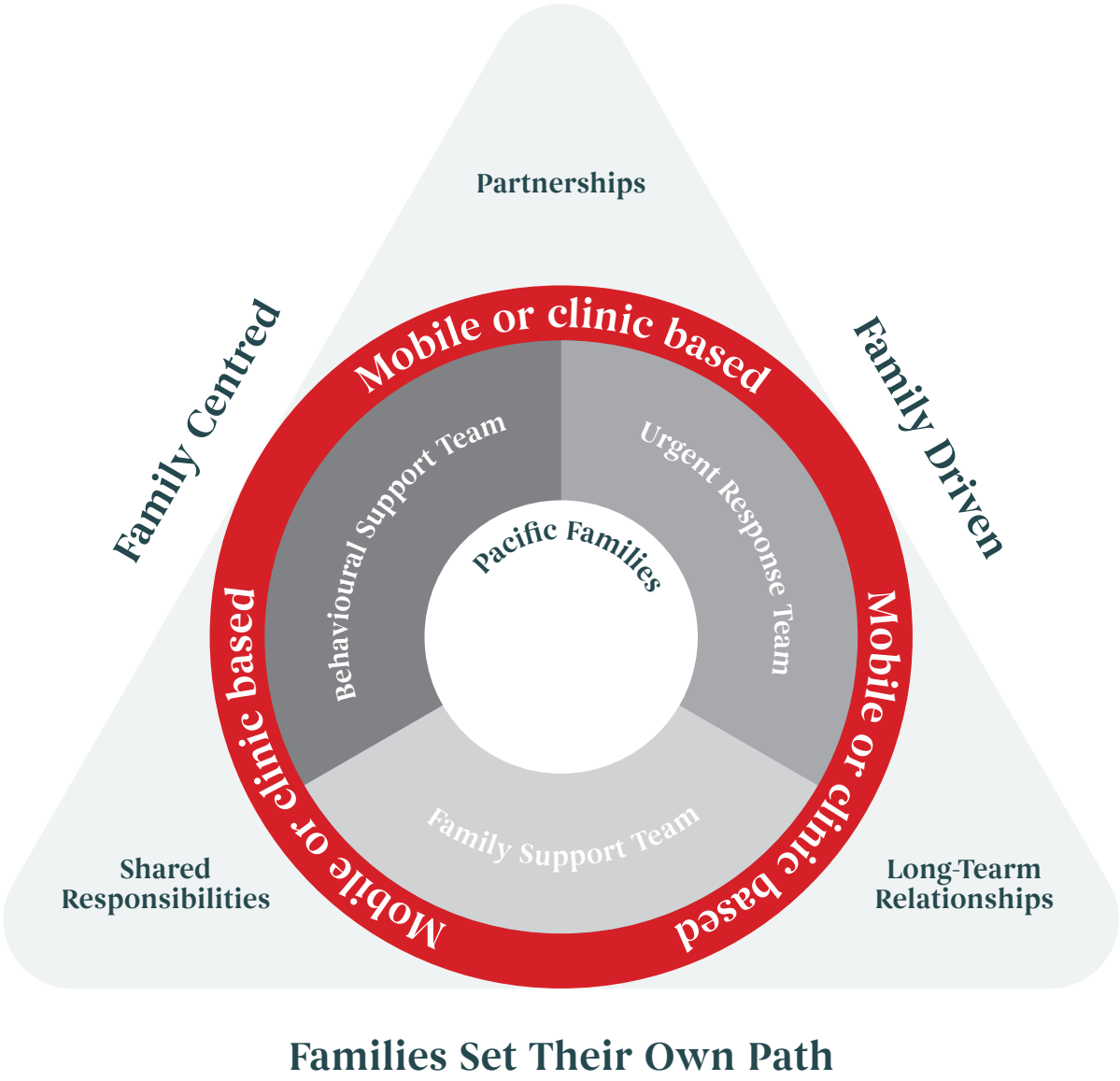


Figure 1. Integrated Pacific primary mental health and Whānau Ora service

This co-design and resulting service mirrors international good practice on integrated health services for indigenous and minority ethnic communities including the Nuka System of Care, from the South-Central Foundation in Anchorage, Alaska[16]. It builds on 20 years of experience by Pacific health and social service providers in New Zealand and is strongly anchored in Pacific cultural contexts and contemporary realities.

This has directed not only the vision for Etu Pasifika (Figure 2), but also the strategic partnership between its key funders, Pasifika Futures and the Canterbury District Health Board, to be focused on the outcomes developed through the co-creation exercise: *"Prosperous and Healthy Pacific Cantabrians"*.

In order to achieve the aspirations described by the pacific community the Etu Pasifika model comprises co-location, integration and collaboration between three teams: Urgent Response Team, Family Support Team, and Behavioural Support Team (Primary Mental Health Support Team).

Urgent Response Team

The purpose of the Urgent Response (UR) Team is to provide urgent service to Pacific families immediately in need of support. This includes social, medical or mental health assistance to maintain health and wellness within the Pacific community. The UR Team's focus is to work with Pacific families to develop a Support Plan within 12 hours from initial contact/referral.

The responsibilities of the UR Team include:

- Respond to same day, walk in service (unplanned)
- Urgent Outreach visits
- Matua support
- Responding to disease outbreaks (measles)
- Social emergency requiring intervention ie urgent housing needs
- Mental health emergency
- Emergency Department admissions/ discharges
- Integrated safety response

Figure 2. Etu Pasifika vision

[16] Gottlieb, K. (2013). The Nuka System of Care: Improving health through ownership and relationships. International Journal of Circumpolar Health. DOI:10.3402/ijch.v72i0.21118

Guidelines that have been developed include:

- Provision of a Support Plan within 12 hours from initial contact/referral.
- All Urgent Referrals directed to the Administrator daily
- UR Team to huddle (post-integrated huddle) to discuss and prioritise referrals
- UR Team to allocate appropriate resources
- Work with families to create Support Plan
- Timeframe of 12-hour turnaround of action
- Update to UR Team if further resources are required
- 2-week timeline to complete Support Plan with the family (timeline can change)
- Evaluation of Support Plan completed
- Handover from UR Team service to longer term support

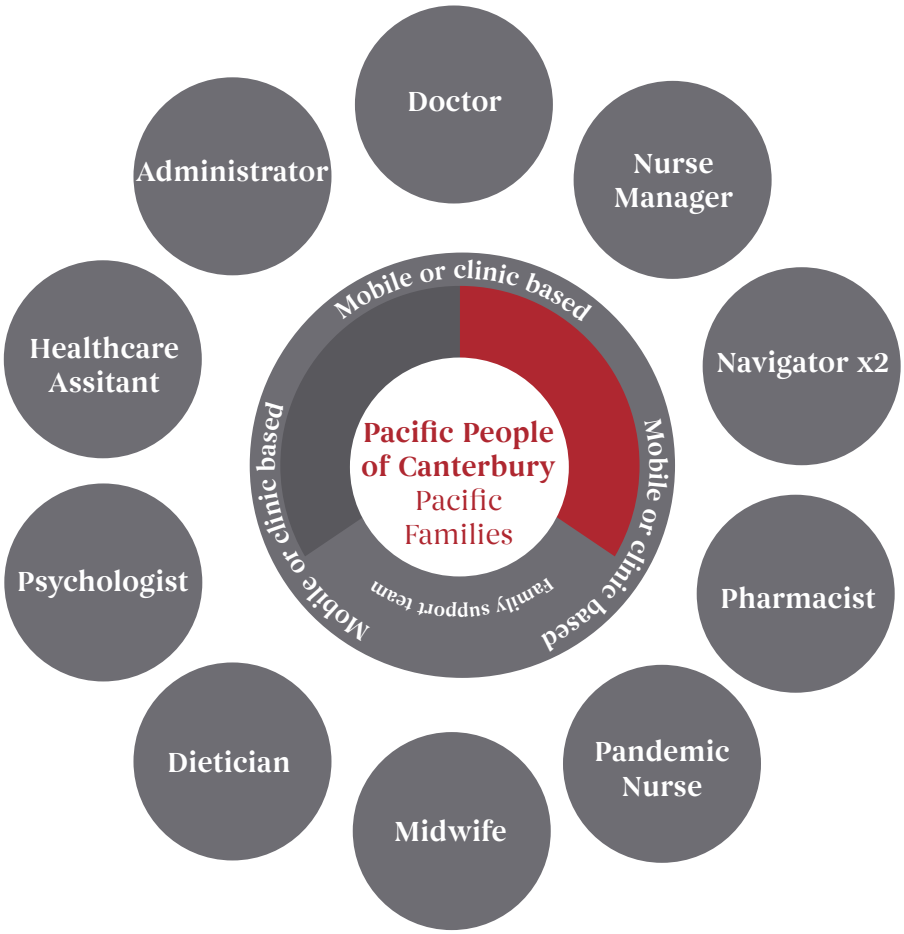
Family support team

The purpose of the Family Support Team is to improve and maintain the health and wellness of enrolled guests and to make visitors feel as if they're at home. The Family Support Team focuses on providing medical health and social services through booked appointments and planned engagements at the clinic to enrolled patients.

The team's responsibilities include:

- Booked clinical appointments for medical, nursing, psychiatrist and community-based service provision
- Patient transfer (Files)
- Update health-checks
- Develop, support and maintain Family plans (Social, Health and Cultural)
- Activate and monitor external and internal referrals
- Maintaining and improving engagement with our current enrolled families

The Family Support Team has a strong focus on supporting and enabling families to reduce the social determinants of their health.



The Behavioural Support Team

The purpose of the Behavioural Support Team is to provide support and guidance that enables our patients to make good decisions about their well-being. The Behavioural Support Team only works with patients who are enrolled in the clinic. This is to allow the provision of a holistic approach to the guest's/patient's clinical support from the GPs.

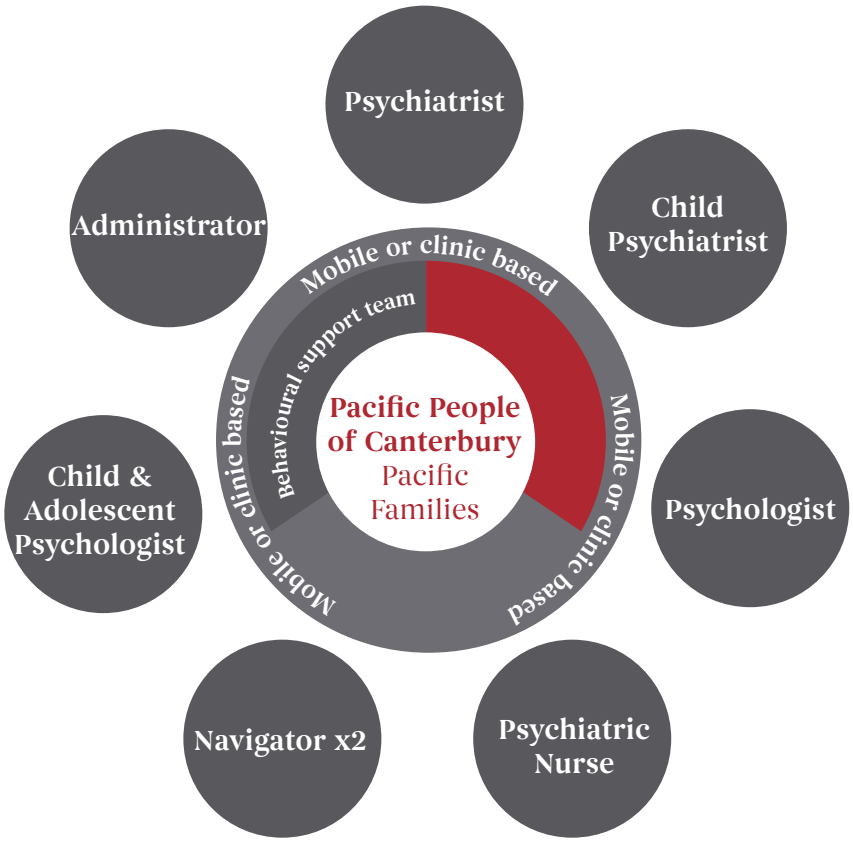
- Psychiatrist carries out teaching sessions with Registrars, provide support and advice to GPs and Registrars, assists and advises Behavioural Support Team in the management of patients with complex mental health illness and assesses patients with complex mental health issues.

- Registered Nurse carries out assessments on new referrals to the Behavioural Support Team, allocates patients to Navigator for additional support, provides brief interventions to psychologically distressed patients, assists patients to find the appropriate support in the community.

- Navigators provide long term support to individuals and their families, carry out assessments of families to gauge the appropriate support required and work with individuals and their families to equip them in making good decisions.

- Smoking cessation and addiction/lifestyle coach provide smoking cessation support to patients who want to stop smoking and assist patients to make positive choices to improve their health and wellbeing

- Child and Adolescent Behavioural support workers (Mana Ake) provide the Mana Ake service to students in primary and intermediate schools. Assist the Behavioural Support Team by providing valuable advice on available services in the community for children and they assist the team to better navigate the Mana Ake service.



Whānau-centred service provision in their context

Etu Pasifika have implemented an Integrated model where doctors, nurses, Whānau Ora navigators, team members all work together with individual families, to find solutions to any issues (health, social etc). Their navigators go out to the communities for home visitations (which is a point of difference to other mainstream services).

Etu Pasifika are already operating within the Whānau Ora space so have experience and knowledge in working within a whānau-centred, Pacific led primary health care approach. The Pacific community led and centred-approach places family at the centre of their model.

Use of Talanoa Methodology

Talanoa with families is critical to generate knowledge, engagement, enablement and ultimately ensure families achieve their goals and outcomes Talanoa with care professionals and navigators allows families to share their stories, define their goals, set their path and celebrating their achievements. Navigators enable family capability development through Family plans and goals, critical guiding tools to coordinate care around family aspirations, alongside dedicated budgets and investment into families to achieve their goals. In-house tools (MAST Tool) that holistically measure needs and strengths, family by family, are also critical to monitoring how well families are progressing and when enablement support is required. Regular feedback from families through surveys and talanoa is a critical part of ensuring high quality service and performance improvement.

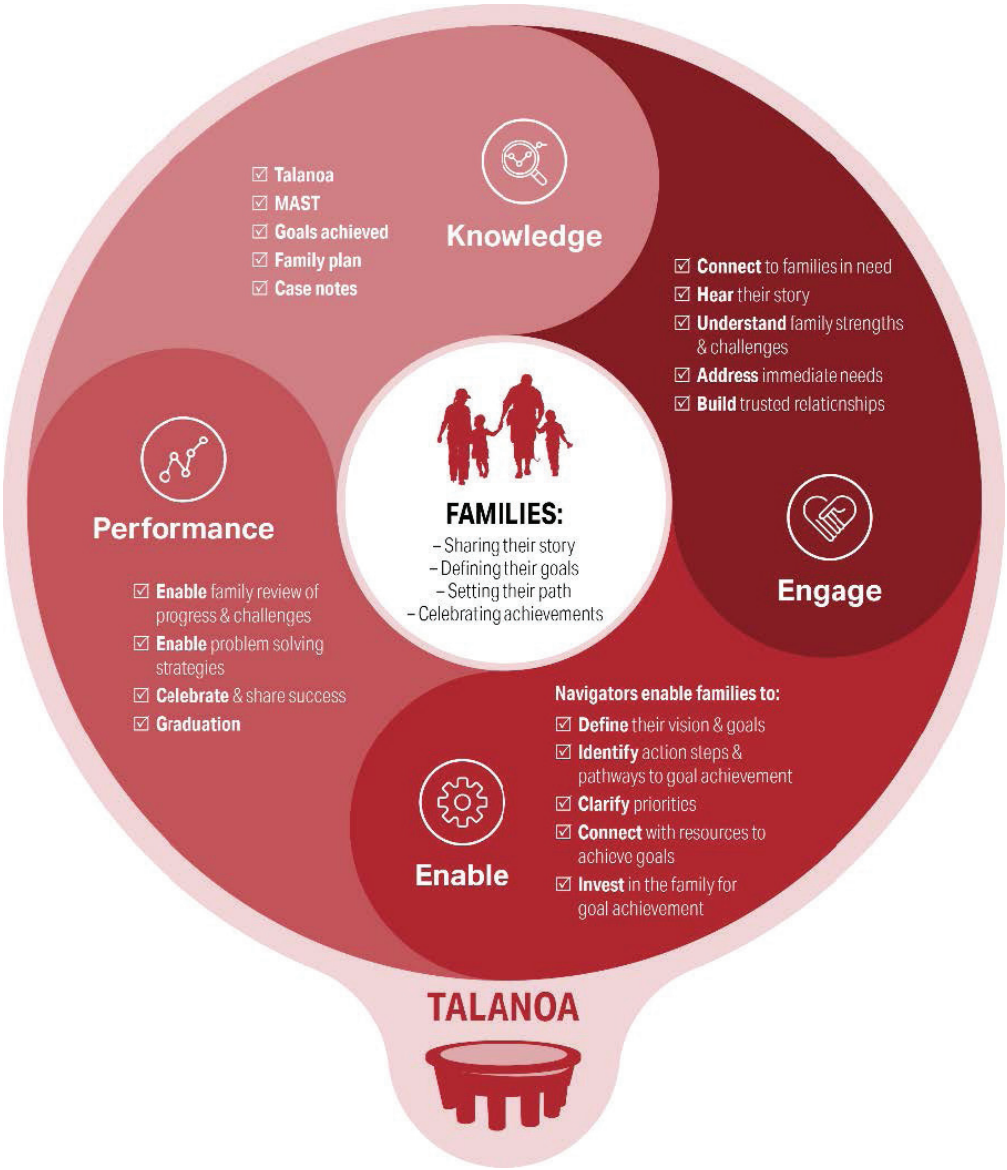
An example is provided below of the experience of a Tongan family who made initial contact with the Etu Family Support Team to make an appointment for their children to see a General Practitioner (GP). The GP enquired further into the social determinants of their health and based on identified needs, referred them to one of our navigators in the Family Support Team. This example below describes how the integrated approach at Etu Pasifika supports families experiencing complex health, social and cultural needs.

Family challenges

The Navigator visited the family at their home and with the use of Pacific cultural knowledge and competency, a trusting relationship was established. The Navigator was also able to gain a first-hand understanding of the health and wellness challenges that the family needed support with including:

- An overcrowded living situation. Parents, sister of wife and 6 children living in a private rental 2-bedroom house.

Talanoa Methodology



- Affordability and suitability of private rental accommodation
- Outstanding high interest debts
- Smokers (2 members) in the family
- Most family members of working age were not in paid employment
- Mother suffering post-natal depression
- Father suffering anxiety
- Language barriers

Family aspirations

The Navigator continued to meet regularly with the family to build the trust and close relationship with the family so they could build an understanding of the family's strengths, needs, goals and challenges. The Navigator was also better equipped to support the family to support them to establish a family plan with goals across the domains of health, economic, cultural and education. The aspirations of the family were to 'live in a comfortable home, increase their household income, improve the children's achievement in school and to live a healthy life'.

Goals set by the family for their own progress included:

- Enrolling of all family members with a GP, and engaging primary mental health support
- Developing a health plan with a health professional
- Accessing all eligible entitlements
- Reducing family debt by 5%
- Engaging with their children's school to understand if they are achieving age-related standards at school and to ensure they are supported to improve achievement
- Supporting children in their learning both at home and at school
- Developing a learning plan with the children and their teachers

Etu Pasifika response

The Integrated Service has allowed the Etu Pasifika teams to work together and alongside the family. Representatives of the three Teams - Family Support, Urgent Response and Behavioural Teams came together through its morning 'huddles' to map out a plan of action to address the challenges faced by the family. The 'huddles' or meetings of all 3 teams in the morning have been an essential part of the Teams' response enabling them to share knowledge, experience and ideas to support and empower the family into achieving their set goals. So far, the Etu Pasifika teams have provided the following support to the family:

Support provided	Responsible Etu Pasifika Team
Enrolling all family members with Etu Pasifika	Family Support Team
Updating immunisations	Urgent Response Team (Outreach)
Raising awareness and discussing the effects of co-sleeping with babies	Family Support Team (Nurse and Doctors)
Co-developing and approval of family health plan	Family Support (Doctor)
Mental health support	Behavioural Support Team (Mental Health Nurse)
Housing New Zealand application	Family Support Team (Navigator and Doctor)
Smoking cessation	Behavioural Support Team
Applying for school uniform	Family Support Team (Navigator)
Advice on house maintenance to reduce mould	Family Support Team (Navigator)
Improved heating for the household	Family Support Team (Navigator)

The family have continued to come into the Etu Pasifika clinic to meet with the teams and to work towards achieving their goals. This includes visiting their GP for regular health check-ups as well as keeping in contact with the Navigator who provides ongoing enablement support and celebrates the achievements of the family. Feedback from the family has been positive and have continuously communicated their gratitude:

"Ko e si'i faka'amu ke si'i tokoni mai ha taha he 'oku 'ikai ke fu'u sai 'a 'e mau lea fakapalangi. Kuo u fiefia he mau ha taha tonu ke tokoni mai." (We wanted someone to help us with our circumstances, especially because of the language barrier we face. I'm happy that the right person is able to help our family).

The work with the family is continuing and is long term. Culturally-responsive support is critical to establishing and maintaining an effective relationship with the family and to support achievement and maintenance of family goals.

To implement a WLWCPH service, the workforce needs to be skilled and knowledgeable of Pacific people, have lived experiences, must have the heart, people that want to work in this space. Free clinical training needs to be provided.

The service needs to be welcoming, greet in Pacific languages, reduce clinical terms and jargon and engagement with families need to incorporate talanoa.

Relationship with Plunket. Our relationships quite different. No funding given but training, However Etu giving knowledge in return.

Previous and current whānau-led, whānau-centred involvement

Etu Pasifika has been contracted by Pasifika Futures to deliver Whānau Ora services to over 350 Pasifika families since 2016. It provides quarterly Whānau Ora reports to Pasifika Futures and regular clinical and integrated reports to its governance board.

Family engagement in Whānau Ora is a family who completes a MAST[21] and is registered in the Whānau Ora programme. Families then go on to complete a family plan with their navigator. The family plan specifies the short, medium and long-term goals the family wants to achieve across the domains of education, health, economic development and culture, leadership and community. Etu Pasifika has consistently achieved all ten of its top ten Whānau Ora KPIs, including supporting families to complete health plans, stop smoking, reduce their debt and enrol in Early childhood education.

The Etu Pasifika report to the CDHB for the March quarter of 2019/20 indicated that the main challenges faced by their Whānau Ora families during the reporting period were related to their health and well-being, particularly those with chronic illnesses. The Etu Integrated Care model enabled the navigators to work closely with our health practitioners to support the well-being of the families using our MAST tracking system.

Covid-19 changed the way Etu Pasifika navigators worked to facilitate urgent and dedicated response in support of Pacific families. They provided, amongst others:

- a Pasifika covid-19 information pack to all Whānau Ora families to help them understand and navigate through the pandemic

- 6 days roster service for staff to provide ongoing support for families
- phone based check ins for families including vulnerable Matua to monitor wellbeing
- welfare packages for families in need of food, power and rent during the lockdown
- resources to help families with their mental health, particularly those with young children to cope during the lockdown.

Provider/Service

Etu Pasifika implements an Integrated family care model which is like the proposed WLWCPH service. They are experienced in the provision of a family-centred/community lead service and are in an ideal position to deliver such a service. Etu Pasifika also has a strong infrastructure, good governance, good leadership/management team and experienced workforce who deal with families on a daily basis. Etu Pasifika has the experience and reach for Pacific peoples. In the January to March quarter of the 2019/20 financial year. Etu Pasifika engaged[22] with 3,462 individuals across its services. They also have the full support of Pasifika Medical Association.

[21] The MAST is a tool that Pasifika Futures has developed to measure a family's level or need, and outcomes in education, finance, health, culture, and community. Data collected from the MAST are aggregated and analysed to understand the changes Pacific families are experiencing as a result of Whānau Ora.
[22] The level of total engagement includes clients who may have received multiple services; hence this is not a unique individual count.

The Fono

Background

The Fono was founded by a group of Pacific community leaders in Henderson Auckland in 1987. The purpose of the organisation was to provide a community led health practice for Pacific, who were not accessing primary care and needed high quality health care that was culturally appropriate.

Initially established as an incorporated society known as Pasifika Health Care, its first general practice opened in 1990 and over time the scope of services extended to include primary health, public health, dental, social services (including Whanau Ora) and Oceania Career Academy (training and employment transitions). In 2007, the organisation became West Fono Health Trust.

Between 2012 and 2017, West Fono Health Trust rebranded to 'The Fono' as it extended its geographical reach from Henderson to seven locations across Metro Auckland and into Northland as demand from the community and funders seeking a stable, responsive, well governed and managed organisation was recognised. Growth included acquiring the assets of Pasifika Horizons Ltd and The Peoples Centre Trust.

The Fono continues to be an inspiring example of a community led organisation with a Board comprising elected Pacific ethnic representatives and two external appointees and a stable management team with proven expertise in all the sectors in which it operates. The Management team is headed by Tevita Funaki, a well-known and highly regarded professional health and social services leader in the Pacific community, nationally and who is on the Board of Pacific and mainstream organisations including Chairing ProCare Networks Ltd and the Pacific Business Trust.

The Fono is guided by a regularly reviewed Strategic Plan which sets out the purpose of the organisation, its values, and goals. These are realised through The Fono's "Model of Care".

It emphasises how fundamental the Pacific community engagement is each of the services offered. The Model of Care is "designed to continuously strengthen our people and their families in every way – everyday".

The Model of Care that drives all Fono services is built around families and communities and the offering of integrated services. It is this structure of interwoven people and support that means that every person at The Fono sees their role in relation to each other and what services can collaboratively be delivered to the communities which effectively own The Fono.

So, a person presenting for one service receives the potential of a seamless referral to one or more of The Fono's other services, or external services, always with a warm handover when needed. The scope of The Fono's health and other offerings means fast referrals for treatment, whereby support or other actions to assist can be provided with continuing oversight close to hand.

This integrated system enables anyone to enter The Fono through any door, with the assurance the team will be looking to the wider picture of how the organisation can best give them and their family the chance to improve their total wellbeing. This relates well to the Tongan analogy for the word door, Matapa (mata – face / paa – a fish trap). Always facing towards the incoming or outgoing tide, the matapa can be a permanent trap, set to catch the maximum Ika – fish. Likewise, any door at The Fono is an entry point to all Fono services and support.

The structure above shows why The Fono was able to mobilise services in the community during Alert Level 4 and 3 of the Covid-19 pandemic on so many fronts with existing and new concepts while other organisations had to focus on just a few. The Fono was already set up to marshal resources in cross functional ways.

THE FONO MODEL OF CARE

EVERY HOUR OF EVERY DAY - HOLISTIC WELLBEING *(LANGA TANGATA)* - FOR ALL FAMILIES

Governance	• Board – community representation • Purpose, values, strategy
Management	• Leading performance of the strategy • Building The Fono team and its resources • Relationship strengthening
Our People	• Delivering in the community • Interweaving our services • Professional and caring - *alofa*
Our Partners	• Churches and community groups • PHO, DHBs, MOH, MSD, OT, MoJ, DoC, Police, MPP, MoE, TEC, MBIE, PBT, PMA/PFL, Council • Cooperative ventures • Philanthropic Funders

WE CARE: Wellbeing – Excellence – Championing – Accessible – Respect – Equity

the fono

caring is our culture

the fono .org

Of current interest has been the leadership shown with Mobile Covid-19 testing clinic (set up using a vehicle from WDHB) at Level 4, continuing through Level 3 and on now through Level 2. In keeping with the integrated Model of Care, the Mobile Testing Service also provided Influenza vaccinations and included a social worker to assess and follow up with other family needs including Pacific Relief Packages and referrals to other services (The Fono and other providers). Another current innovation has been the "Drive-Flu" vaccination service, which has only been limited by the shortage of vaccines.

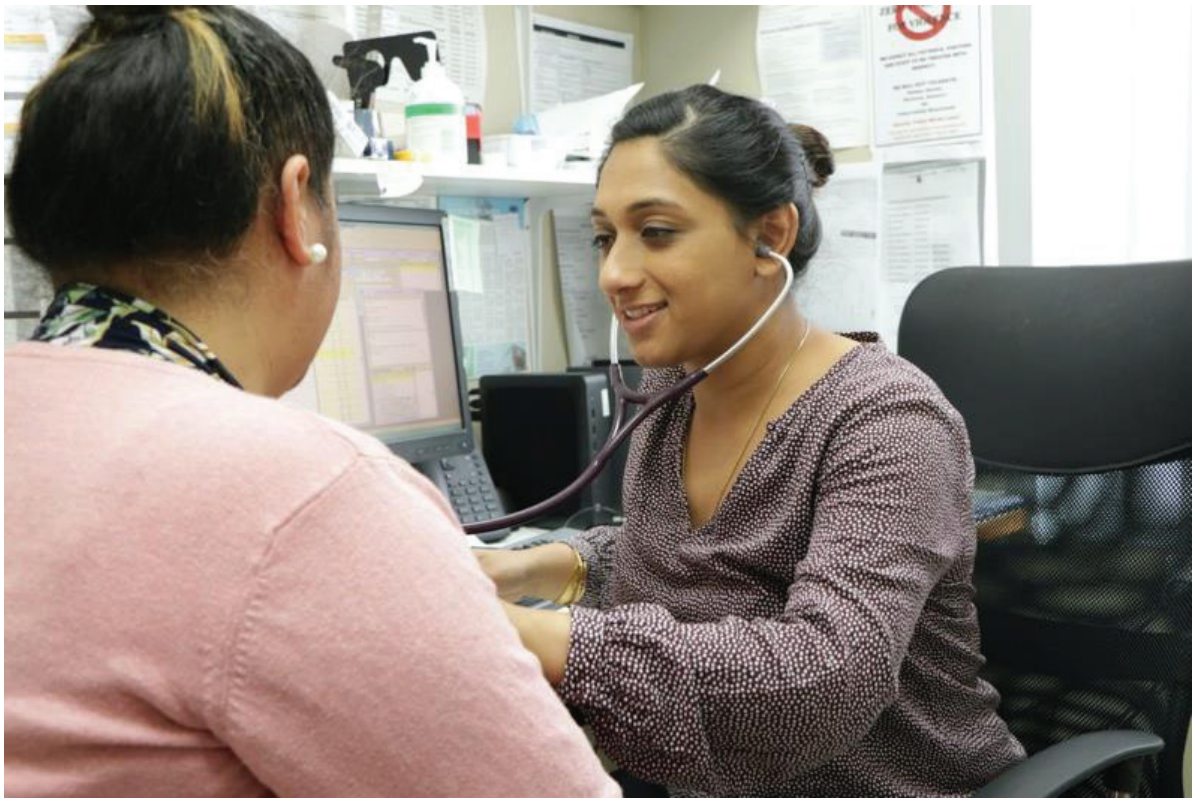
The Fono Board and management believe its integrated model of care, steered by community involvement, is the most effective way to improve outcomes for Pacific families and communities. The system has been refined in the "pressure test" of the pandemic with its extraordinary demands on services and new ways of working, The Fono upholds this model as best practice.

"That's the unique thing about the Fono, is that we're wholly and truly owned by our communities, and the Fono is a vehicle owned by the community to address any issues. It's not a competing interest (with Pacific communities), it's true to the sense of ownership. And it reflects in governance, it reflects on key decision-making of people involved in designing and co-designing our services. We front up to them at different levels, into the homes, into our community groups which we see are the beneficiaries and the owners of the organization. And that's what I think is the strength and what will keep us honest.

Tevita Funaki, The Fono CEO.

Provider Description

The Fono's 150 staff deliver a combination of services from Manurewa, Mangere, Auckland Central, Blockhouse Bay, Henderson, Northcote, and Kaikohe.



Medical Services

The Fono has four primary care practices in Auckland Central, Henderson, Blockhouse Bay and Manurewa. All practices are RNZCGP Cornerstone Accredited and charge low prices to improve access. Three practices have on-site pharmacies, with the fourth pharmacy underway. The pharmacies provide excellent support to clinicians and patients, with free blister packs, free home deliveries, and information and advice about medications (Procare PHO, CMDHB, ADHB, WDHB funded and fee for service).

Fono Medical Clinics	Enrolled Patients
Auckland Central	**2,451**
Henderson	**7,520**
Blockhouse Bay	**1,722**
Manurewa	**4,779**
Total	**16,472**
Plus 6,000 Casual Patients	

Dental Services

The Fono has three dental practices in Henderson, Auckland Central and Manurewa. For many years the community asked The Fono to provide dental services as families could not afford mainstream services and needed the convenience of having a 'one stop shop' due to transport, financial and cultural competency barriers. The Fono responded and installed two dental chairs in its Henderson site and acquired two clinics which had established dental and medical services in Auckland Central and Mnaurewa. As well as providing high quality, competitively priced dental treatments, The Fono also provides funded emergency dental treatments and free child and adolescent treatments (CMDHB, ADHB, WDHB, MoH funded, and fee for service).

Public Health Services The Fono places a high value on public health issues and has established significant and progressive working relationships with numerous Pacific community groups and churches. The Fono provides the following public health services:

1. Enua Ola, coordination of physical activity, nutrition, and other key health projects with 35 Pacific community and church groups each year. Parish Community Nurses provide regular health checks and consultations (WDHB funded).

2. Free Community Exercise Classes and Nutrition Sessions, 9 classes are held in various community locations in West

Auckland each week (MoH funded). Fono Medical Clinics Enrolled Patients Auckland Central 2,451 Henderson 7,520 Blockhouse Bay 1,722 Manurewa 4,779 Total 16,472 Plus 6,000 Casual Patients

3. Ready Steady Quit, smoking cessation support for anyone in Waitemata and Auckland. Individual sessions and group programmes (MoH funded).

4. Breast Screening Support, support to mammography and assessment appointments. Many women do not understand why mammograms are important and so we provide education and transport if there is a need (WDHB funded).

5. Bowel Screening Support, education support is often required to explain the service and why it is important to participate (WDHB funded).

6. 'Aiga Fono Care, home based Nursing and Social Work service to address medical and social needs of families with complex issues (WDHB funded).

7. Healthy Babies, Healthy Futures, providing health education sessions for pregnant women in order to prepare them for motherhood with the best information around healthy living (MoH funded).

8. The Fono Research Unit, The Fono participates in research projects that is meaningful to our communities that informs our practice and that we continue to be influential in setting research projects that are driven by our community. Ensuring that the dissemination of research to our communities is a priority. Recent projects include Ol@or@, Pacific Prediabetes Youth Empowerment Programme, Happy Skin Study, PROMISE Study, Hypertension Study (Funded research). In addition to providing the services above, all public health staff are trained Whanau Ora Navigators and can provide this service if they have the capacity and are needed for cultural reasons.

Social Services

1. Whanau Ora contracted by Pasifika Futures to deliver Whanau Ora services to over 600 Pasifika families since 2014. The Fono supports a Commissioning Agency Model as the model provides a platform for the commissioning agency to advocate for funding at the policy level, while agencies, that are close to the community and understand the challenges, issues and opportunities for Pacific, delivers services. For this to work, there needs to be a trusting and shared partnership of what is essentially best for Pacific. Often, the challenge with government funders is they are guided by different policies that might not be authentic to Pacific and based on the government of the time (Pasifika Futures Ltd funded).

2. Family Violence Services, key partners with NZ Police across the Auckland region, The Fono provides non-violence and safety programmes and services for families experiencing violence across Auckland. The Fono is funded by Oranga Tamariki, Ministry of Justice and Department of Corrections to provide a range of services. The Fono developed the 'Talanoa Va' programme which uses cultural protocols and concepts to engage participants in a journey of healing and restoration. All social service staff receive ongoing training in family violence, in particular they are supported to attend all Pacific ethnic specific Pasefika Proud 'Nga Vaka' trainings, with an aim to build a workforce which can always be responsive and effective during a families' most vulnerable time.

3. Whanau Resilience, partners to co-design comprehensive family violence services for Pacific in the Auckland, Waitemata and Northlands areas (MSD funded).

4. Building Financial Capabilities, providing budgeting services across Auckland and Waitemata to reduce debt and engage families into understanding how they can manage their finances better (MSD funded, commissioned through Oranga Tamariki).

5. Waitemata Family Start, in partnership with Presbyterian North, The Fono works intensively with families with newborns to support the best possible start a family can have (Oranga Tamariki funded).

6. Mental Health Support, Pacific people experiencing mental health distress can be supported by one of our 5 community support workers. Cultural or activity based groups are provided to address isolation issues and enhance a sense of belonging (WDHB funded).

"Whanau Ora is not just an integrated service. It underpins all capital strength in our culture and how we appropriately, in a respectful way and with integrity, support our Pacific families. It gives us the ability to be honest, and also that Pacific deserve the best as well (Tevita Funaki, The Fono CEO).

Oceania Career Academy

NZQA accredited and a TEC provider, Oceania Career Academy (OCA) is the first Pacific trades private training establishment. It was established in response to the unemployment needs and pay disparity among Pacific families. Education is a way to fill the gap in the holistic care of Pacific families. An important feature of OCA is that it is owned, governed and managed by The Fono which is governed by an entirely Pacific Board. This overcomes some of the concerns of referring families to services outside of the Fono which may not necessarily align with the Fono's values and cultural expertise (e.g. language fluency). Year 12-13 students embark on a trade at school initiative. Building and construction programmes targeting Pacific youth and Pacific needs. A Pacific employment and training initiative. OCA provides a comprehensive Whanau Ora model inclusive of educational, employment, careers, social and economic outcomes for the student and their family. (Pasifika Futures Ltd, Tertiary Education Commission, MSD, MoH funded).

Nimble Innovations

The COVID-19 Lockdown Level 4 and 3 experience gave The Fono the opportunity to demonstrate how nimble it can be. Having never operated a foodbank, the entire social service workforce was quickly redeployed to create and deliver over 6,500 relief packages in 5 weeks. The Fono continually proves that it is here for no other reason than to meet the needs of Pacific and to do this to high clinical standards and in the most cost-effective ways possible.

Meanwhile, the Public Health team screened patients who arrived at our medical clinics; supported the successful implementation of the Mobile Testing Service; delivered medications for our pharmacies to maximise medication adherence during Lockdown; phoned patients with Long Term Health Conditions to check they were ok and if they needed medication or any other support; and trialled the flu vaccination drive-through service in Manurewa and Henderson.

Perception of WCMPLPH service provision

The Fono is a powerful example of a family-centred, Pacific community owned organization which has acquired an enormous amount of wisdom about how best to meet the needs

of Pacific. The voices of the community has provided guidance to The Fono at all levels on how it has developed and delivers its services.

- Providing a culturally and professionally competent workforce is an essential building block for genuinely engaging families and communities.

- Establishing trusting relationships is a fundamental tenet for growing vibrant Pacific communities and as such for The Fono, this is the normalized approach to how relationships are managed with its customer owners, and all others.

- Working with families instead of individuals significantly enhances the opportunities for improved outcomes.

- Providing a full fleet of mobile services to reach those with the highest needs and addressing those needs in a consolidated way is essential to making a positive difference.

- Maintaining positive contact with families in their own spaces enhances the working relationship.

- Providing seamless access to internal and external services reduces 'Did Not Attend' rates.

- Enabling virtual access to clinicians has been a progressive leap forward during Level 4 Lockdown.

- The community knows its own solutions and needs to be supported to develop and implement these services.

The Fono acknowledges that it has been the support of the Whanau Ora funding which has enabled the organization to consolidate its holistic model of care in a structured platform.

The Whanau Ora approach it's actually not a new thing to Pacific. Even when I see some of the writings here at the Fono, back in the mid-80s they wanted to set up something that was understanding of the realities and the challenges of our communities and understands that we're actually different, we think differently we act differently as Pacific people. But is also a vehicle that drives community development and understanding.

(Tevita Funaki, CEO The Fono).

Finally, The Fono demonstrates its utter respect for the community by delivering a comprehensive service which is easy to access and navigate. 'Caring is our culture' and The Fono's model of care drives how we need to provide effective care and how we show our respect for the heritage of the organisation, and thereby the community.

Kotahitanga Whānau Ora Collective

This case study contributes to the second phase of the Whānau Ora Health Research Initiative. Kotahitanga were engaged within the first phase of the research and expressed a strong interest in the set of rubrics that was drafted up at the time. The collective gave feedback and asked to be included in Phase 2.

Kotahitanga has experienced challenges with commissioning in the past and saw the opportunity to test the rubric in a collective context, and to identify the unique needs and contributing success factors which may support their efforts going forward. Kotahitanga is the only Whānau Ora Collective participating in this research project which brings together the different challenges and needs of the individual providers.

Kotahitanga Whānau Ora Collective Context Overview

Kotahitanga Whānau Ora Collective ('Kotahitanga') was formed in 2009, under a Counties Manukau capability and capacity building programme (Fit for Purpose), with a shared focus on health. Kotahitanga consists of three providers; Turuki Health Care ('Turuki'), Papakura Marae and Te Kaha o Te Rangatahi ('Te Kaha'), that bring a range of health and social services to people in South Auckland.

Around the time that Kotahitanga formed, the Minister for the Community and Voluntary Sector, the Hon Tariana Turia, established the Whānau Ora Taskforce on Whānau-centred Initiatives. The Taskforce developed a framework for a whānau-centred approach to whānau wellbeing and development that requires multiple government agencies to work together with families (Te Puni Kōkiri, 2013). Kotahitanga, alongside another 24 provider collectives were selected to participate in the Whānau Ora approach for the transformation of services.

The Kotahitanga Whānau Ora model of care is Mana Tiaki, a conceptual framework that incorporates the twin values of Mana (uniqueness of all people) and Tiaki (the concept of looking after one another). Mana revolves around notions of control, authority and power and tiaki revolves around the capacity to protect, to look after, to take responsibility for and to care for others. The Collective aims to support whānau to take control of their lives and build their capacity to look after themselves. This model was developed at the outset to provide a set of principles underpinning all work with whānau across the Collective. The overarching aim of Kotahitanga is to ensure whānau are:

- Mana Motuhake - Economically Secure
- Mana Whānau – Connected, Engaged, and Entrepreneurial
- Mana Ora – Healthy and Safe
- Mana Rangatira – Knowledgeable and Skilled
- Mana Tangata – Culturally Confident

Kotahitanga services are highly utilised across South Auckland. The Collective has monthly Board meetings. The three providers manage over 50 contracts with at least 20 external funders. Kotahitanga is a multi million dollar contract holder on behalf of the providers, as well as the providers being multi million dollar contract holders in their own right. They are also a member of a Regional Whānau Ora Collective, Te Pae Herenga o Tāmaki, and were central to the formation of another South Auckland collective, Te Kootuinga Hauora which formed in September 2019 and has contract arrangements with Counties Manukau Health (CMH).

Funding streams for Kotahitanga, the individual providers and the other collectives that Kotahitanga are part of come from a range of places, including the Whānau Ora North Island Commissioning Agency, Te Pou Matakana (TPM), government departments and DHBs (see Figure 1).

South Auckland[23] has a fast growing population of around half a million people. It is estimated that with an annual growth of 1-2%, the district will have more than 600 000 people by 2025. It is a highly vibrant and diverse population, with strong cultural values. In fact, Manukau is home to New Zealand's second largest Māori population (16%), the largest population of Pacific peoples (21%), as well as fast growing Asian communities (25%). The Māori community has a high level of connectedness, and there is a strong sense of support amongst and between whānau.

About one fifth of the people who live in the district are tamariki, of which one in two live in areas of high socio-economic deprivation. There are also persistent gaps in life expectancy between different ethnic groups, with Māori and Pacific on average living almost ten and seven years shorter than non-Māori (and non-Pacific) respectively. Many Māori and Pacific peoples live in the district's most socio-economically deprived areas (Otara, Mangere, Manurewa). As a likely result of these inequities, the CMH population experiences relatively high rates of ill-health risk factors (such as smoking, obesity, hazardous alcohol use) linked to long term physical conditions that are responsible for the majority of potentially avoidable deaths.[24]

[23] Considered here as within the boundaries of the region covered by Counties Manukau Health
[24] https://countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Annual-reports-and-plans/bffec13de1/2017-18-CM-Health-Annual-Report-Final-for-online-publication-December-2018.pdf

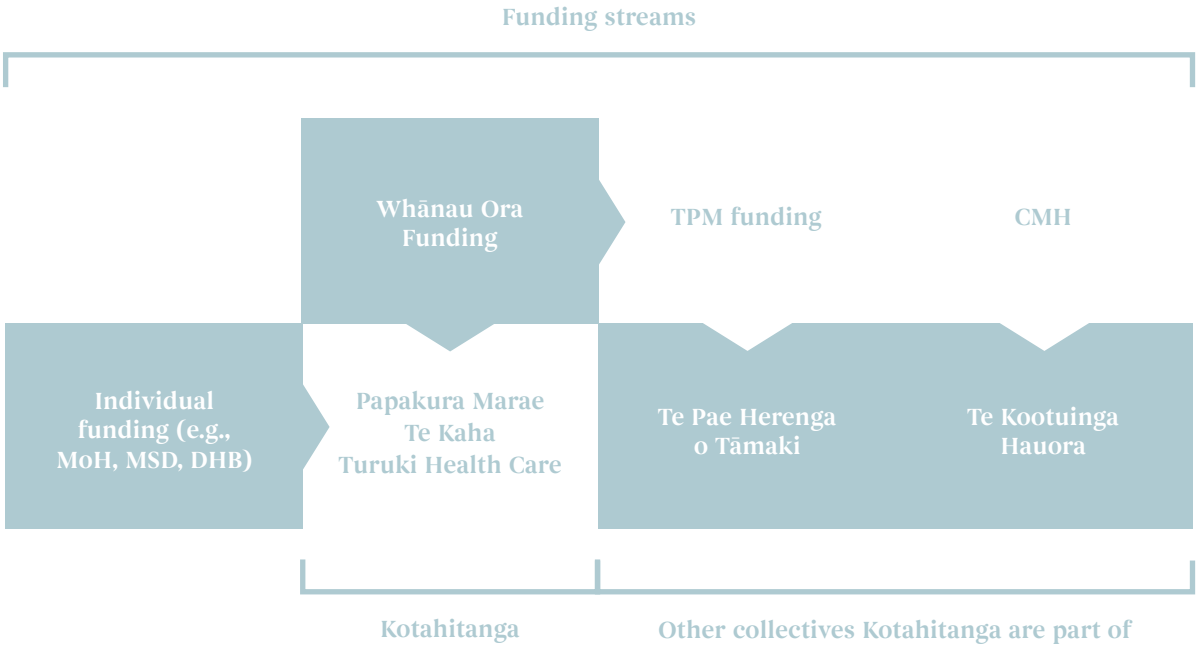


Figure 1: Funding context for Kotahitanga

Kotahitanga Whānau Ora Collective Provider Overview

Papakura Marae was established as an Incorporated Society in 1980. Its establishment provided a place for Māori from iwi outside of the rohe to host events but it has grown into a community-based whānau-centred provider offering health, housing, social, education and justice services for whānau living in the Papakura, Franklin and Manukau districts[25]. The marae model (whare tupuna, whare kai, whare wānanga, whare oranga) provides the platform for realising their vision and mission through an integrated and holistic support system focused on whānau wellbeing and capability.

Te Kaha O Te Rangatahi Whānau o Tāmaki Makaurau Trust is a registered Charitable Trust established in 1992 by a collective of dedicated women in response to concerns about teenage pregnancies. In 2019 they began trading under Te Kaha O Te Rangatahi Indigenous Youth Hub. They specialise in delivering to Māori and Pasifika rangatahi and their whānau within the Counties Manukau & Auckland Region. They believe in educating and developing rangatahi to become Champions of Change. The Youth Hub brings youth health, youth wellness, youth education, youth employment and youth development to their community.

Turuki Health Care was established in 1995 and provides medical, wellness and social services in the Counties Manukau and Auckland DHB areas through a kaupapa Māori model of care. Turuki has a GP clinic in Mangere and Panmure. The organisation supports a diverse community, and have staff who speak Te Reo Māori, Tongan, Burmese, Samoan, Niuean, French and Cantonese. Staff also have strong whakapapa links to multiple iwi and hapū around Aoteaora.

[25] K. Stephens-Wilson, Te Puni Kōkiri. Monthly progress report for community development, 31 January 2020.

Kotahitanga is part of the Auckland regional hub – Te Pae Herenga o Tāmaki. The contracts that Kotahitanga hold include:

- Innovation funding through Te Pou Matakana (which has enabled them to do some commissioning with whānau on a small scale)
- Family Start contract with Oranga Tamariki (delivered by Turuki Health Care and Papakura Marae)
- Te Pae Aronui contract with Te Puni Kōkiri, where Papakura Marae is the lead provider.

The services that the three partners provide are summarised in Table 1.

Reflections on the Rubric

Kotahitanga providers felt the three layers of the rubric reflected their experiences, knowledge and practice of engagement, service provision and commissioning. The layers will be looked at in the following ways:

- Layer Three: providers' experiences of the commissioning space against the criteria of the rubric
- Layer Two: the embodiment of WCMPLPH as provided by Kotahitanga, against the descriptors of the rubric.

Layer 3
Commissioning Whānau-Centred Māori, Pacific Led Primary Health

Providers agreed with the layer three criteria for commissioning WCMPLPH, and noted the descriptors reflected both their expectations of a just and effective commissioning system and factors that support successful commissioning. The criteria also reflected factors that, when not enacted, contribute to challenges and barriers to providing WCMPLPH. These experiences are outlined against the criteria below and relate to Kotahitanga as both the recipient of commissioning funds and the commissioner of funds.

Readiness for Commissioning

The inclusion of a self-assessment including reflective questions for agencies to ascertain their readiness for commissioning was useful. Kotahitanga have had occasion to question and give feedback to some Commissioners regarding the poor level of understanding and appreciation of the nature of work with whānau.

"We found that the way in which the contract was written in terms of deliverables, I don't think they had much experience in running a pilot like that, and so what they were asking us to deliver on, account and report on actually was not important for whānau." (Provider)

Active Application of Treaty Principles

Kotahitanga providers consider honouring the Treaty as the starting point for successful commissioning of WCMPLPC.

"It starts at honouring the Treaty partnership, you know, honouring us as a partner around the table". (Provider)

TPM's upholds the rights of Māori to be self-determining, incorporating the principles of the Treaty. However, outside of TPM, providers do not experience active, true application of these principles in the commissioning space. Providers continue to find themselves in 'master-servant' type relationships where the power sits with the funder (e.g., not being treated as an equal partner around the table, bound by preconceived ideas

Papakura Marae

1. Medical Centre, Pharmacy, GRX Green Prescription & Papakura High GP Service
2. Family Start
3. Children's Team Lead Professionals
4. Teen Parenting
5. Tamariki Ora
6. Oranga Ki Tua
7. Mana Tu, Mana Kidz
8. Family Services
9. Whānau Ora, Whānau Direct, Collective Impact
10. Driver License
11. Tohu 6
12. Transitional Housing
13. AWHI
14. Te Pae Oranga
15. The Southern Initiative (TSI) – Kaikawekōrero;
16. Te Pae Aronui
17. Kaumatua support
18. Tikanga & Cultural Advice
19. Te Reo, Rāranga and Cooking Classes
20. Māori Wardens
21. Marae Venue Hire
22. Food, Clothing and Furniture Bank
23. Weekly Community Dinner
24. Specialist support – Psychologist, Podiatrist, Hearing & Vision testing
25. Political advocacy, Focus groups, Policy development
26. Workforce Development
27. Events & Tourism

Te Kaha

1. Mana Tiaki 4 Rangatahi & Kaiārahi Whānau Direct
2. Rangatahi Oranga
3. #LeanIn Collective Impact
4. Sexual Health - Mama & Pepi
5. Te Pae Aronui – employment & study
6. Te Ara Tika ki te Hōkakatanga – Relationships & Sexual Orientation
7. Auahi Kore – Stop Smoking
8. #Talk2Me
9. Te Angitu Youth Leadership

Turuki

1. Family Start
2. Te Ira
3. Permanent Caregiver Support Service
4. Primary Health Care Clinics
5. Primary Mental Health and addiction services
6. Learning circles
7. Parenting programmes
8. Wellbeing programmes
9. Cultural intervention programmes
10. School Health Network Programme
11. Health on Campus
12. Maternity services (antenatal, Breastfeeding services)

Table 2: Services provided by Kotahitanga partners

of what services should look like, drip feeding of funds, etc.).

Providers feel they have to continually prove their ability and worth, despite being established providers who have worked and walked alongside their whānau and communities for years.

"The commissioning agent I'd like to see would enable us to be responsive, just do whatever it takes, less of the rules as long as we get to the outcomes, and they're above the law. A relationship where there is trust in us...we've been walking alongside our whānau for so long, we have a good model of care that has the tino rangatiratanga aspect to it around whānau being self-managing. Every day we strive to do that." (Provider)

The Recent Waitangi Tribunal for the Health Services and Outcomes Inquiry (WAI2575) finding positively endorsed Whānau Ora and whānau-centred whānau led approaches as effective for Māori. Providers expressed frustration that government agencies in their funding approaches are still perpetuating the inequities despite these positive findings.

"What's frustrating is that even though the Tribunal findings were in our favour, they still don't get it. They're still perpetuating the inequity. The trust relationship isn't there. That's got to come first before you even start to commission any Māori and Pacific led primary health." (Provider)

Whānau Ora Local Commissioning

Kotahitanga is recognised by TPM as a Whānau Ora Collective who know their communities, their whānau needs and the types of approaches that would best suit their needs. They have credibility as a Whānau Ora Collectives whose Navigators are in daily contact with whānau across South Auckland.

TPM's commissioning approach works across the system by including participants across the spectrum from grassroots to policy level. Each level of the system has activities and/or funding streams attached to it. This means that Kotahitanga, as a conduit or broker, can support whānau to access funding that goes directly to whānau (e.g., through Whānau Direct[26]) as well as funding at the individual provider/service level and across Kotahitanga as a collective.

A feature of TPM's approach to commissioning has been to build regional commissioning capacity through the establishment of 'regional hubs' of lead providers, with the aim of fostering regional connectedness and collaboration towards locally owned solutions to local specific issues. This has been facilitated by the 'Innovation Fund', which enables regional partners to become commissioners of new community established projects.

Providers have noted a slight shift towards more commitment to co-construction by funders in the Health space. Turuki for example, was invited with other providers, by the Ministry of Health to co-design and develop a smoking cessation prototype. Young Māori women were actively engaged to help shape the prototype from day one of the programme. There was a strong partnership approach; the Ministry provided the opportunity to respond to local issues raised by wāhine, and there were positive relationships with Ministry staff who provided support to secure additional funding. The Ministry invested in Māori led evaluation and provided training, coaching, and mentoring in relation to co-design.

A challenge for providers, is a continued lack of trust in their capability. Providers feel they must

[26] Whānau Direct is omne of the funding stremas of Te Pou Matakana which offers whānau access to financial resources in moments that matter most to them. To overcome obstacles that stand in the way of whānau achieving their goals. https://whanauora.nz/what-we-do/programmes/

keep proving that they have the competency, skills, and ability to provide services, and to manage the funds in ways that best serve their communities and whānau. Funds are drip-fed by funders so they can retain control. This limits providers' ability to plan for the long-term, respond efficiently and effectively to whānau needs and leads to instability of programmes.

Capability Building

Kotahitanga has a workforce development programme that focuses on developing staff skills to undertake effective whānau-centred care and support. The programme provides staff with the skills, tools, and competence to give effect to Mana Tiaki in their practice with whānau. Staff are trained in the use of culturally appropriate whānau planning tools to support whānau self-determination. Whānau planning puts whānau firmly in the "driver's seat", developing their own road maps and navigating their own pathways. This is a significant shift from being passive recipients of government services that are often deficit theory-based, culturally inappropriate and at times irrelevant for whānau members.

Whānau Ora partners are expected to undertake self-assessment and identify areas for improvement through a formal accreditation process. The framework is broad, generic and permissive, allowing for unique community and partner approaches and innovation to service provision. TPM also have a shared measurement initiative in which regional partners have worked to develop and align their information systems to work towards a common shared measurement tool across the hub. These systems and processes support evaluation processes that can be utilised for learning and innovation.

Enabling Environment

Kotahitanga believes that an enabling environment is one where policy and funding regimes support Collective members to work collaboratively in ways that work for them with suitable resourcing.

"We want a commissioning environment that acknowledges provider support to whānau; that allows the flexibility to do whatever it takes, as many times and with a multitude of players and feeders into the outcome. This may be multi-disciplinary agency and community." (Provider)

Whānau-centred, whānau led service provision is clearly reflected in the providers' mission statements/values and/or principles, as illustrated in Figure 2. However, the extent to which they are able to fulfil whānau-centred, whānau led, the latter in particular, is highly dependent on the type of contracts they hold and the expectations put on them by their funders. Often models and services are specified from the outset, alongside associated outputs (e.g., allocating a certain number of visits to whānau rather than attending to their needs as needed) and type of engagement (e.g., one on one engagement, rather than with whānau). These expectations limit the providers' ability to address whānau needs through truly whānau-centred and whānau led approaches.

"One of the families, we met with them nine times last month, but we only get funded for the two visits you know, because that's what it took, that's what the whānau needed." (Provider)

Turuki Pou Tikanga

Whānaungatanga

Focuses on the nature and quality of relationships.

Kotahitanga

Working together in unity and utilising collective skills and attributes to support individuals and their whānau outcomes is a core part of who we are.

Manaakitanga

Honour, empowerment and respect is key. This includes activity that enhances and/or protects the mana of others whānau or colleagues; he mana to te Kupu: te mana a kii; and which promotes the active hosting and support of whānau.

Papakura Marae Vision and Mission

Its vision is to be the centre of excellence for whānau Kia pokapū te panekiretanga hei pou mō te whānau ” and its mission is Manaaki whānau i ngā wā katoa"

Being here for whānau, whatever they need, whenever they need it. It means doing what it takes, ensuring we are supporting whānau based on what they identify as their needs, aspirations and successes. This will require us to be a responsive and diverse organisation to serve the uniqe needs of whānau. We do this so our whanau can be happy, our children can be happy children and there are more happy sunny days in their lives.

Te Kaha Vision and Mission

Vision

Kia whakapumautia te oranga o te rangatahi, Kia hua, kia tupu, kia puawai
To enhance the well being of youth, to grow, develop and prosper

Mission

Mana Rangatahi Ngā Rangatira o inaianei
Rangatahi are the leaders of the now

Values

Kotahitanga – Unity

Aroha ki te tangata – Compassion

Manaakitanga – Caring for each other

Pononga – Honesty & Integrity

Whakawhanaungatanga – Fostering of relationships

Mahitahi – Working together

Figure 2: Provider Mission statements

A key enabler of WCMPLPH is having the flexibility to find and/or work with whānau to develop local solutions to local issues from a holistic perspective, across sectors (e.g., health, social, housing) and to focus on outcomes rather than outputs.

“The way in which we commission outcomes is that outcomes are determined by whānau wherever they are on the continuum of advancement, of moving forward be it spiritually, economically, environmentally or culturally etc.” (Provider)

The TPM model has moved away from traditional approaches to funding where decision making tends to be removed from the communities it is meant to serve, to commissioning for change focused on outcomes (rather than outputs). They work collectively, on-the-ground with Māori health and social service providers and their

communities. Local, innovative solutions are facilitated through TPM's Innovation Fund, as reported on in a Te Pae Herenga o Tāmaki report[27]: *"[T]his permissive approach to commissioning allows creative, innovative, community focused ideas to come to life, without being stifled by usual funding barriers. Funding what matters to communities through a grass-roots commissioning approach – from the bottom up rather than top down - has provided huge opportunities for whānau to learn and grow their own capabilities, enabling them to focus on, and address both passions and issues in their own communities."*

The innovation fund is a stark contrast to the general funding environment where providers have to adhere to descriptive service specifications that allow little or no room for adaptation, innovation or fit for purpose delivery. This flexibility allows providers to apply resources as needed, rather than as prescribed (which may not meet whānau needs). While the TPM commissioning approach has been well received, providers find that, in general, the current funding landscape is in a phase of change and uncertainty. Challenges that providers are experiencing include:

- New models being applied that providers have had little understanding of, and which do not appear to have been well tested or even understood by the commissioners themselves (which has led to missed opportunities for funding). Although the providers welcome change in the commissioning space, until new commissioning processes are clear, providers would prefer to stick to the status quo, which at least they understand and know

- Long drawn out processes that require a lot of resource by providers but appear to not lead anywhere

- RFP processes that talk about transformational change and gaining Māori health gain, but do not allow for Māori providers to respond in a way that would describe how they could achieve these changes (e.g., questions that are tailored to what the funder wants) and which appear to favour mainstream providers

- Pressure to meet deadlines set by government agencies, rather than at a pace that feels comfortable for whānau

- Pressure to consolidate or merge the individual provider organisations within the Collective into a single entity, when the providers themselves see more value in continuing their respective service offerings to whānau in their communities, as well as looking for efficiencies and opportunities to collaborate with others to improve outcomes for whānau

- Being forced into collectives that end up not working well because there may not have been any pre-existing relationships, trust or shared kaupapa between the partners

- Māori organisations feeling they are being 'used' in collectives to attract funding and tick the brown box

- Some more affluent providers having the resource to employ the skills and expertise to make their proposals and EOIs visually attractive/stand out, anecdotally contributing to unjust distribution of funding/resources

- Feeling forced to 'play the game' – to go with what the commissioners want to do

- Rigid transaction based, rather than

[27] https://www.waipareira.com/wp-content/uploads/2020/02/TPHOT_Innovation-Funding-Pitch-Local-Te-Pae-Herenga-Report.pdf

outcomes based, contracts

- Being invited to the table, but not getting full access to the information.

Access to on-going and adequate funding is a key challenge for providers. Although Whānau Ora funding is one of the key enablers of WCMPLPH due to its commissioning model, it is one of the least resourced agencies.

Layer Two
Provision of Whānau-Centred Primary Health

Layer two of the rubric aligns with the providers' principles for and ways of working with whānau and other stakeholders (e.g., collective partners), as illustrated in section 2 and there was a sense that the rubric reflects what they hear whānau say they want. However, in the experience of providers, the system will not always allow for this to occur.

This [Layer 1-2 of rubric] is what we've been trying to push, so the whānau want this, but we [get] massive pushback [from policy maker] (Provider)

"A lot of the time this way of contracting is done to us rather than us looking across the landscape and saying what does our community need?" (Provider)

Localised Solutions

Te Pae Herenga o Tāmaki hub's innovation fund objectives has been to grow local innovation and have greater reach into communities and whānau, through increasing the commissioning skills of each regional partner[28].As part of this vision, the group created a plan to align with the TPM vision of innovative, whānau centric approaches bringing resources closer to whānau and communities. This evolved into 'Pitch Local', a Dragon's Den type event where short listed applicants had to pitch for funding to support their project. For example; Mate Wāhine which looked at providing and trialling a cost effective sanitary product ('My Cup') for wāhine Māori, and Saintz Up Performing Arts (SUPA) which aimed to reduce costs and purchase resources for families to send their tamariki to a performing arts programme in South and West Auckland. Whānau capability building was built into the application and pitching processes.

TPM also provide Whānau Direct grants of up to $1,000 directly to whānau to enable them to respond to an immediate need that must contribute to a long-term outcome such as employment, education, or health. In the case of Whānau Direct, the Kotahitanga providers have acted as 'brokers' that support whānau to realise their aspirations, as set out in whānau plans and goals. In the case of Te Kaha for example, rangatahi goals have included gaining employment so grants have been applied to getting clothes for a job interview, getting a driver's licence (a prerequisite for many jobs), or pūtea for bus fares. The three providers have enjoyed opportunities as part of Whānau Ora and with the support of TPM to support and undertake locaslied initiatives including:

Papakura Marae: A 'Young mums project' looking at systems' disruption where a group of young Mums are brought together fortnightly. A Kaikawekorero Facilitator checks in to support them. It has been a co-design process, where they have been prototyping what services for young mums should look like, based on this group's experiences.

Turuki: 'Te Ara Tika – a pathway of women's own truth' is a wellness programme that aims to address the needs of young wāhine Māori (18-24 years) who smoke and who want to quit,

[28] (Te Pae Herenga o Tāmaki, Report on the Implementation of the Innovation Funding Projects, p. 7).

supporting them to live healthy lives and reduce smoking related harm. The programme was developed based on the collective knowledge of the wāhine about 'what worked' and what they could 'do differently'. During facilitated goal setting sessions, stopping smoking was explored, to understand the reasons wāhine had for quitting, and any possible benefits of doing so. A key learning that Turuki took from implementing this project was the importance of a holistic approach, and that in this particular case of smoking cessation, for example *"it's never just about smoking, but its all the other things that are going on in [whānau] lives" (Provider).*

Te Kaha: A workshop with 30 rangatahi to understandtheir perspectives of the ideal youth hub. \ Ben Te Maro, worked with rangatahi to develop and test the ideas further to assertain what that would look like in practice. This has initiated an across organisation change, focused around the mental health and wellbeing of rangatahi. They didn't describe clinicians at all as being in their youth space, they described people that care about them, people that will sit down and have a yarn (Provider).

WCMPLPHC is Culturally Anchored

All Kotahitanga providers are kaupapa Māori based. A cultural anchor point for Kotahitanga is its integrated service delivery model Mana Tiaki. This model was developed at the outset to provide a set of principles underpinning all work with whānau across the Collective. The intention is that ultimately all Kotahitanga staff will become Mana Tiaki Practitioners and that working in whānau-centred ways is the norm. Mana Tiaki embeds the outcomes, values and cultural principles of engagement that are important to Kotahitanga.

Whānau Action Research Reports[29] of Kotahitanga have found that consistent application of the Mana Tiaki model by staff contributes to Māori values and engagement principles. The principles applied led toholistic service provision (e.g., incorportating many aspects of whānau wellbeing across the five pou mana tangata, mana rangatira, manaora, mana whānau and mana motuhake). Staff have more comprehensive understanding of the whānau situation, including whānau context and other contributing factors such as overcrowding, care for the elderly or a breakdown in whānau relationships. Staff are also much more deliberate in their focus on cultural outcomes. As a result whānau have become more conscious of their cultural heritage and the value of this understanding to their wellbeing.

Creating a Healthy Environment

Kotahitanga providers place high value on ensuring the environment that they operate in is a healthy environment with emphasis on both the physical surroundings being pleasant for whānau to be in and taking care of all aspects of wellbeing. As is illustrated in Table 1, each provider offers a range of services on their individual sites. Providers are also working toward better integration on site of their services that wrap around whānau. For example:

- Turuki Health Care has an innovative project to develop and trial MUKA – a innovative primary care service model which reflects an integrated approach to primary health care for whānau and supports individuals to achieve improved health outcomes. The Muka Model draws on three service systems or framings. First, the Alaskan Nuka System of Care (Southcentral Foundation), which prioritises the relationship between the primary care team and the patient.

[29] Pipi, K. Kotahitanga Action Research Report 3, March, 2014. Prepared for Te Puni Kōkiri.

Second, the Takarangi Framework, which strengthens the organisation's cultural identity. Third, the Health Care Home model (of which Turuki is an accredited provider) that delivers better patient and staff experience, improved quality of care and greater efficiency.

- Papakura Marae is working on a papakainga development project which will see kaumātua and kuia housed on the marae and more accessible to those who need to strengthen their cultural connections.

- Te Kaha o te Rangatahi has worked with a group of rangatahi in schools to support them being mentors for other rangatahi and provide a rangatahi friendly venue.

Whanaungatanga: Fostering Relational Partnerships and Collaboration

A shared Kotahitanga value is whakawhanaungatanga, establishing and maintaining high quality relationships. Shared governance and effective management is built on relationships and trust. The CEOs of the Collective have open, respectful, and long-standing relationships based on a history of knowledge and experience in service delivery (Kennedy, 2013).

The Whānau Ora kaupapa is a key contributor to their continued enthusiasm and the focus is on positive outcomes for whānau, and the strong relationships they have built with each other and the wider Whānau Ora networks. Building such relationships and trust takes time and energy. The established relationships that Kotahitanga has with other key providers, including Te Pae Herenga Waka o Tāmaki and Te Kootuinga Hauora, indicate that the Collective are held in high regard. Kotahitanga partners reported that other providers are approaching Kotahitanga indicating their interest in joining the Collective.

Culturally Capable and Competent Workforce

The Collective's Workforce Development Programme has a strong focus on strengthening cultural capability and competency of staff, including training: to give effect to Mana Tiaki in their practice with whānau; apply the Collective's cultural competency framework Takarangi; and in the use of whānau planning tools that resonate with Māori (e.g., PATH planning, a visual planning approach that has proven to work effectively for Māori). The success of whānau planning, and the use of PATH planning in particular have been captured in Whānau Ora Action Research reports.[29]

"The PATH helps you see where you are going. I knew what I wanted but I didn't know how to get there. Looking at our hopes and dreams, setting some goals and getting support to get other people to help us out was awesome! I didn't know where it was all going until we had completed it, and then it all made sense. It gave us a clear direction and things to focus on for our whānau." (Whānau)

Monitoring and Evaluation

All three providers place high value on evaluation to support learning, growth and development. Kotahitanga have been committed to developing systems and processes across the collective to monitor whānau progress and outcomes, as part of service delivery responsiveness and support, and part of building an evidence base.

Results Based Accountability training has contributed to an increased awareness about the importance of data and systems in evidencing Whānau Ora outcomes. Monitoring the impact of staff training on both practice and whānau outcomes is ongoing. The Collective supports individual providers to track how the Takarangi Cultural Competency Framework is making a difference in how staff engage with whānau and the resulting impact on whānau. This has been supported by database systems such as EXCESS, which enables staff to document cultural practices used in their work, such as karakia, manaaki tangata and why these are an important part of whānau engagement.

Kotahitanga Whānau Ora Action Research reports highlight significant insights gained in operating as a Collective, in service implementation, responding to workforce needs and building capability. Evaluation reports also indicate the importance of evaluation approaches that fit the provider context.

Summary

Over the past ten years, the Kotahitanga Collective has brought together a wealth of experience and expertise to whānau-centred Māori led primary health. From their perspective, the key elements which influence successful commissioning include the following enablers, barriers and success factors.

Enablers:

- Whānau Ora local commissioning
- Trust and faith in providers ability, approach and skillset
- Capability building
- Clear processes that are manageable across providers
- Quality relationships
- High quality relationships

Barriers:

- Being 'done to' alongside one-way processes that don't recognise the value of Whānau Ora approach
- Inflexibility of commissioning and contracting processes including drawn out, inappropriate procurement processes
- Personalities – we know best attitude
- White privilege and tokenism

Success:

- Localised solutions and mechanisms
- Innovation
- Capacity and Capability
- Collective Impact
- It's funded, valued and there is an evidence base
- Fit for kaupapa, fit for whānau, fit for provider
- Worth the investment of time, money and effort
- Monitoring and Evaluation

Covid-19
Kotahitanga reflections on their response

The Kotahitanga Collective have a kaupapa and drive that is firmly rooted in 'do whatever it takes' to support whānau to access what they need, when they need it. This was heightened during Covid-19 which saw all three providers as essential services on the frontline from Day one of lockdown and this has continued to this day.

Kei konei mātou hei āwhina i a koutou – We are here to help and support you all

Doctors, nurses, and pharmacies have provided essential services, social services delivery has continued and been adapted. Facebook and on-line support in the form of daily wānanga, healing, learning sessions has increased and been valued not only in South Auckland but throughout the nation and the world.

Mana Tangata, Mana Whānau, Mana Māori – Strong leadership and a firm commitment

The Collective vision of Mana Tangata, Mana Whānau and Mana Māori has driven the provider response to COVID-19. Agile and flexible responses to whānau in need has required providers to mobilise at pace and ensure that whānau needs were met against all odds. Strong leadership and management have come to the fore as the Collective took a stand to ensure their own client base were contacted, safe and well. They became active at a regional level spearheading local response from setting up Covid testing, provision of flu vaccines at local marae, visiting kaumātua, supporting rangatahi responses and being part of regional strategy discussions. At a national level, being represented on the Ministry of Health's COVID-19 Māori Reference Group contributed to the development of the COVID-19 Māori Response Action Plan was a given.

Business Excellence + Service Excellence = Whānau Ora Excellence

To ensure Whānau Ora excellence is at the helm in these unprecedented times Kotahitanga has revamped structures, systems, strategies, relationships, and the workforce. Inequities became more apparent as providers sought to access resources to meet whānau demand, in a timely manner. In order for this excellence to be achieved it required stamina, flexibility and courage at times when doors were closed on reasonable requests for resources and support. The impact on providers has included significant financial costs they have had to find and cover. Capacity and capability have been stretched and staff levels of commitment and drive have been over-extended in this prolonged period with constant pressure to respond. Planning all day, reorganising how medical services are delivered, redeploying staff, rewriting manuals, maintaining and upgrading communication systems, constant debriefs, and evaluation have all been part of 'doing what it takes' to respond at this time.

Organisational values exemplify performance

Rangatiratanga, the value of self-determination and honour has meant that whānau needs are to the fore as solutions are pursued.

Tuku Atu, Tuku Mai: The act of reciprocity is evident in the way in which providers operate. Give and take, recognising where additional support is required, going above and beyond to see results achieved for whānau, for themselves and for others has been clear during COVID-19. Providers have been blessed with key resource

people coming alongside to assist, bringing their expertise, knowledge and talents to support provider efforts.

Manaaki: Honouring and respecting whānau circumstances, being mindful of staff welfare, getting in behind each other as partners and supporting regional and national initiatives has been constant. The Mana Tiaki model of care for the Collective has been prevalent.

Whanaungatanga: Valued relationships have contributed to the success of the Collective as they have worked collaboratively and synergistically with others to respond in these exasperating times.

Creativity and innovation

Responding to COVID-19 has required a whole new way of thinking and responding. It has opened up possibilities and brought forth new ideas around what service integration looks like. Proactively seeking better, value-add solutions. The Whānau Ora approach has come to the fore, new relationships have resulted in positive outcomes and whānau who were struggling now have hope that they can see their way forward.

Enabling Good Lives

Enabling Good Lives

Enabling Good Lives (EGL) Waikato was selected as it is a current example of how a systematic equity-based response has been implemented to effect change across a system.

At a high level, the EGL approach is aligned to Whānau Ora, as both kaupapa seek to support whānau to fulfil their aspirations and realise tino rangatiratanga. EGL Waikato utilises shared principles to drive decision-making, privileges leadership of disabled people and whānau, and seeks to mobilise cross-government funding to see whānau have more choice and control.

EGL and System Transformation
Context Overview

Enabling Good Lives (EGL) is an approach first developed in 2012 that seeks to form partnerships between the disability sector – that is, disabled people, families, whānau, providers of disability support – and government agencies.[30] The EGL approach emerged to address long-standing concerns with the disability support system. The existing system made it difficult for an individual to live an everyday life of their choice in their community.

It is recognised that EGL is situated in the context of disability services; however, there are reflections and learnings that are applicable to the primary health context. The Māori with Disabilities (Part Two) Report commissioned by the Waitangi Tribunal for the Health Services

[30] Government recognised the need and broad direction for change to the disability support system. In January 2009, the Government established a work programme to address long-standing concerns with it. In 2012, the Ministries of Social Development and Health worked in consultation with disability sector organisations to test the Enabling Good Lives approach in Christchurch and Hamilton (Office of Disability Issues, 2016). (NB: Wellington was also a proposed site in 2016, but was not progressed)

and Outcomes Inquiry (WAI2575) delivered an overview of government provision of disability services and their effectiveness for Māori. What became apparent through interviews with whānau and health experts was that the health system as a whole needs to provide more responsive systems, supports and services to address and improve inequities and disparities for all users.[31] As stated by the World Health Organisation, "A health system consists of all the organisations, people and actions whose primary intent is to promote, restore and maintain health". While having areas of focus like primary health and disability supports is important, it can be argued that the very notion of siloing and apportioning funding to discrete areas hampers the health system's ability to properly address inequities, resulting in "both unnecessary financial costs to the health system in the long term, and lifelong consequences for Māori living with disabilities and their whānau".[32]

The vision of EGL is, "in the future, disabled children and adults and their families will have greater choice and control over their supports and lives and make more use of natural and universally available supports" (Office of the Minister for Disability Issues and Associate Minister of Health, 2017, p. 18).[33]

The EGL approach is not prescriptive, it has eight principles that guide decisions and actions, from the system level to the individual. The EGL principles are:

- **Self-determination:** Disabled people are in control of their lives
- **Person-centred:** Disabled people have supports that are tailored to their individual needs and goals, and take a whole-of-life approach rather than being split across programmes
- **Mana enhancing:** The abilities and contributions of disabled people and their families are recognised and respected
- **Beginning early:** Early investment in families and whānau supports them to be aspirational for their disabled child; builds community and natural supports[34]; and supports disabled children to become independent, rather than waiting for a crisis before support is available
- **Easy to use:** Disabled people have supports that are simple to use and flexible
- **Relationship building:** Supports build and strengthen relationships between disabled people, their whānau and community
- **Ordinary life outcomes:** Disabled people are supported to live an everyday life in everyday places; they are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation – like others at similar stages of life
- **Mainstream first:** Disabled people are supported to access mainstream services before specialist disability services.[35]

[31] The full report can be accessed from https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_150473583/Wai%202575%2C%20B023.pdf
[32] Kaiwai, H. and Allport, T. (2019). Māori with Disabilities (Part Two): Report Commissioned by the Waitangi Tribunal for the Health Services and Outcomes Inquiry (Wai2575).
[33] Office of the Minister for Disability Issues and Associate Minister of Health, 2017, Disability Support System Transformation: Overall Approach. Retrieved from http://www.enablinggoodlives.co.nz/system-transformation/
[34] 'Natural supports' often refers to the resources inherent in community environments including personal associations and relationships that enhance the quality, and security, of life for people. Natural supports usually involve family members, friends, co-workers, neighbours and acquaintances. People may need help in developing these connections, but, over time, these connections can help an individual build a strong community network and support system that enhances their quality, and security, of life.
[35] Enabling Good Lives (2016). Enabling Good Lives – Principles. Retrieved from http://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/

Disabled people, families and whānau typically access three different Ministries, Health, Social Development and Education. The EGL approach differs from existing systems in that it provides a principles-based system that is flexible in how it is implemented as long as the principles are adhered to. EGL is an innovative approach; this means it uses new ideas and new ways to do things. It was trialled in Christchurch and Waikato.

EGL Waikato
Provider Overview

The EGL Waikato Demonstration is located within the context of the wider disability system transformation work programme led by the Ministry of Health, noting that EGL Waikato is located within Ministry of Social Development. Outlined in the October 2018 Funds in Scope Cabinet paper[36], "the primary focus of system transformation is to increase the choices and decision-making authority of disabled people and whānau within the disability support system. This is complemented by making universal services easier to access by, and more inclusive of, disabled people and whānau" (p.1). A key mechanism to achieve this is through combining funding currently sitting within different government agencies so that it can be used more flexibly. The paper goes on to highlight that "[c] ombining funding enables disabled people and whānau to use that funding in ways that are likely to make the biggest difference to their lives rather than being constrained by differing agency responsibilities. It can also make it easier to access as the funding can be allocated through one process rather than several different processes (which require people to repeat their story)" (p.2).

EGL Waikato works within the Waikato District Health Board (DHB) boundaries (from Coromandel in the north, close to Mt Ruapehu in the south, Raglan in the west to Waihi in the east). EGL Waikato is now into its fifth year of delivery. Over this period, the Demonstration has exceeded their intended 240 participants with 429 active participants as at 1 April 2020, with an overall operating budget of $1.25M and personal budget allocation costs of $8.62M. It also has an extensive waiting list of approximately 114 possible participants. The Waikato Demonstration has been confirmed to continue until June 2021.

[36] October 2018 Cabinet papers can be retrieved from https://www.enablinggoodlives.co.nz/system-transformation/transformation-papers/system-transformation-updates/september-cabinet-papers/

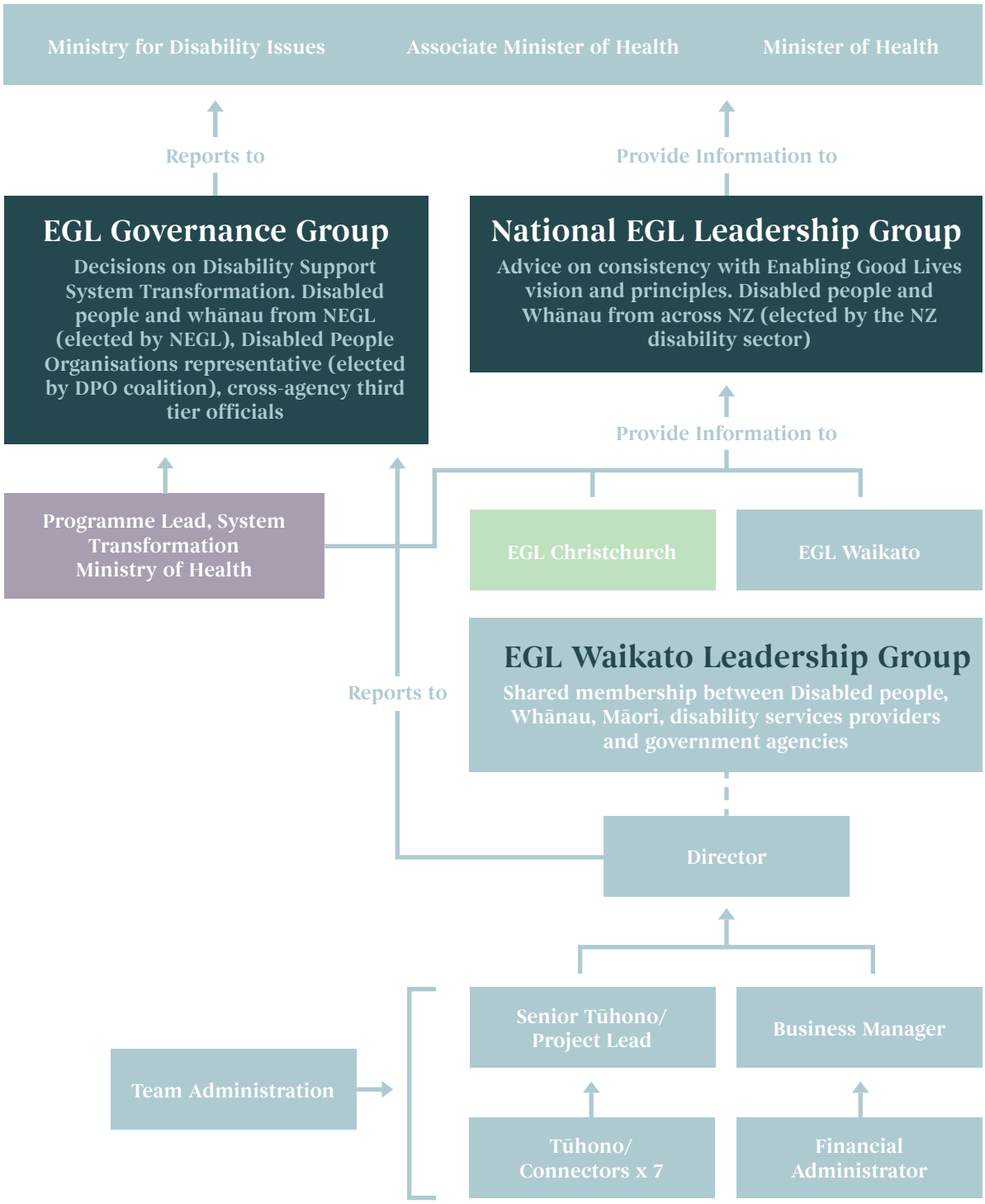


Figure 3: Diagram of EGL Waikato and System Transformation eco-system[37]

[37] Since the time of writing,the EGL Governance Group as at abayance while decisions are made about how system transformation is governed.

Demographics	Total EGL Waikato Participants
Number of participants	**429**
Participants identify as Māori	**150**
Participants identify as Tagata Pasifika	**23**
Participants identify as Asian ethnicity groups	**32**
Participants identify as Pākeha, European and other ethnicity groups	**216**
Male participants	**252**
Female participants	**177**

Figure 4: Demographic information of EGL Waikato participants as at 1 April 2020

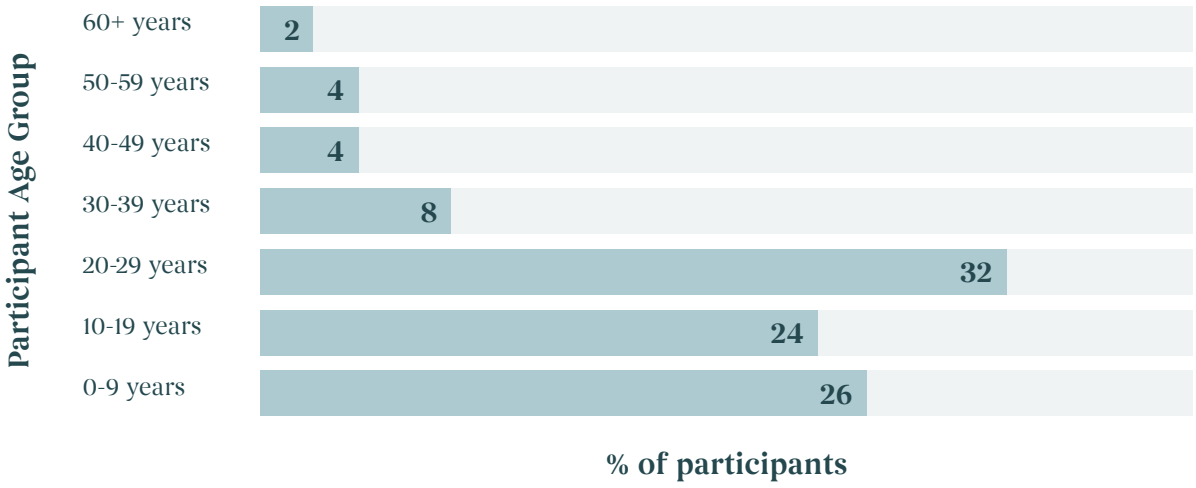


Figure 5: Demographic information of EGL Waikato participants as at 1 April 2020

EGL Waikato seeks to engage disabled people, families and whānau across four key action areas with associated target groups:

a. Increasing individual choice in all aspects of life, including where you live, who you live with and what you do in the day

b. Māori disabled and their whānau are fully involved in the design and implementation of the Waikato Demonstration

c. Disabled children and young people have the same life experiences and outcomes as other children and young people

d. Increasing employment outcomes for disabled people.

(Office of the Minister of Disability Issues, 2014, p. 6-7).

EGL Waikato Action Areas	Total EGL Waikato Participants
Individual Choice Action Area	**138**
Families' Action Area	**173**
Tāngata Whaikaha (Māori disabled) Action Area	**118**

Figure 6: Overview of total EGL participants by EGL Waikato Action Areas as at 1 April 2020

To give effect to the EGL principles, EGL Waikato has designed, tested and implemented five key components:

- Co-design & Disabled Leadership: The first year of the Demonstration in the Waikato brought together the EGL Waikato partners to co-design[38] and build community awareness of the Demonstration in preparation for delivering the components outlined below. The Demonstration Leadership Group is led by disabled people and whānau and has been in place throughout the Demonstration.

- Tūhono/Connector[39] engagement: EGL Waikato staff assist participants to think about where they are at, make links and connections in the community, make their plan, understand their budget, and link with the information and support that they choose to work towards their vision of a good life[40].

- Building community connections: The Tūhono/Connector and the EGL Demonstration team help disabled people, families and whānau to build or extend their connections with the community.

- Supported self-assessment (SSA) and planning: These processes help participants, family and whānau, and their Tūhono/Connector to understand

[38] "While there is not an agreed definition of co-design internationally, it usually involves collaborative relationships between public service professionals and citizens or users of the design process. [Some authors] believe these relationships need to demonstrate equality and reciprocity. There is also a focus on delivery of outcomes rather than just the service". (See Anderson, D., Ferguson, B., and Janes, R. (2014). Enabling Good Lives Christchurch Demonstration: Phase 1 Evaluation Report. Retrieved from http://www.odi.govt.nz/what-we-do/improving-disability-supports/enabling-good-lives/index.html)
[39] 'Tūhono/Connector' is the unique Waikato name given to the Independent Facilitator.
[40] Definition accessed from http://www.enablinggoodlives.co.nz/about-egl/egl-teams/waikato-team-2/

what resources are required to support participants to plan for and live the lives they want, as reflected in their personal plans. Participants can complete the SSA by themselves or receive support from their Tūhono/Connector to think about what is needed to live their good life.

- Pooled personal budget: A person-centred funding allocation is linked to a participant's plan and supported self-assessment, and each person controls how this is spent to create a good life for themselves. Participants can either self-manage their personal budget or engage with a host[41] to manage the budget.

Reflections on the Rubric

The purpose of this section is to provide reflection and feedback on the draft rubric for Whānau-Centred Māori and Pacific Led Primary Health. The layers will be looked at in the following ways:

- Layer Three: a principle-based comparison and the interconnections with layer two of the rubric

- Layer Two: reflection of the aspects of provision through EGL Waikato as a local commissioning approach, based on the EGL vision and principles

Layer Three
Commissioning Whānau-Centred Primary Health

The governance groups provide the structures through which commissioning decisions are made, in line with government mechanisms that enable resource distribution of government-level policies. The EGL principles, system transformation documentation, and rubric descriptors, demonstrates congruence between the evaluative criteria and the EGL principles, and examples of how they have been given effect. This section will provide insight and specific case examples of the principles in action to illustrate how the criteria are given effect in this context.

Readiness for Commissioning

This case study demonstrates in part what preparing across a system looks like in readiness, not only for commissioning, but also for innovation in complexity. In this case, the intention for system transformation is to enhance choice and control for disabled people and whānau. The need for embracing and moving through risk, by drawing on shared principles and trusting at all levels, has been fundamental to the success of EGL Waikato Demonstration. Having an explicit readiness phase is seen as a necessary component in a commissioning approach by case study respondents.

Active Application of Treaty Principles

The vision and principles of EGL align to the intentions of Whānau Ora and Whai te Ao Māori – Māori Disability Strategy as reflected in Figure 4. The EGL seek to see whānau self-determine and lead, with more choice and control over the decisions that impact their wellbeing. There have been several fundamental shifts in the way in which government has envisioned and begun to commission disability services. In fulfilling this vision, the Ministerial Committee articulated that: "The Treaty relationship as set out in the New Zealand Disability Strategy, and the Māori Disability Action Plan, will continue to be core to this future vision. It will be based on three key principles of participation at all levels: partnership in delivery of support, and the protection and improvement of Māori wellbeing".[42]

[41] A host refers to a person, company or agency who is selected by an EGL participant to provide financial and/or employment management support to them.
[42] Disability Action Plan – Summary, 30 October 2012, Ministerial Committee on Disability Issues, p.4. Retrieved from https://www.enablinggoodlives.co.nz/about-egl/enabling-good-lives-context/long-term-change-september-2012/

Layer Three Evaluative Criteria

Active application of Treaty Principles

Layer Three Descriptors

1. The guarantee of tino rangatiratanga
2. **Principle of Partnership:** good faith, mutual respect, to be able to express tino rangatiratanga
3. **Principle of Active Protection:** mana motuhake, manage affairs according to own tikanga, also tikanga present in mainstream services
4. **Principle of Equity:** specifically target disparities, rebalancing power, expected benefits of citizenship
5. **Principle of Options:** right to choose social and cultural path, exercise authority

Enabling Good Lives Principles

1. **Self-determination:** Disabled people are in control of their lives
2. **Mana enhancing:** The abilities and contributions of disabled people and their families are recognised and respected
3. **Person centred:** Disabled people have supports that are tailored to their individual needs and goals, and take a whole-of-life approach rather than being split across programmes
4. **Beginning early:** Early investment in families and whānau supports them to be aspirational for their disabled child; builds community and natural supports[43]; and supports disabled children to become independent, rather than waiting for a crisis before support is available
5. **Easy to use:** Disabled people have supports that are simple to use and flexible
6. **Relationship building:** Supports build and strengthen relationships between disabled people, their whānau and community
7. **Ordinary life outcomes:** Disabled people are supported to live an everyday life in everyday places; they are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation – like others at similar stages of life
8. **Mainstream first:** Disabled people are supported to access mainstream services before specialist disability services.

Figure 7: Layer Three – Active Application of Treaty Principles

Whānau Ora Local Commissioning

It is evident that this journey has been premised on a commitment to co-construction. Disabled people, whānau, Māori, government, providers, and others in the disability sector have been engaging throughout the entire process to date. In Figure 1 disabled people and whānau are present at every level of the system and at decision making tables. In 2012, Ministries of Health and Social Development began to work together with the wider sector to test the EGL approach in Christchurch and Waikato. There have been at least 11 government agencies, including the Department of the Prime Minister and Cabinet, contributing in some way to this initial testing, growing to 20 by 2018. In the latest Cabinet paper (October 2018), there are clear signals that investment is being brought together from across agencies to provide an 'equitable allocation' to the Mana Whaikaha prototype. The intention over time is that decision making authority would move to the prototype's governance arrangements, where disabled people and whānau are clear leadership roles, all of which signals a trusting commissioning environment.

Capability Building

The EGL principles, investment in the two Demonstration sites, as well as in the 18-month co-design process of Mana Whaikaha demonstrates that commissioning would not occur without the leadership and experience of disabled people and whānau.

Setting the long-term direction of change it was clear that it was complex and going to take time. A significant redesign needed to be approached on multiple fronts, including:

- "Building knowledge and skills of disabled people: to ensure disabled people understand the direction for change and can exercise more choice and control over their supports.

- Investment in families/whānau: to assist them to support their disabled family member to have a good life and help them develop aspirations about what can be achieved.

- Investment to build inclusive communities: to ensure communities, including businesses, workplaces, schools, and cultural, sport and recreational activities, are accessible, welcoming and recognise the contribution of disabled people.

- Changing government systems and processes: to support the system redesign, e.g. integrated, outcomes-focussed contracting, individualised funding, funding pooled from across Votes and involving disabled people and families in governance, system and service design and monitoring.

- Changes to service provision: to align service governance, delivery models, workforce capability, accountability measures, monitoring and evaluation with the vision and principles of the transformed system".[44]

[43] 'Natural supports' often refers to the resources inherent in community environments including personal associations and relationships that enhance the quality, and security, of life for people. Natural supports usually involve family members, friends, co-workers, neighbours and acquaintances. People may need help in developing these connections, but, over time, these connections can help an individual build a strong community network and support system that enhances their quality, and security, of life.
[44] Disability Action Plan – Summary, 30 October 2012, Ministerial Committee on Disability Issues, p.4.

- Evaluation and a commitment to learning has been a consistent feature of system transformation, with both Demonstrations and Mana Whaikaha deploying programmes of evaluation and research throughout their stages of design and implementation. There has also been a clear desire to share these learnings with evaluation and research reports being made publicly available.

Layer Two
Provision of Whānau-Centred, Māori and Pacific Led Primary Health

Localised Solutions

EGL Waikato is a localised solution giving effect to and demonstrating the high-level commissioning criteria through provision of the Demonstration. It is also facilitating local commissioning due to the EGL Waikato Demonstration navigation and allocation of resources to disabled people and whānau.

On a provider continuum developed for this research, EGL Waikato is an expression of a partnership model, where disabled people, whānau, Māori, providers, and government work together, with clear intentions of direct resourcing to whānau for whānau determined outcomes.

Vital to this localised commissioning solution is the local disabled leadership, that over the past five years, alongside whānau, Māori, providers and other government representatives, have provided the overarching guidance to the Demonstration team. This intentional approach to shift power and control of governance from government to disabled people and whānau, has been a purposeful structural shift which is evident in multiple layers of the system transformation system.

"The demonstration is governed and owned by [local disabled leadership], not by paid staff. I think that's really important. I think there's been a number of safeguards because of that. I think that's a fundamental thing, actually, about where the power sits..." (EGL Waikato Respondent)

The Demonstration team is focused on engaging disabled people and whānau across three action areas and has a dedicated approach to engaging Māori living with disabilities.

"... [we needed to have] have a dedicated approach to actually finding Māori for the Demonstration, the people that actually need the EGL services ... I know there's people out there that we haven't found and so we actually have to go and find [them] ... predominantly we're finding that it is Māori that [aren't connected with] government agencies ... so there has to be a dedicated approach to even that out". (EGL Waikato Respondent)

Key to enacting the EGL principles was ensuring Demonstration structures and processes led to greater choice and control for disabled people and whānau, with the way in which direct personal budgets were determined and allocated a key mechanism, as reflected on by a case study respondent:

"[A] fundamental principle we had from day one was, let's ensure that decisions about money are made as close to people as possible, if it can be made by the disabled person and/or their whānau or network; great, and if it goes up a chain, let's keep the chain as lean as possible so there's not too much removal between the commissioning, so purchasing decisions are made by those affected by it." (EGL Waikato Respondent)

This fundamental principle is seen through planning conversations about what a good life looks like for disabled people and whānau. Led by Demonstration and Disabled Leadership, mapping this out and moving their voice and vision through a funding committee process, grounded by the EGL principles, reflecting a

whole-of-life equity principle. In particular, the equity principle means:

"[The Funding Committee] have put a heavy investment in [to] what families need because actually a pool of funding means nothing if your basic needs are not being catered for." (EGL Waikato Respondent)

Ultimately the Demonstration provides an opportunity for families to respond to what they need, when they need, in ways that work for them, within existing budget:

"[T]he funding is sitting with disabled people and whānau, they're not dependant on us to ring to see if that's ok or not, they can make those judgements for themselves ... families themselves can choose to have funding within their own account and choose how to distribute that, hire their own staff ... [or] hire each other ... [especially] in remote places of the country, services aren't getting there, [participants] are constantly waiting for people to visit, so actually finding their own solutions, creating jobs within their community, with the funding that existed. You're creating connections, people are sharing resources, sharing staff, it just has a ripple effect like you wouldn't believe and very little involvement from a worker like myself." (EGL Waikato Respondent)

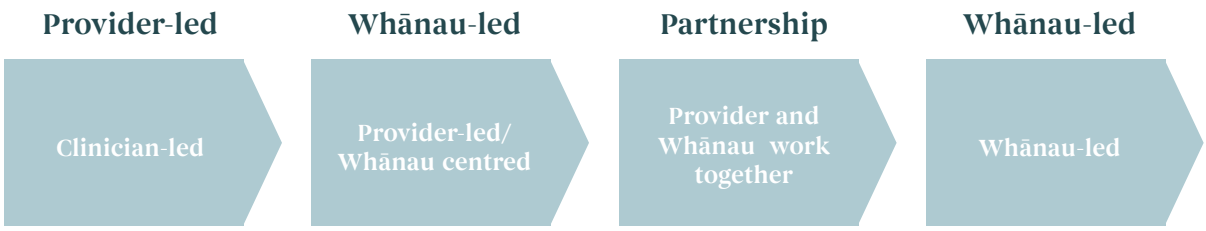


Figure 8: A Provider Continuum

WCMPLPHC is Culturally Anchored

Embedding the EGL principles into the Demonstration infrastructure and staff practices creates the anchor for a holistic approach focusing on the wellbeing of disabled people and their whānau. What has resulted is localised investment in disabled people and whānau, as one respondent reflected:

"I think that in health and social services, we're used to seeing the solution as being more workers so I think it is quite a shift to say, instead of investing in a workforce, we invest in a whānau to direct their own wellbeing. I think that's a fundamental commissioning shift that needs to happen which doesn't mean we don't need workers, but I think it's a different balance that might be required as we look forward ... Also, I think localised is often geography which is really important but at times localised is community of interest, so, you know, it might be good to put that lens on it as well." (EGL Waikato Respondent)

At the heart of this investment is disabled people and whānau, and the EGL Waikato systems and staff are mobilised to respond to them. One respondent reflected on the ability for participants to have choice and control over who supports them:

"When I ring people ... one of the first conversations we have is - 'who would you like as your worker?', and people don't know because they've never been asked that question before and I specifically [ask] 'do you want a male? do you want a female? do you want someone that's Māori?,

how old would you like that person to be?', you know, 'would they have had children, would they haven't?'." (EGL Waikato Respondent)

Creating a Healthy Environment

EGL Waikato recognises the complexities of causation for disabled people and whānau and aims to respond to all determinants of health by mobilising Tūhono/Connectors to 'be present' when working with participants:

"[O]ne of the very basic things that we asked the connectors was to please notice if there is not beds or food or clothing, or the house is freezing or there's no curtains and so we've done quite a heavy investment, ... because actually a pool of funding means nothing if your basic needs [are not being catered for] ... these real essential things which can be overlooked because people have a primary focus so you could go to your GP to talk about, a tooth, but actually underlying that there's other stuff, and we need to know and that's very hard for people to notice in 15 minute appointments. [S]o really making sure that you are noticing and so the workers involved aren't just thinking in one line." (EGL Waikato Respondent)

The Demonstration is approaching how they support disabled people and whānau to utilise their personal budgets in very different ways, as one respondent reflects:

"[We are] funding the whānau to find solutions, not necessarily more workers ... or build capability, it is about capability and community building, because I still think that will have the biggest impact on health outcomes and wellbeing, it's not just workers." (EGL Waikato Respondent)

Whanaungatanga: Fostering Relational Partnerships and Collaboration

Establishing and maintaining relationships is a critical part of the EGL Waikato approach. Whakawhanaungatanga is valued, values-driven and heavily invested in across the Demonstration, which is foundational to building trust in the system and within the system, and guiding decision making. Importantly trusted versus transactional relationships between the Demonstration team and participants, and members of the wider sector, are valued and visible.

"[T]he first thing we do is start with a blank sheet of paper and we put whānau at the centre and then think, what would make sense from that lens, which immediately gets into the principles. So it's about a key relationship, the interface between whānau, or disabled person and the system which, is our key relationship, that that person's comfortable in ... then you get to how do you make decisions about money? So, the old system, well-paid health professionals make a judgement really, about you and your whānau, and then they translate that into [an allocation] ... [W]hānau telling their own story, how do you facilitate that, so that becomes the process for decisions about money .. the most important principle is that we trust people to do what's right by themselves and their whānau because most people do most of the time, given the right support." (EGL Waikato Respondent)

Case study respondents spoke of the Demonstration team's ability to access key government partners and resources to rapidly respond to issues of significance for EGL Waikato participants, because of their physical position within a large agency:

"[O]f where we are positioned, which isn't a natural comfort place, it does give us some levers that we've had access to that we wouldn't have had in other ways. [T]he fact that we can walk 10 metres and talk to the Regional Disability Advisor for Work and Income, and we go another 20 metres [and] we

talk to the Regional Disability Advisor for Oranga Tamariki. [T]his is not a comfortable spot to be in a ministry structure but being able to pull those levers has made a massive difference, actually having those in-roads to the systems you need for this will be really important." (EGL Waikato Respondent)

Culturally Capable and Competent Workforce

The Tūhono/Connector role is a key navigational role within the EGL Waikato Demonstration. The EGL principles are reflected right across the organisation and manifest in the practice of all the Demonstration staff. One respondent shared how a principles-based approach appears in their practice:

" ... things can happen within a family that don't follow whatever rules there are ... that's where the principles really [come in], we have to stay really centred in our work and just say, actually, how do I keep someone's mana amongst this incredibly difficult conversation." (EGL Waikato Respondent)

Tūhono Māori have also been recruited to ensure that a cultural fit between whānau and their Tūhono can occur, should they choose, and is having a positive impact as one respondent reflected:

"I think Māori connectors have made a big difference with us ... [just yesterday, the work] that one of the [Tūhono] Māori had done would have not been able to happen if she hadn't been Māori, plain and simple. [It] would not happen without the right person going into that home and that of course happened with that simple phone call - 'who would you like in your home?' I think it's essential that the right people are going into the right places." (EGL Waikato Respondent)

Monitoring and Evaluation

Since 2011, research and evaluation have supported learning and innovation within national and local contexts. For EGL Waikato, Developmental Evaluation has been utilised since 2015 to assist the Demonstration and those within the system transformation process to learn and inform decision making. At a local level, this has been facilitated by the Local Leadership Group.

"... the Leadership Group made a strong commitment to a developmental evaluation approach from the beginning, it goes right back to the beginning of the Demonstration so that's really assisted us and continues to." (EGL Waikato Respondent)

Three phases of evaluation have been commissioned by the Local Leadership Group which have had shared oversight from National EGL and Governance Groups since 2015 and have also been grounded and informed by the EGL principles. A 'try, learn, adjust' model has also been implemented within the Mana Whaikaha context. This commitment to learning and adaption is also reflected in the practice of the Demonstration team members. They utilise individual and collective reflection to inform their practice and know that learning through failure, while not the intention, is accepted and owned.

"... learning as you go ... mistakes are made, we are human, but no punishment in the mistakes, just take them as learning, apologise, sorry is a good word, if you make a mistake, you own it." (EGL Waikato Respondent)

Experiences of Tāngata Whaikaha and their whānau

An excerpt from the EGL Waikato Phase Three Evaluation[45]

Tāngata Whaikaha, Māori disabled people, and their whānau, make up 36% of total active participants, and span all three EGL Waikato action areas, with 79 participants within the Tāngata Whaikaha action area. Of the 30 Tāngata Whaikaha and their whānau selected for the evaluation, most interviews were completed as whānau, reflecting the age of the participants (the average age was 17 years) and the involvement of whānau in the lives of participants and the Demonstration generally.

In general, like the majority of participants, Tāngata Whaikaha also had positive experiences of EGL. Some successes are that whānau identified that they felt safe and supported, particularly in comparison with previous systems they had engaged with. In addition, whānau reported having positive relationships with Tūhono/ Connectors and were appreciative there were Tūhono Māori, noting that they "love that they are Māori, [it] makes a big difference". It was also clear in the interviews that open and ongoing communication is critical and strengthens relationships between Tūhono/Connectors and participants. Finally, respondents noted that they had experienced mātauranga-informed[46] practice when engaging with Tūhono Māori and appreciated practices that are responsive to them as Tāngata Whaikaha and as whānau. There were some opportunities for improvements identified by Tāngata Whaikaha that would further enhance their experience of EGL Waikato.

Summary

There are a number of key elements which influence successful commissioning of whānau-centred Māori and Pacific led primary health.

Clear guiding principles that address inequity and rebalance power

The principles of EGL are clearly focused on enabling choice and control for disabled people and whānau. They provide a shared understanding of the direction of change and guide the system and stakeholders in the system about how to realise this change and transformation.

Those that are intended to benefit from the approach are at the table

By committing to structures and processes underpinned by the EGL principles disabled people and whānau are at decision making tables, are able to actively contribute to policy, design and implementation processes that matter to them, and genuinely feel that their experience and expertise is valued. Disabled people and whānau are the experts in their lives, not the system or its agents.

Change making involves considered risk and trust at all levels

There is a genuine desire for change, however there is a range of factors that can prevent or slow change if not actively and openly addressed. Critical to this conversation is why it must be addressed – Enabling Good Lives is focused on elevating the voices of some of New Zealand's most marginalised people and whānau so they can live their lives with choice and control. This acceptance of risk does not apply in the same way across all parts of the system, with some agency staff and therefore agencies still being

[45] For the full report visit: https://www.enablinggoodlives.co.nz/current-demonstrations/enabling-good-lives-waikato/waikato-evaluations/
[46] Refers to the use of Māori knowledge, language and custom

fearful and having mistrust in the movement towards a transformed system.

Co-locating within the system to leverage resources propels an equity-based response

Being positioned to harness the resources available to large government agencies has enabled rapid responses to progress and resolve issues of significance to disabled people and whānau. For example, being able to access legal advice to protect a participant's rights. It has also meant that the level of risk associated with the rare situations of misuse of funds, has resulted in being very low risk. Participants have been supported to learn from the situation and appropriate supports are put in place to enable ongoing choice and access to supports.

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Covid-19 | EGL Waikato reflections on their response

Having strong relationships, knowing their people and networks, and continuing to operationalise the EGL principles in these unprecedented times, has enabled EGL Waikato to engage at pace. By staying up with developments and making sense of these in real time, they have activated a response to secure essential services and maintain the safety and wellbeing of the 429 disabled people and whānau they support. Below provides an outline of their rapid response to Covid-19.

EGL Waikato has been in active Covid-19 response planning since 13 March 2020. We are acutely aware of the risks for many of the disabled people, families and whānau we support. Our Covid-19 Response Plan was in version 2 by 19

March. The plan covers: team wellbeing, payment system contingencies, implementing immediate strategies to reduce transmission risk, liaison with EGL Christchurch, Mana Whaikaha and the Ministry of Health, information to participants, a comprehensive participant review process in relation to Covid-19, access to personal protective equipment (PPE), team prioritisation in case of community spread and shutdown, provider collaboration, developing options for participant staff cover, working remotely and IT contingencies.

Beginning 18 March, the team contacted all participants, and a Covid-19 review was completed. Reviews for all 429 participants were completed and prioritised by the end of 24 March. This review covered issues of resiliency and vulnerability, social connection, home stability, health issues, support needs, need for personal protective equipment, what contingency plans people have in place, discussions about options for staff cover and if they have 4 weeks additional funding available in their EGL account. On 18 March a team member was delegated responsibility to coordinate PPE, as we saw this as an emerging risk. Due to good relationships with Waikato DHB, we accessed 17 boxes of PPE and these were delivered to disabled people and families at highest risk on 26 March, day 1 of lockdown. A second delivery has since occurred.

A written Covid-19 communication went to all participants on 19 March, 24 March and 1 April. All team members are used to working remotely and we also trialled a team meeting via zoom on 20 March. Four of the team have worked from home from 23 March and since lockdown all are working remotely from their bubble. There has been significant support to assist families to maintain/establish their essential supports through this difficult time. This work is ongoing.

Te Piringa

A metaphor

Te Piringa provides a metaphor for the provision of whānau-centred Māori and Pacific led primary health care in Aotearoa. Te Piringa[47] has two meanings. Firstly, it refers to a place of shelter; a haven or refuge. Secondly, it refers to a link, association or relationship. Referencing Māori and Pacific architecture, the metaphor highlights the existence of significant common features and purposes, while acknowledging important cultural and contextual differences, both between and within Māori and Pacific Peoples.

Neither Māori or Pacific People are an homogenous group. Self determination privileges traditional Māori social and political units over biculturalism's Māori whole[48]. Although there are common elements and design features within Māori architecture, no two wharenui are identical. Similarly, the concept of Te Piringa as self determining expressions of shelter and/or relationships, recognises the diversity that exists within and between Pacific Peoples in Aotearoa. The concept of fale is a well- known expression in Pacific communities and although there are unique manifestations of shelter, both tradditonal and contemporary, the associated values, benefits and challenges are similar. The relationship between Māori and Pacifc can also be reflected in similar models of health utlisiting a whare/fale metaphor. Mason Durie's Te Whare Tapa Whā and Fuimaono Karl Pulotu-Endemanns Fonofale model are both holistic and culturally anchored models of health and well-being for Māori and Pacific People's.

Regional innovation is responsive to the environment, resources, history, needs and aspirations of the community. This exists in both Māori and Pacific architecture and in the provision of whānau-centred Māori and Pacific Led Priamry Health Care. These environmental factors are interpreted through varying cultural traditions and values. Differentiated localised solutions result. This is true in arcitecture, and in the design and provision of whānau-centred, Māori and Pacific led, Primary Health Care .

The following table expresses how the key insights identified on page 9 are contextual, expressed in each case, and reflected within the metaphor.

[47] Naming the metaphor Te Piringa
While teaching a whaikōrero course in 2007, he late Dr Monte Ohia shared the following encouragement:
"E ngā whānau, kia kaha koutou ki te whakahoahoa, ki te whakapiripiri, ki te whakatatata. He tino taonga te whanaungatanga. He tino taonga anō hoki te whakapapa."
"You the families be strong. Vigilently remain friends, support each other and remain close. Relationships are precious. Kinship is a valued treasure."
A karakia written by te reo Māori tauira at a kura reo in 2008 contains the following line:
"Ahakoa he ara piere nuku, ko koe te piringa, ka puta, ka ora."
"Although we travel a path of extreme difficulty, you are the shelter that protects us and gives us life."
The first phrase speaks to the importance of whānau, of whanaungatanga, and of the strength that emanates from our shared whakapapa. The second recognises the difficulty of the path ahead and calls for divine intervention to aid success. This has dual relevance. Firstly, regarding the crucial but difficult work undertaken by whānau-centred Māori and Pacific led primary health care providers. Secondly, recognising the difficult path ahead for the sponsors and supporters of efforts to achieve a step-change in the provision of health care for Māori and Pacific communities.

[48] Sullivan, D. (2007) Beyond Biculturalism: The Politics of an Indigenous Minority. Huia: Wellington, New Zealand

Commonalities	Contextual Differences	Te Piringa as a Metaphor
Providers are culturally anchored	Cultural models of practice that are often contextual e.g. He Poha Oranga, Te Kāīka, Mana Tiaki, Etu Pasifika Integrated model, are realised differently in each provider. Kaupapa Māori providers privilege culturally distinct approaches. Distinct contextual differences with services that are marae based and iwi led and driven.	The tikanga or kawa, 'this is the way we do things around here'. The blessing of our whare/fale at openings. Every whare/fale has a unique story, history. Kaumātua advise on cultural and spiritual aspects of significance pertaining to location.
Services are integrated and collaborative	Localised partnerships drawing on local resources and relationships. There are differences across the models in the approach to integration and collaboration, with who and for what purposes, e.g. fit with kaupapa, level of support for Whānau Ora approach, extent to which the contracts allow for this. Kotahitanga Collective, Te Kāīka and relationship with Unversity of Otago Dental School, Etu Pasifika integrated care model	Utilising local building materials to construct unique structures. Use of a blend of traditional/contemporary building styles and materials.
Localised solutions using local resources	Innovative programmes reflecting the challenges as each community sees them. Te Waka Tūhono Innovation, Kotahitanga whānau innovation, EGL responses, Etu Pasifika co-design, Prosperous and Healthy Pacific Cantabrians, The Fono Oceania Career Academy.	Structural innovations to suit the environment, like open roof fale. Impact of colonisation on our authentic cultural designs – e.g Taitokerau many wharenui with no carvings

Commonalities	Contextual Differences	Te Piringa as a Metaphor
A culturally capable and competent workforce	Staff with cultural, clinical and community competencies. Differences in the extent to which primary health services privilege mātauranga Māori and te reo Māori. Navigators, Medical clincians, Tūhono, Tohunga, Kaumātua/Kuia	The ringawera/haukainga that bring the whare/fale to life. Recognition of the mutliple skills required for different roles within the whare/fale.
Growing and nurturing whanaungatanga (trusted relationships)	Trusted relationships that connect the kaimahi to the whānau often through whakapapa. Whānau to whānau, hapū to hapū and Iwi to iwi relationships, Pacific peoples Innovative programmes reflecting the challenges as each community sees them. Te Waka Tūhono Innovation, Kotahitanga whānau innovation, EGL responses, Etu Pasifika co-design, Prosperous and Healthy Pacific Cantabrians, The Fono Oceania Career Academy.	Manaakitanga that welcomes visitors to the whare/fale, makes connections, provides kai, care and encourages them to return.
Monitoring and evaluation systems support practice-based reflection	Ongoing evaluation relationships that focus on continual improvement. EGL Evaluation, Kotahitanga Action Research, Te Waka Tūhono Developmental Evaluation, The Fono – Whānau Ora Reporting.	Building maintenance that ensures that the whare/fale is kept in good order, compliance is in order and is able to meet the intergenerational needs.

Commonalities	Contextual Differences	Te Piringa as a Metaphor
Māori and Pacific Led Governance/Leadership	Structures of governance and leadership reflect the nature of the community. Te Kāika rūnanga owned, Kotahitanga Governance Collective, The Fono Pacific Governance.	The architects and builders of the whare/fale, bringing diversity of skills to the construction. Community involved in the build.
Whānau are supported to identify and achieve their aspirations	Systems and process such as co-design to ensure that whānau are active particpants in the service and can be self determining in their own lives. Ngā Kete Kaumātua Group, EGL principles, Kotahitanga co-design, Prosperous and Healthy Pacific Cantabrians co-design, Te Kāika community codesign processes.	Diversity of the whare/fale, no two whare/fale are the same and represent the aspirations of the mana whenua in the area.
Addressing power relationships	Concepts of decolonistation and equity underpinning all interactions. Te Kāika establishment changes, Kotahitanga commissioning arrangements and system disruption approaches.	References the inequity of Māori and Pacific home ownership in Aotearoa and the impact this has on intergenerational whānau health and wellbeing.

Te Piringa

Localised Solutions: Māori

Interpreted through:

Tikanga

Kawa

Tapu

Whakapapa

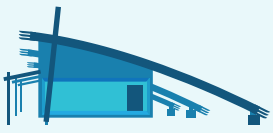
Mana

Whenua

Whare Tipuna

Whare Whakairo

Whārekōpae

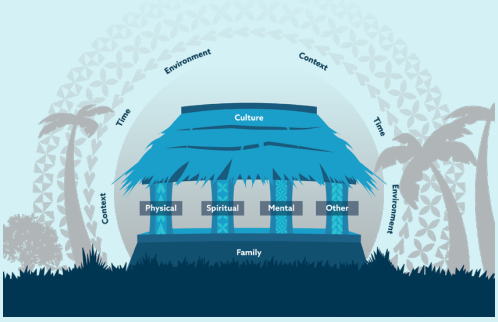


Contemporary/traditional

Common Features

- Provide shelter and protection
- Have a supportive structural framework
- Provide the ability to enter and exit
- Places of cultural rituals and encounter
- Imbued with cultural knowledge
- An expression of whānau connection and relationships
- Grounded in the landscape
- Encompass cultural practices in their design and build
- Receptacles of communities' cultural traditions
- Readily identifiable cultural design features

Te Whare Tapawhā. (Durie, 1994)



Fonofale Model. (Pulotu-Endemann, 2009)

Regional Innovation

- Utilisation of locally available resources
- Designed to withstand and respond to local conditions
- Constructed to serve the needs of the community in that place
- Protocols and practices decided by the community

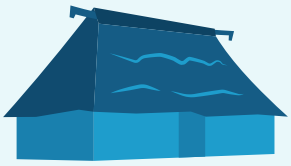
Localised Solutions: Pacific Peoples

Interpreted through:

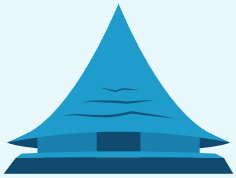
Pasifika values as defined by each Pacific ethnic group

Fale/'Are/Kaina/ Kainga/Vale/Bure/ Te auti/ Te mwenga/ Ri noho

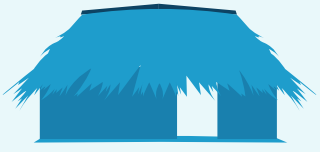
Fale



Vale/ Bure



Kikau



Maneaba