

TRACKING WHĀNAU ORA OUTCOMES:

JULY – DECEMBER 2013

A report prepared by Te Puni Kōkiri on Whānau Ora results

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ABOUT THIS REPORT

This report reviews Whānau Ora results from June – December 2013. Results are presented around:

- Whānau engagement, aspirations and improvements (Section 1-3)
- Transformation to whānau-centred service delivery (Section 4).

The report focuses on results achieved through Service Delivery Capability Funding, rather than through the WIIE Fund. Results have been collated and analysed from three sources:

1. **Action research reports** from 12 provider collectives on whānau-centred service delivery and its impact on whānau. The collectives are:

Hawke's Bay Hauora, Kōtahitanga Roopu, Ngā Mataapuna Oranga Kaupapa Māori PHO, He Waka Kōtuia o Araiteuru, Pacific Islands Safety and Prevention Project, Taranaki Ora (Tui Ora Limited and Tū Tama Wahine o Taranaki), Te Arawa Whānau Ora Collective, Te Hau Āwhiowhio o Otangarei, and Te Oranganui Iwi Health Authority, and Te Pū o te Wheke o Ngāpuhi Collective.

2. **Reporting from 27 providers and collectives** on whānau outcomes and whānau-centred service delivery. The collectives are:

Alliance Health + PHO, Hawke's Bay Hauora, He Iwi Kotahi Tātou Trust, He Oranga Pounamu, Kōtahitanga Roopu, National Urban Māori Authority, Ngā Kete Mātauranga Pounamu, Ngā Mataapuna Oranga Kaupapa Māori PHO, Ngāti Whātua Ōrākei Māori Trust Board, Te Rūnanga o Toa Rangatira Incorporated, Pacific Islands Safety and Prevention Project, Pacific Trust Canterbury, Raukawa-Maniapoto Alliance, Taeaomanino Trust, Tākiri Mai te Ata Incorporated, Taranaki Ora (Tui Ora Limited and Tū Tama Wahine o Taranaki), Te Ao Mārama, Te Arawa Whānau Ora Collective, Te Hau Āwhiowhio o Ōtangarei, Te Ope Koiora, Te Oranganui Iwi Health Authority, Te Pū o te Wheke o Ngāpuhi Collective, Te Tai Tokerau Whānau Ora Collective, Te Taiwhenua o Heretaunga, Te Whare Maire o Tapuwae, and Tiaho Trust.

This compares to 24 providers and collectives reporting for the quarter ending September 2013 and 17 providers and collectives reporting for the quarter ending June 2013.

3. **Surveys completed by 330 whānau (representing 1,795 whānau members)** engaged with 19 collectives over 2013. The surveys asked whānau about their satisfaction with support received through Whānau Ora and improvements occurring as a result.

1. WHĀNAU ENGAGEMENT WITH WHĀNAU ORA

1.1 NUMBERS ENGAGED

In the quarter ending December 2013, there was an increase in the number of whānau and whānau members who were engaged with provider collectives in Whānau Ora, up to 6,534 and 30,256 respectively (Table 1). There was also an increase in whānau plans being implemented.

Table 1. Number of whānau engaged with Whānau Ora, June – Dec 2013 quarters

	June 2013	Sept 2013	Dec 2013
Whānau receiving whānau-centred services through providers and collectives	5,176	5,525	6,534
<i>Whānau members represented by these whānau</i>	25,558	28,211	30,256
Whānau working with navigators in provider collectives <i>(Note this is a subset of the number of whānau receiving whānau-centred services)</i>	2,116	2,763	2,868
Whānau members working with Whānau Ora services (primarily navigators)	11,126	11,491	15,824
Number of staff taking a navigational approach (both TPK-funded and other)	356	437	409
Number of whānau plans progressed	1,367	1,414	2,219

Engagement with Whānau Ora was highest in Tāmaki Makaurau and Te Moana a Toi regions (Table 2, and Figure 1). Regions that reported a smaller number of whānau engaged either have recently begun whānau planning or are focusing on strengthening other whānau-centred services.

KEY POINTS

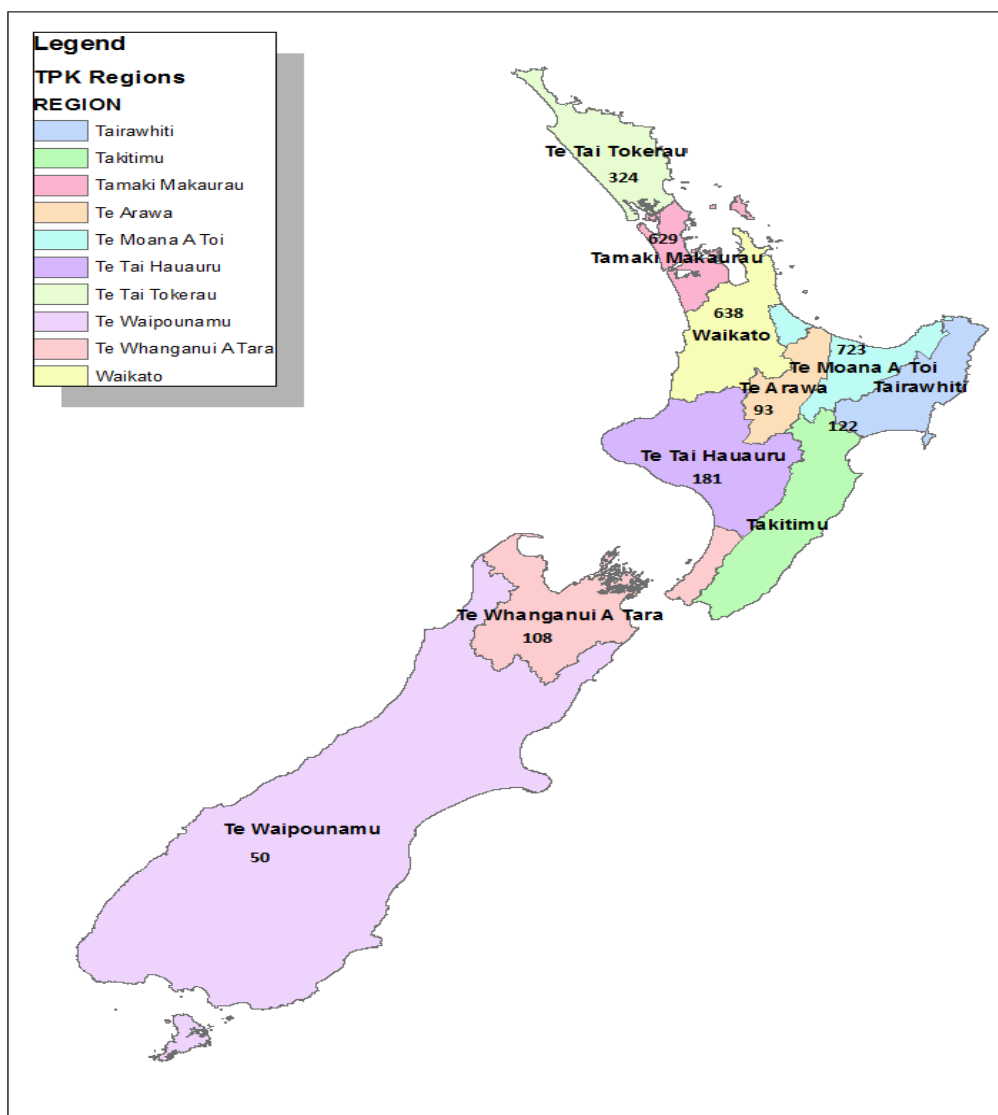
- During the December 2013 quarter, over 6,500 whānau comprising 30,000 whānau members were engaged with Whānau Ora.
- The number of whānau plans progressed has increased to 2,219.
- Whānau engagement is highest in Tāmaki Makaurau and Te Moana a Toi regions.
- Almost two-thirds of whānau members engaged with Whānau Ora were Māori, but there are significant regional differences.
- Most whānau had 10 or fewer members engaged, and almost two-thirds had five or fewer members engaged.
- Of the specific services and programmes that whānau engaged with, just less than three quarters (73%) accessed between 1 and 4 different types of services/programmes.
- Health services were the most common type of services or programmes accessed by whānau.
- Almost all whānau (98%) surveyed were satisfied with their engagement with Whānau Ora.

Table 2. Regional breakdown of whānau engagement, Dec 2013 quarter

	No. whānau actively engaged with Whānau Ora navigators (refer figure 1)	No. whānau members working with Whānau Ora services	No. whānau plans progressed
Te Tai Tokerau	324	2191	561
Tāmaki Makaurau	629	4924	683
Waikato	638	1103	122
Te Moana a Toi	723	3776	342
Te Arawa	93	528	66
Takitimu / Tairāwhiti*	122	532	119
Te Tai Hauāuru	181	559	278
Whanganui a tara	108	359	73
Te Waipounamu	50	1852	32

Figure 1. Number of whānau working with Whānau Ora navigators by region, Dec 2013 quarter

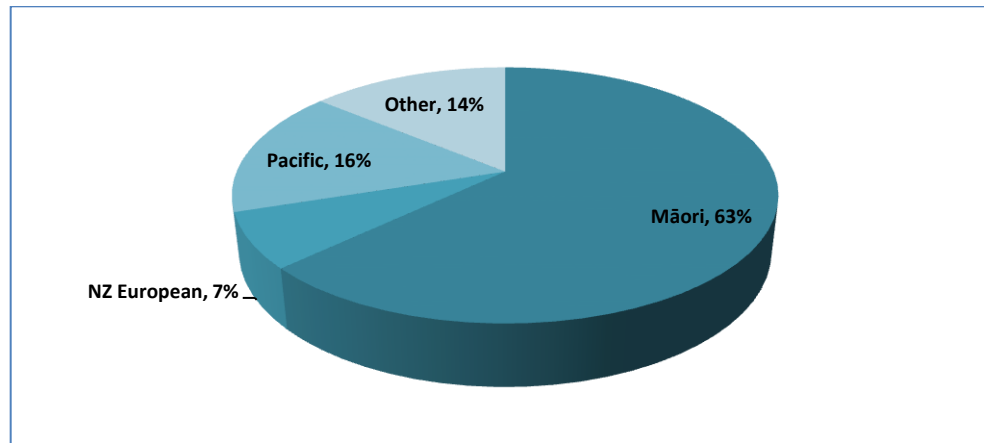
*Note: Takitimu and Tairāwhiti regions have been combined



1.2 ETHNICITY

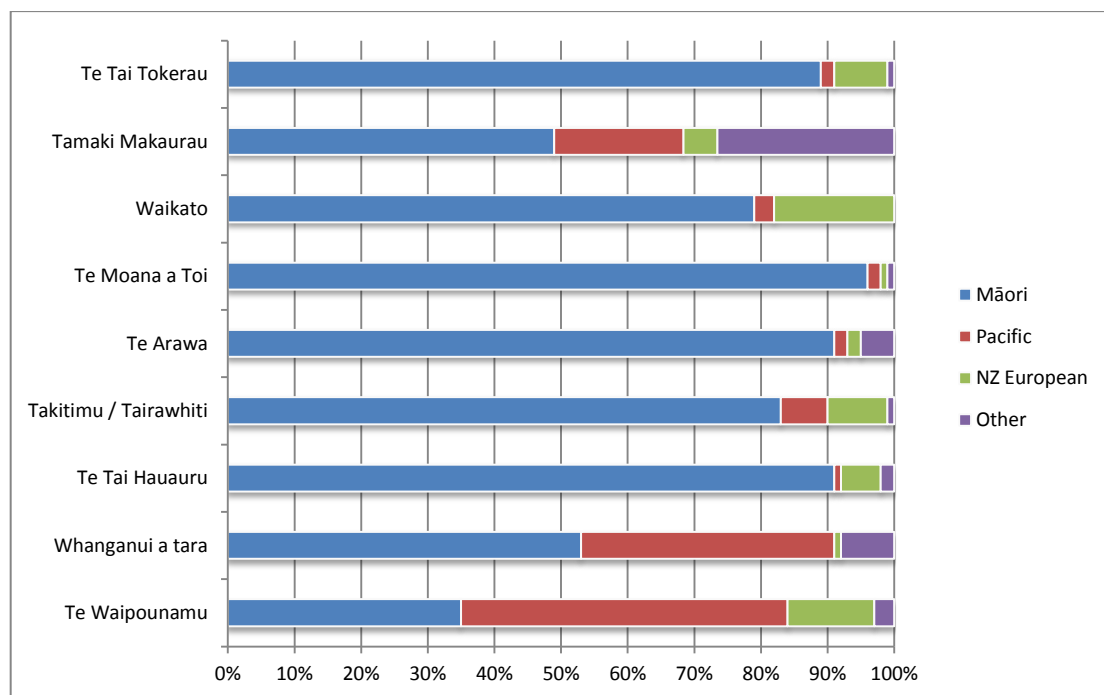
During the December 2013 quarter, almost two-thirds (63%) of whānau members engaged with Whānau Ora were Māori (Figure 2). This is an increase of eight percent from the September 2013 quarter, but similar to the ethnicity breakdown from the June 2013 quarter.

Figure 2. Ethnicity of whānau members engaged with Whānau Ora, Dec 2013 quarter



There are considerable regional differences in the ethnicities of whānau engaged (Figure 3). In regions where a high proportion of Māori live, there is also a high percent of Māori engagement, for example in Te Tai Tokerau, Te Moana ā Toi and Te Arawa. On the other hand, regions with the largest urban centres: Tāmaki Makaurau, Te Whanganui ā Tara and Te Waipounamu, show greater ethnic variation of whānau members engaged with Whānau Ora.

Figure 3. Ethnicity of whānau members engaged with Whānau Ora, by region, Dec 2013 quarter



1.3 WHĀNAU SIZE AND TYPE

Information on the size of whānau that collectives are working with comes from the whānau satisfaction survey, in which whānau are asked to write the number of whānau members engaged with Whānau Ora services. Table 3 illustrates that most whānau (85.2%) had fewer than 10 members engaged, and almost two thirds (62.4%) had five or fewer members engaged. This does not necessarily mean the whole whānau was made up of five or fewer members; it simply reflects the number of whānau members who were actively engaged in planning or services and programmes.

Table 3. Number of whānau members engaged with Whānau Ora services (whānau satisfaction survey)

Whānau size	% of respondents
1 to 5	62.4%
6 to 10	22.8%
11 to 20	6.6%
20 to 100	6.6%
100 +	1.5%

Whānau level of crisis, need or self-management varies considerably across collectives and regions. Some collectives have reported on the high level of crisis among most of the whānau they work with, including issues of family violence, drug and alcohol abuse, and unemployment. Other collectives have described a number of whānau that are able to self-manage plans. Some collectives are focusing on particular populations, such as youth offenders or whānau members with mental health issues.

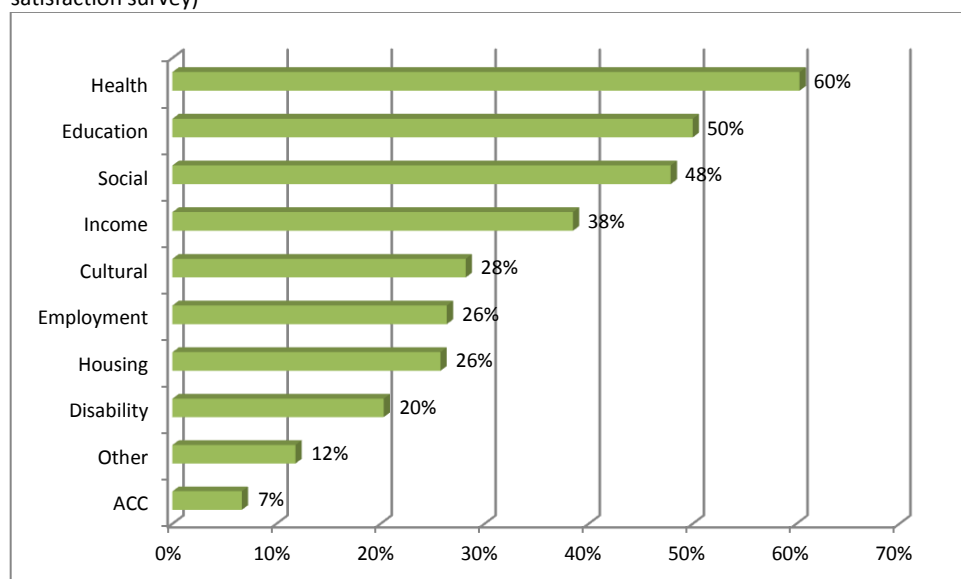
1.4 TYPE OF SUPPORT PROVIDED TO WHĀNAU

Whānau have been engaged with Whānau Ora in a number of different ways. During the December 2013 quarter, almost half (44%) of whānau were working with navigators, and around one third (34%) were implementing whānau plans. In addition, a number of whānau were engaged with services or programmes that have been strengthened to become more whānau-centred. Examples include: service delivery ‘hubs’ that integrate a range of services, community-based services that have adopted a more holistic approach and are working with the whole whānau, and specific programmes that have been developed around whānau needs (e.g. employment, driver licensing and budgeting).

The whānau satisfaction survey provides a snapshot of whānau engaged with Whānau Ora. Through this survey of 330 whānau, most (98%) were engaged with whānau planning. In addition, just over one-third of whānau (36%) were engaged with one or more types of services/programmes, such as health services, social services or cultural services. Another one-third (37%) were engaged with three or four types of services/programmes; 26% were engaged with five to nine types of services/programmes, and just one percent was engaged with 10 types of services/programmes.

Health services or programmes were the most common types of services/programmes that whānau were engaged with, where 60 percent of whānau were engaged with some health service or programme (Figure 5). This was followed by education and social services/programmes, in which 50 percent and 48 percent of whānau were engaged, respectively.

Figure 5. Percent of whānau who engaged with different types of services through Whānau Ora (whānau satisfaction survey)



Almost all whānau surveyed about their engagement with Whānau Ora were satisfied or very satisfied with the Whānau Ora services they received (98.3%). In addition, most whānau gave positive ratings about the specific types of support they received from their primary Whānau Ora kaimahi (worker) – from being clear and answering questions, to supporting whānau to identify needs and achieve goals (Table 5).

Table 5. Percent of whānau who agree/strongly agree that Whānau Ora kaimahi provided support across a range of areas (whānau satisfaction survey)

Aspect of support provided	% whānau who agree/strongly agree
Respected cultural beliefs, needs and preferences	100.0%
Clear and easy to understand	99.4%
Provided whānau with info and support to make decisions	99.3%
Able to answer our questions	99.1%
Supported whānau in achieving goals	98.7%
Supported whānau to identify our needs	98.3%
Taken into account the needs of whānau as a whole	98.3%
Supported whānau to make appointments	97.6%
Supported whānau to access all the services they need	95.8%

Whānau suggestions for improving the support they received centred on three things: additional services; improved planning process; and improved communication. Firstly, whānau recommended specific types of additional support, such as transport, food parcels, adult mental health services and employment support. Secondly, recommendations focused on the planning process, from more funding to speeding planning up and greater clarity on how it worked. Finally, suggestions centred on more communication between kaimahi and whānau, between kaimahi and specialists, and more publicity about the service in general.

2. WHĀNAU ASPIRATIONS

Whānau set a range of goals through whānau planning, from goals related to health or employment to goals around whānau connections and whānau leadership. During the quarter ending December 2013, the most common types of goals related to health and disability, followed by education and training, and life/personal skills (Figure 6). This reflects the trends from previous quarter (Figure 7).

The fact that there are a high number of goals in health and disability may reflect the high number of whānau engaging with health services and programmes. Collectives have reported that while whānau may initially engage around health services, they are taking steps to broaden goals and work more long-term with whānau. In particular, provider collectives highlight the emphasis by kaimahi and whānau alike on skills building through education, training and other means. This may explain the high number of goals set in these areas.

KEY POINTS

- Health and disability remains the most common type of goals for whānau, both nationally and in seven regions.
- Other common types of goals set are in education/training and life/personal skills.

Figure 6. Distribution of goals set through whānau planning, Dec 2013 quarter

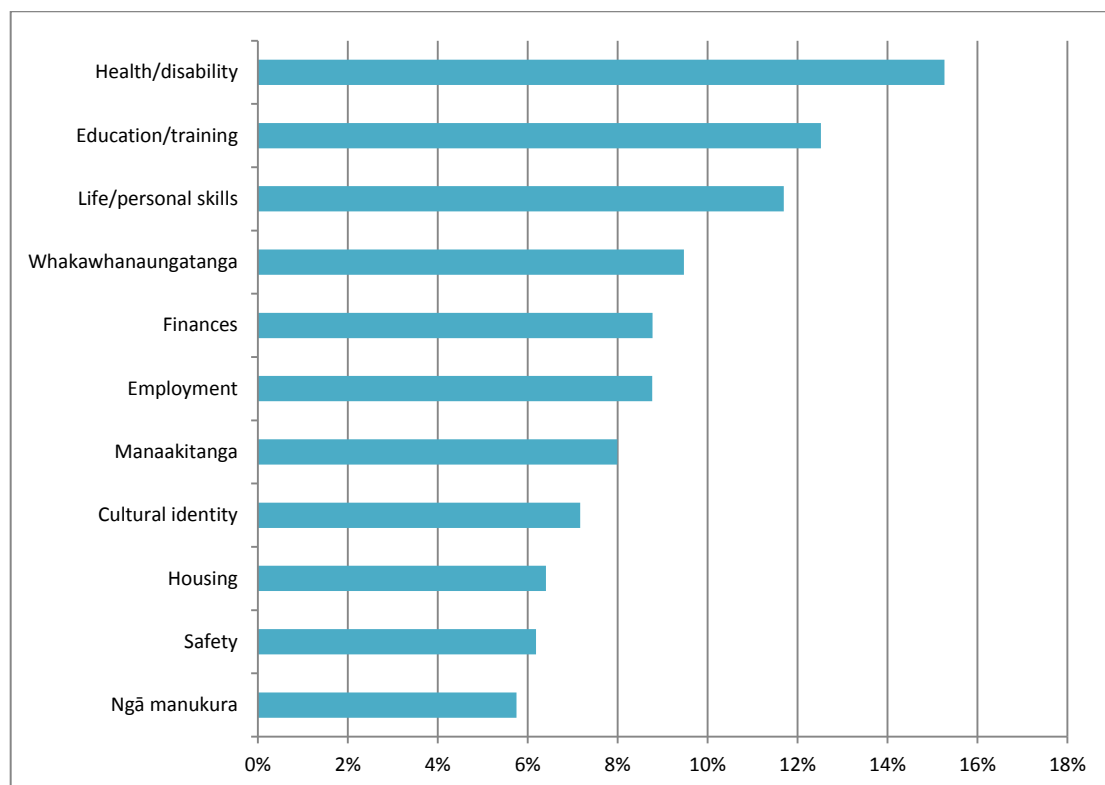
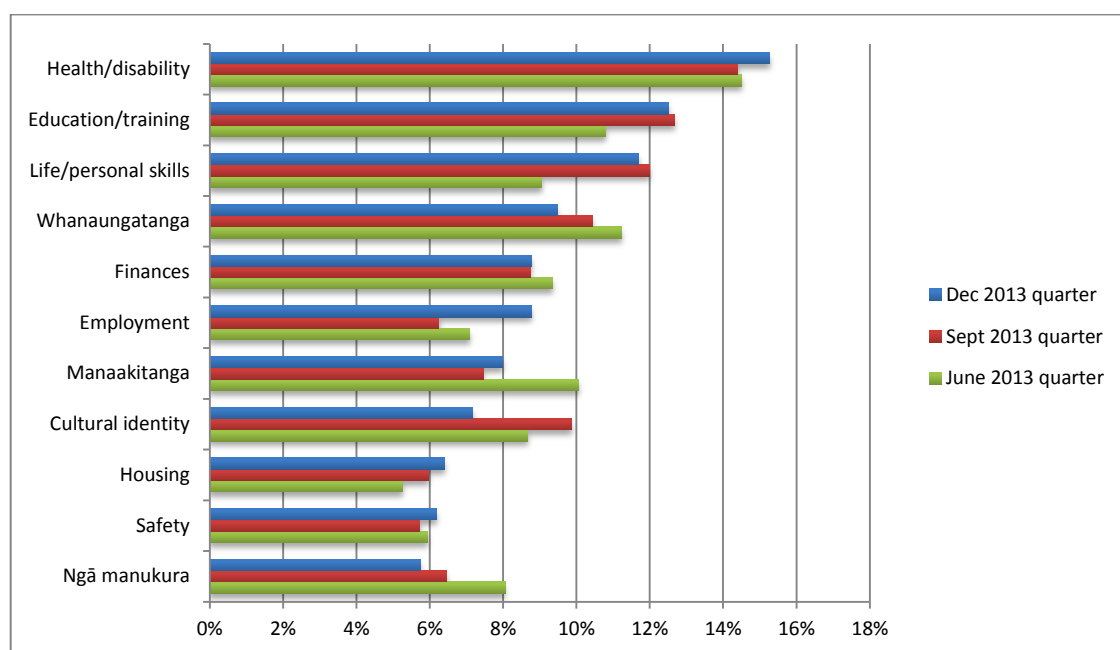


Figure 7. Distribution of goals set through whānau planning, June - Dec 2013 quarters



Analysis of whānau goals set across each region shows that in seven of the nine regions, health/disability was the most common or among the most common goals. Whanaungatanga was the most common type of goal in two regions (Te Tai Tokerau and Te Whanganui ā Tara), as was education/training (Tāmaki Makaurau and Te Moana ā Toi) and manaakitanga (Te Tai Hauāuru and Te Whanganui ā Tara).

Table 6. Most common type(s) of goal set, December 2013 quarter

Region	Most common goal type(s)
Te Tai Tokerau	Whanaungatanga Life/personal skills Health/disability
Tāmaki Makaurau	Education/training Health/disability Employment
Waikato	Health/disability
Te Moana ā Toi	Health/disability Education/training
Te Arawa	Health/disability
Takitimu / Tairāwhiti	Health/disability
Te Tai Hauāuru	Health/disability Manaakitanga
Te Whanganui ā Tara	Whanaungatanga Manaakitanga
Te Waipounamu	Cultural identity

3. CHANGES OCCURRING FOR WHĀNAU

Numerous sources of evidence describe improvements occurring for whānau through Whānau Ora. Whānau stories detail the way that whānau engagement in aspirational planning, combined with holistic and strengths-based support from navigators, has created a space for improvements to occur. Action research depicts how whānau-centred service delivery has supported whānau-identified needs to be addressed. Reporting from provider collectives quantifies goal achievement for whānau, as well as other whānau improvements. The whānau satisfaction survey further spells out the type and extent of improvements occurring for whānau.

It is clear from these sources that improvements are wide-ranging. Whānau are the ones who drive goal setting and improvements. Some are immediate (such as obtaining firewood or reuniting whānau), others are more long-term (such as NCEA achievement or completing tertiary study).

3.1 WHĀNAU GOAL ACHIEVEMENT

Provider collective and action research reports suggest that the holistic nature of Whānau Ora supports whānau goal achievement to occur. Reporting also suggests that improvements to whānau relationships and connections underpin goal achievement in other areas, even seemingly unrelated areas such as education or employment.

The overall progress of whānau in moving towards their goals has increased since the September 2013 quarter, but dropped since the June 2013 quarter (Table 7 and Figure 8). In the December 2013 quarter, whānau achieved goals in an average of two-thirds of the areas in which they were set.

KEY POINTS

- The overall progress rate in whānau goal achievement has increased since the September 2013 quarter but dropped since the June 2013 quarter.
- Whānau goal achievement was highest in goals related to ngā manukura, safety, life and personal skills, and manaakitanga.
- There are no obvious trends in goal achievement between quarters or across regions.
- Whānau improvements identified through the whānau satisfaction survey occurring across a range of areas. The most common improvements are to: whānau motivation to improve their wellbeing; knowledge of how to access services; education training; and health eating/exercise.
- The number of improvements whānau are experiencing is highest when 6-10 whānau members are engaged.
- The number of improvements whānau are experiencing increased when whānau are engaged with a range of different types of services and programmes.

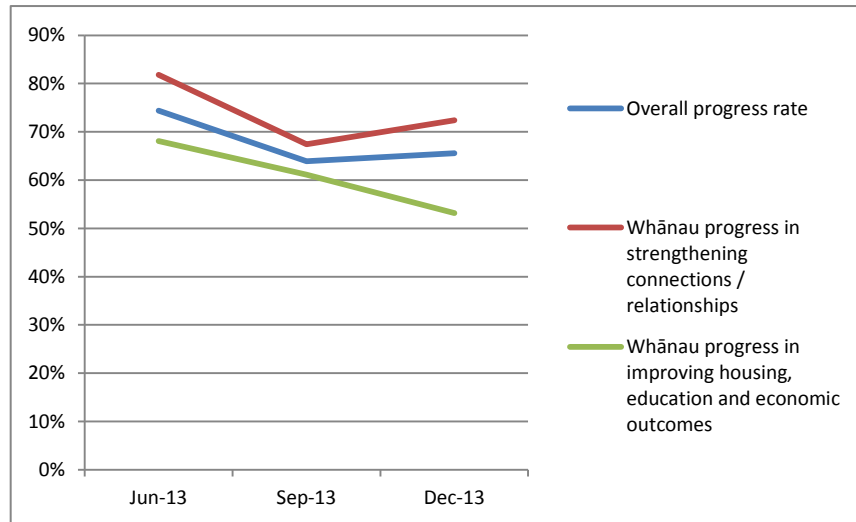
Table 7. Whānau progress through whānau planning, June - Dec 2013 quarters

	Dec 2013	Sept 2013	June 2013
Overall progress rate in whānau planning	65.6%	63.9%	74.4%
Whānau progress in strengthening whānau connections and relationships	72.4%	67.4%	81.8%
Whānau progress in improving housing, education and economic outcomes	53.2%	61.1%	68.1%

Whānau progress in achieving goals around whānau connections and relationships also increased from the September 2013 to December 2013 quarters but dropped from June 2013 quarter (Table 7). Whānau progress in achieving goals around housing, education and economic outcomes has steadily declined since the June 2013 quarter.

The drops in whānau progress since the June quarter may be due to the fact that during the previous two quarters, an increasing number of collectives and providers employed navigators and commenced reporting. This means that these providers are at earlier stages of engagement and planning with whānau, where whānau have set, but not yet achieved, many goals.

Figure 8. Whānau progress through whānau planning, June – Dec 2013 quarters



A breakdown of goal achievement by goal type shows that during the December 2013 quarter, achievement was highest in goals related to ngā manukura, safety, life/personal skills and manaakitanga (Figure 9). When comparing goal achievement between December and previous quarters, there is considerable variation in the types of goals with the highest achievement rate (Figure 10).

Figure 9. Achievement rate (by goal type), Dec 2013 quarter

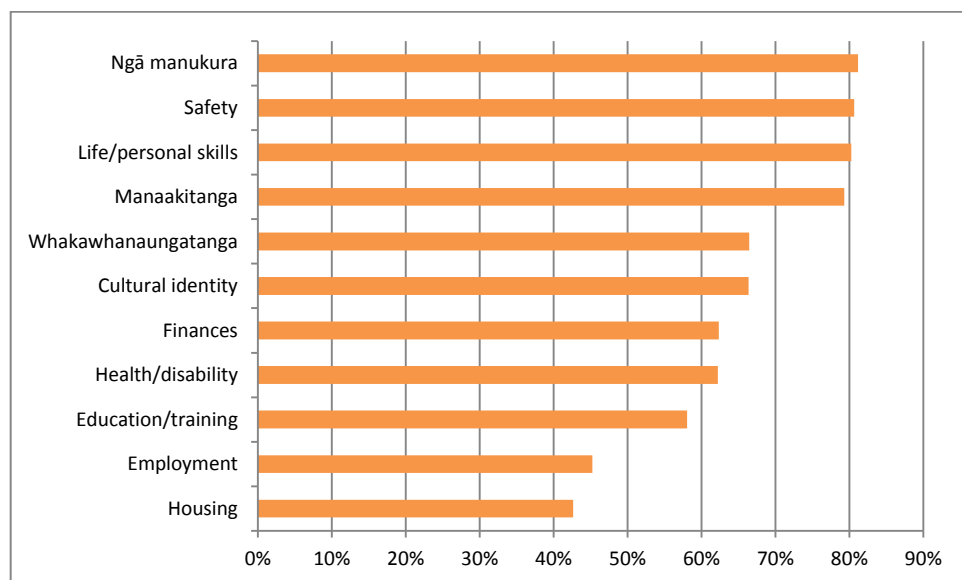
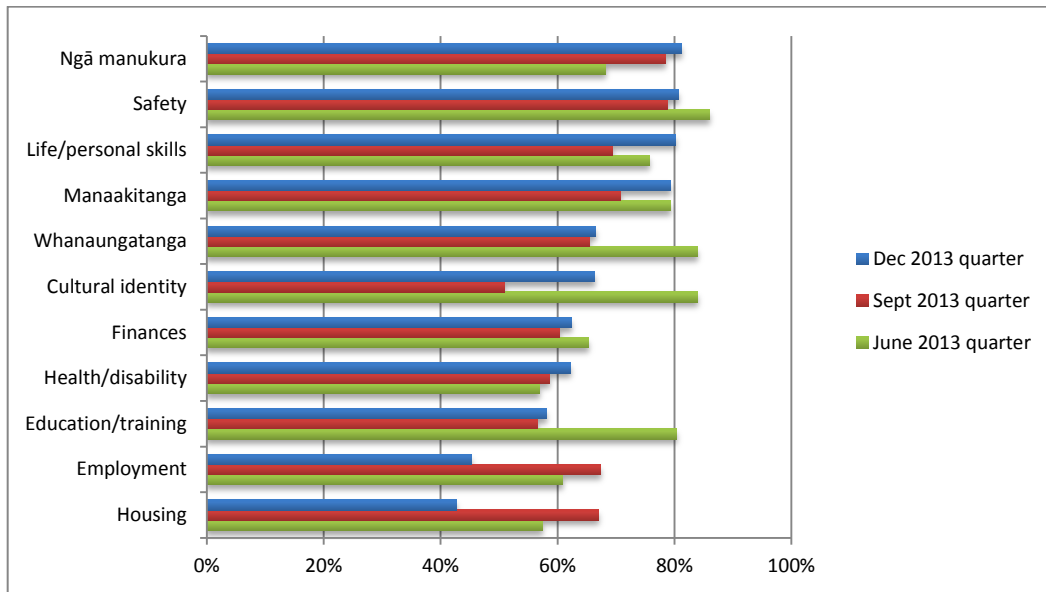
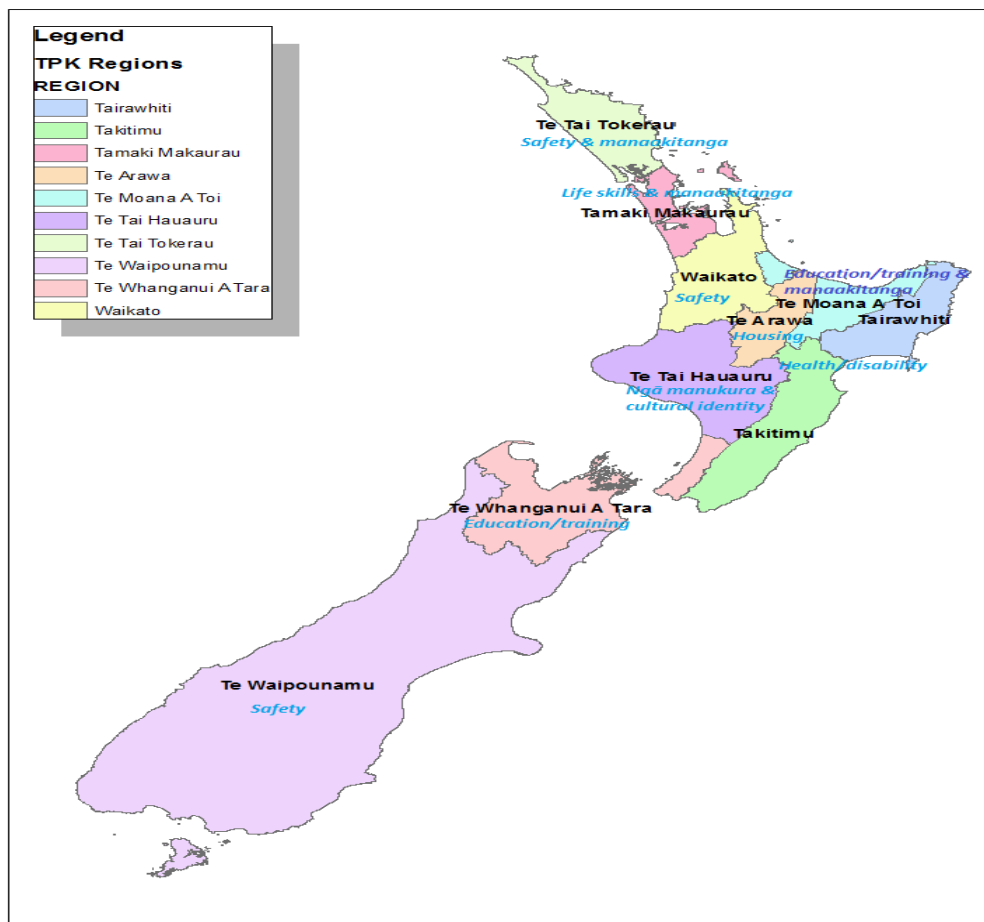


Figure 10. Achievement rate (by goal type), June - Dec 2013 quarters



Regional analysis of goal achievement from the December 2013 quarter also shows varying results. While three regions shared safety and manaakitanga as having highest achievement, the types of highest achievement was otherwise varied (Figure 11).

Figure 11. Most common type of goal achieved by region (Dec 2013 quarter)

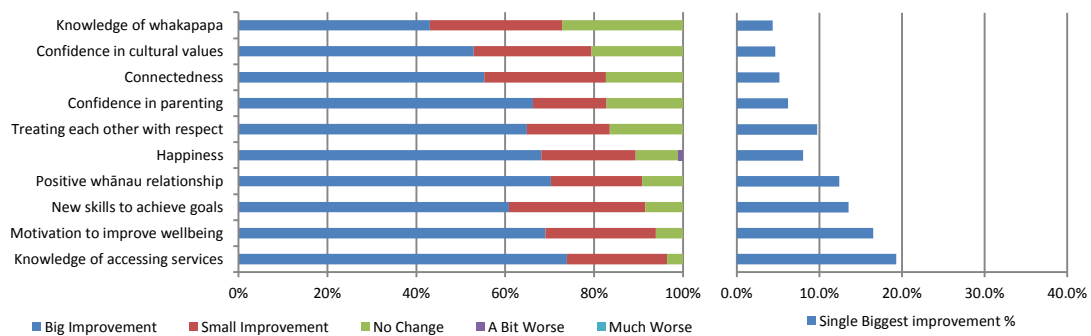


3.2 WHĀNAU SATISFACTION SURVEY IMPROVEMENTS

The whānau satisfaction survey asked whānau about whether there had been improvements as a result of Whānau Ora. Improvements included socio-economic changes, as well as ones more focused on general wellbeing, knowledge and connectedness.

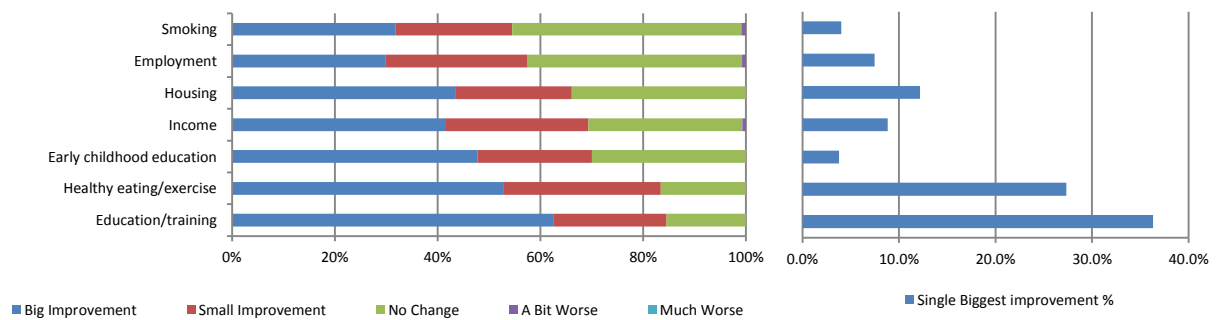
Responses highlighted improvements across all areas. Over 70 percent of all whānau noted 'big improvements' to all wellbeing, knowledge and connectedness measures (Figure 12). Of these measures, the single biggest improvements were to 'motivation to improve whānau wellbeing', and 'knowledge of how to access services'.

Figure 12. Improvements to wellbeing, knowledge and connections for whānau engaged with provider collectives (whānau satisfaction survey)



Over 50 percent of whānau responded that there had been big improvements to various socio-economic measures (Figure 13). The biggest improvement noted was to 'education and training', followed by 'healthy eating and exercise'. This is similar to results reported for the first six months of June.

Figure 13. Improvements to socio-economic outcomes for whānau engaged with provider collectives (whānau satisfaction survey)



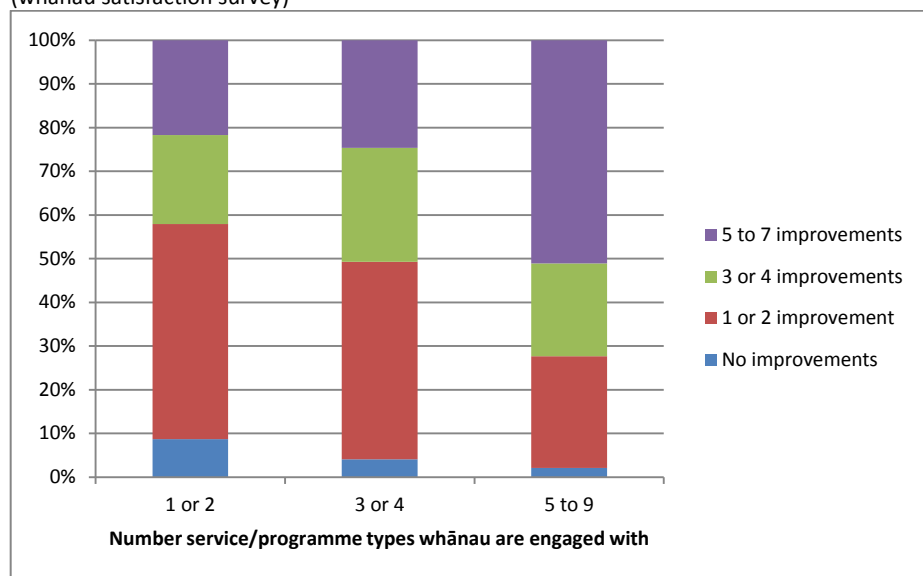
Whānau also commented on additional improvements occurring as a result of Whānau Ora. While these improvements varied, the most common themes were around whānau knowledge about improving wellbeing, and growing confidence to advocate, set and achieve goals (Figure 14). For example, whānau noted:

'Stopped smoking. Getting off the benefit. Encouraging my self-esteem, built up my confidence as a young mum. Helped me be a great parent to my daughter.'

'Self-management, empowerment and improved understanding of wellbeing. Confidence in meeting with health professionals.'

When examining the number of improvements against the number of different services that whānau engaged with, there was a steady trend of increasing improvements when whānau were engaged with an increasing number of different types of services. This is to be expected.

Figure 15. Number of improvements broken down by number of service types that whānau are engaged with (whānau satisfaction survey)



3.3 OTHER IMPROVEMENTS

Collectives described additional improvements for whānau. These improvements are focused on different aspects of whānau capacity. Examples for specific collectives are:

- **NCEA achievement** – one collective reported that 100% of young people they are working with remain in college and have achieved NCEA levels.
- **Incarceration avoided** – one collective reported that 10 whānau achieved non-custodial sentences through engagement with Whānau Ora when initial sentencing indication from the judge was for 6 months – 5 years (19 years of incarceration avoided).
- **Positive role models** – one collective reported that 31% of whānau are acting as positive role models and advocating for total wellbeing.
- **Participating in the wider community life** – one collective reported that 84% of whānau are participating in the wider community life.
- **Reduced level of need** – one collective reported that 77% of whānau have reduced their level of need.
- **Self-managing plans** – Six collectives reported that whānau are self-managing plans, with a range of 7% - 58% of all whānau as of the December quarter.

4. WHĀNAU-CENTRED SERVICE DELIVERY FINDINGS

Underlying Whānau Ora is a focus on whānau capability to become self-managing and self-determining. Whānau Ora providers and collectives have adopted a number of strategies to support whānau in this endeavour. Most of these efforts focus on adopting a holistic, consistent and comprehensive 'whānau-centred approach' to services and programmes.

Action research and provider collective reports detail *how* services have transformed to become more whānau-centred, and the impacts of these changes on whānau. The primary changes are around:

1. Whānau capacity building activities
2. Service innovation and accessibility
3. Navigational approach
4. Whānau planning
5. Collaboration
6. Workforce development.

4.1 WHĀNAU CAPACITY BUILDING ACTIVITIES

Provider collectives have supported whānau capability building by providing targeted courses and connecting whānau to sources of support and advice.

82% of 27 collectives have reported on developing specific capability building activities.

Activities have been developed around:

- Parenting skills
- Budgeting and financial management
- Healthy eating and healthy lifestyles
- Te Reo and tikanga Māori courses
- Family and crisis counselling
- Coping with violence
- Training in computer skills
- Pathways to secondary and tertiary education initiatives
- Youth leadership
- Men's health and wellbeing
- Drivers' licensing.

The impacts of capacity building activities are that whānau are able to:

- apply new knowledge and skills to child-rearing and managing a household;
- control expenditure and manage debt;
- understand nutrition and its effect on health and lifestyle, apply new knowledge to make positive improvements;
- participate and have input into hapū and iwi affairs with confidence;
- revitalise and apply te reo and tikanga Māori;
- manage stress and make rational decisions;
- apply new knowledge and skills, e.g. job search, conduct interviews, use a computer; and
- seek out sources of information and advice.

Example of capability building activity and impact on whānau

One collective was delivering services for wāhine and tamariki around family violence and trying to put the pieces back together for whānau. The collective realised that tāne were also part of the whānau picture, but they didn't have any services to offer the tāne to help in the whānau healing process. As a result, they initiated a programme, which was hugely successful. The programme brought revelations and personal growth for tāne – at the end they shared stories and tears, hopes and dreams – not just with each other but with their partners and children. The whānau were sharing the healing process.

4.2 SERVICE INNOVATION AND ACCESSIBILITY

Provider collectives are looking at being more innovative in their service delivery by improving accessibility to services and aligning services with whānau needs and aspirations. Improving service accessibility and innovation enables whānau capacity and bring whānau closer to becoming self-managing.

78% of 27 collectives reported on improvements to service innovation and accessibility.

Examples of improvements include:

- working together to provide joined up services;
- co-locating services (e.g. mobile services in rural areas or relocating services closer together);
- marketing in communities to promote services and engage whānau – providers working together to initiate innovating ways of engaging whānau and providing information about Whānau Ora (some evidence to show that there is an increase in referrals to some providers);
- staff equipped with laptops and mobiles to access information and support more speedily for whānau;
- enhancing models of engagement for whānau by streamlining processes, allowing more time for whānau with practitioners;
- developing common referral, enrolment and assessment systems across the collective;
- developing consistent guidelines and protocols around whānau engagement;
- introducing planning and goal setting in services; and
- developing information systems to hold and share information across the collective's services.

The impacts of service innovation and accessibility are that whānau are able to:

- connect with a range of services in one location;
- receive adequate information and find out about appropriate services;
- spend less time repeating case histories and visiting services;
- participate in services with more likelihood of completion and achievement;
- engage with staff more readily; and
- act on advice and respond to support.

Example of service innovation and accessibility and impact on whānau

A promotion to test a new way of assessing the risk of Cardio Vascular Disease (CVD) was focused on a Pacific community to increase awareness of the risks and to improve assessment rates. A process involving clinicians, social workers, Samoan speaking staff and navigators was put in place to plan and implement the initiative. Out of the 40 whānau who attended the promotion, 25 were eligible for testing with results that ranged from mild to high risks of CVD. Other related health issues were also identified, relevant health information and support was shared and in some cases whānau plans were developed. The collective reflected that previous promotions for CVD assessment were not as well planned, limited to providing hand-outs and taking blood tests with no further follow up or investigation. Whānau who participated in assessments, although initially hesitant at responding to multiple questions, are now more aware of the risks, are informed of available interventions and support, are motivated to making other whānau aware and some are engaged in ongoing treatment and support.

4.3 NAVIGATIONAL APPROACH

A navigational approach has proved to be a significant enabler of whānau transformation. The navigational role has provided support for whānau in crisis with complex needs through to facilitating a planning process with whānau and brokering services across sectors.

100% of 27 collectives reported that they have expanded a navigational approach across services, in order to:

- respond to whānau priorities;
- look broader and long term at whānau issues – realise that issues are inter-connected;
- understand the whānau context and their lived realities;
- apply a whanaungatanga concept to engaging and supporting whānau;
- employ a strengths-based approach to address whānau issues;
- facilitate a planning process with whānau focused on a pathway for the achievement of goals and aspirations; and
- build networks and relationships with other agencies and providers to connect whānau to a range of services and support.

The impacts of navigation on whānau are that whānau are able to:

- address a range of issues seamlessly with consistent support across providers;
- spend less time and repetition in explaining their needs;
- be more informed about available support and advice; and
- engage with a number of different organisations who are working together to support whānau.

Example of a navigational approach and impact on whānau

A whānau, with a number of dependent children, were struggling with a range of serious issues including mental and physical health issues. These included the impact of head injuries, sexual abuse, school bullying, truancy, child behaviour management, parenting, transport and budgeting. Although they had whakapapa connections with local Iwi they had only recently moved there and did not feel connected. The whānau found that other agencies would not work with them, describing them as too violent, unwilling to help themselves and having too many problems. The whānau were referred to a collective where a navigator sat down with them and suggested planning and prioritisation as a way of managing their problems. By goal setting one problem at a time, the whānau found them more manageable. By planning and up-skilling on budgeting and food management, the whānau previously living from crisis to crisis has been turned around. They are managing their health needs, have enough food every week and are working towards being reunited in one location. The whānau is starting to feel that they are in charge of their own destiny.

4.4 WHĀNAU PLANNING

Whānau planning acts as a motivator or a tool for whānau to seek out advice, identify opportunities and take action. Whānau planning provides a framework to build whānau capability to meet immediate needs and plan for long term goals.

96% of 27 collectives are engaged in whānau planning, and have reported the following consequences for whānau engaged in whānau planning:

- opportunities to set goals and have a step-by-step process for achieving them;
- tangible resources and support;
- access to information and sources of support/advice;
- identifying and utilising leaders within whānau; and
- having whānau come together as a whole to discuss goals.

The impacts of whānau planning are that whānau are able to:

- take control over future directions and decisions about their lives;
- be optimistic and positive about life changes and achievement;
- think rationally through issues and make informed decisions;
- motivate themselves and their wider whānau into taking action; and
- connect and reconnect with whole whānau.

Example of whānau planning and impact on whānau

A mother with a gambling addiction, convicted of fraud, and experiencing depression and health issues was referred to a collective. Using whanaungatanga to engage the mother and connect her with services, kaimahi provided consistent support for her to develop realistic goals as well as addressing her gambling addiction and debt. A key element of her plan is rebuilding relationships with her whānau who are now supporting her as a result of understanding her underlying issues which emerged through a facilitated discussion with a navigator. Her children benefit from having a mother who is focused on getting healthy. They are inspired by her commitment to completing her tertiary study and obtaining part time work. One of her children is studying as well and another has full time work. She credits her achievements with the opportunity to plan and realises that it is a strategy for improving her life.

4.5 COLLABORATION

Collaboration across sectors and within the community enables whānau to address a range of issues simultaneously. Collaboration ensures that agencies and providers are working together towards a sustainable result for whānau.

100% of 27 collectives have reported the following activities to improve collaboration:

- establishing and participating in inter-agency and community networks;
- working together on promotional activities targeting key issues and responses for whānau; and
- rallying together with other collectives and agencies to support whānau locally and regionally, and develop workforce capability.

The impacts of collaboration on whānau are that whānau are able to:

- better understand services, what they have to offer and who is delivering them;
- increase their awareness and knowledge of issues and how they can be addressed; and
- engage more readily with providers they connect with at promotional activities.

Example of collaboration and impact on whānau

Local providers identified a lack of response to health promotions and organised community-led activities to raise awareness of health issues and the importance of having health checks. It was through a hui on Cardio Vascular Disease (CVD) that broader health issues were raised. Whānau identified drug and alcohol addiction as the underlying problem of health issues, and counselling was organised by one provider as a result. General health checks were delivered by providers who had not previously worked together. A pathway was developed by one provider that enabled whānau to access a broader range of services linking social, health and education services. Whānau were therefore able to address their immediate issues balanced with planning for aspirational goals towards wellbeing. The initiative brought providers and other services (outside of the collective) together for health promotion that had not been done before. The key advance for whānau was the ability to integrate whānau needs and goals and provider strengths for holistic outcomes.

4.6 WORKFORCE DEVELOPMENT

A skilled workforce reinforces whānau-centred practice to ensure whānau engagement and whānau capacity.

81% of 27 collectives have reported the following changes to their workforce development and training approaches:

- building cultural competence to increase understanding of whānau context and lived realities;
- application of tikanga Māori and te reo Māori within professional contexts and across all disciplines to develop holistic and innovative approaches to improve whānau wellbeing;
- improving communication and interviewing skills to engage whānau;
- training around whānau-specific needs (e.g. literacy/numeracy, budgeting, and parenting); and
- training in new IT systems and processes to streamline whānau engagement and management of issues.

The impacts of a skilled workforce for whānau are that whānau:

- trust and have confidence in kaimahi and services regarding responses to needs;
- engage freely with kaimahi from a whānau perspective;
- respond with confidence and familiarity to cultural concepts such as whanaungatanga and manaakitanga (creates a safe and open environment for whānau to engage);
- communicate in more languages than English (e.g. te reo Māori) in order to increase kaimahi understanding of whānau situation (particularly for Pacific whānau and important for whānau Māori); and
- have confidence in the ability of kaimahi to help them.

Example of workforce development and impact on whānau

Workforce development is a key driver behind whānau engagement and potentially whānau capacity. For example, fluent speakers of any of the Pacific Island nations engaging with providers are essential as 'language is an important entry point to understanding world views.' Understanding the realities for whānau and understanding why some things such as family violence occur, are critical to getting whānau to respond. One case study notes the importance of staff understanding the issues and the context in which they emerge. A Samoan family immigrated to New Zealand to give their daughter 'a better life.' The mother was well educated and the father had a plumbing business in Samoa however couldn't find work in New Zealand. The violence had been occurring in Samoa and escalated in New Zealand as his inability to find work grew. He blamed his wife for not understanding him and expected her to live by higher standards than they had been used to in Samoa. As a last resort the mother went to Women's Refuge and took out a protection order against her husband. Working with a fluent speaking family violence practitioner the husband engaged in a programme where the first step required him to learn about his actions and the consequences on others. This was all done in a cultural exchange that helped him to learn new skills to manage his anger and divert his energy into more positive behaviours. He is now more helpful around the home and he and his wife are talking more and learning to communicate better. His change in attitude has contributed to him seeking assistance to set up a small plumbing business to supplement their family income.

5. KEY FINDINGS

Whānau engagement

- There has been a steady increase in the number of whānau engaged with Whānau Ora over the past three quarters. The greatest numbers of whānau engaged are in Tāmaki Makaurau and Te Moana ā Toi regions.
- During the December 2013 quarter, 63% of whānau members engaged with provider collectives were Māori, 16% were Pacific, 7% were NZ European, and 14% were other ethnicities. There is considerable regional variation in the ethnicities of whānau engaged, ranging from 35% Māori in Te Waipounamu to 96% Māori in Te Moana ā Toi.
- Almost half of whānau are engaged with navigators, and one-third are implementing whānau plans.
- Whānau are also engaged with Whānau Ora through programmes initiated in response to their needs and through health, social and other services that have become whānau-centred.
- Most whānau are engaging with more than three types of services. Health services are the most common type of services that whānau are engaged with.

Whānau aspirations

- The most common aspirations for whānau were in health and disability. Education and training, and skills building were also common types of whānau goals. This is consistent with previous quarters.

Whānau achievement

- An average of 66% of whānau achieved one or more goal in each area. This overall progress is higher than during the September 2013 quarter, but lower than during the June 2013 quarter.
- Whānau are experiencing multiple improvements through planning. While some of these relate to socio-economic outcomes, many improvements relate more broadly to confidence, sense of wellbeing, connections and knowledge. These seem to pave the way for other improvements.
- Whānau experienced their single biggest improvements around education and training, healthy eating and exercise, increased motivation to improve their wellbeing, and knowledge of how to access services.
- Whānau seem to experience a greater number of improvements when there are 6-10 whānau members engaged and when they are engaged with multiple types of services and programmes.

Whānau-centred service delivery

- Whānau planning and navigational approaches continue to support whānau working together to drive and improve their wellbeing.
- Whānau planning alone is not a determinant of whānau improvement. Other changes to service delivery appear essential, in order to better coordinate services for whānau, fill gaps around whānau-identified needs, make whānau feel comfortable, and focus holistically rather than on isolated issues for whānau.

- Collectives are making changes in these areas through capability building activities, service innovation, workforce development, and collaboration. It appears that:
 - specific courses and programmes based on whānau needs and aspirations, enable whānau to apply new knowledge and skills to improve their lifestyles and participate in society including te ao Māori;
 - whānau are more able to access services that are localised, promoted in their community and joined up to provide a range of services in one location;
 - collaboration amongst providers and agencies enable whānau to increase their understanding of services, awareness of issues and improve engagement with providers; and
 - a skilled workforce premised on cultural competencies combined with technical expertise enables whānau to engage and respond more readily to services and support.