

Whānau Ora



Briefing to the Incoming Minister
for Whānau Ora

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This briefing has been prepared by Te Puni Kōkiri on behalf of the agencies working under the oversight of the Whānau Ora Governance Group.



SECTION 1: CONTEXT AND EMERGING ISSUES

CONTEXT

Implementation of Whānau Ora, including the establishment of specific governance arrangements, service and organisational transformation, and whānau integration, innovation and engagement, has been underway since July 2010.

The implementation of Whānau Ora follows closely to the Government's response to the Taskforce of Whānau-Centred Initiatives, agreed to in March 2010. One objective is to build whānau-centred services through the development of wrap-around and integrated service delivery that focuses on achieving the best outcomes for whānau. This is being progressed with collectives of providers seeking to transform their organisations, complete the development of their capacity and capability, and reshape their existing service delivery to enhance best outcomes for whānau.

The other objectives is to invest in a range of activities to build whānau capability, strengthen whānau connections, support the development of whānau leadership and thereby enhance best outcomes for whānau.

Already whānau are demonstrating an interest in becoming involved. Some whānau have come up with their own ways of improving their lives, and are working on this with a hapū, iwi, or a non-government organisation. Other whānau have sought help from specialist Whānau Ora providers, who have begun to offer them wrap-around services tailored to their needs. These whānau will have a practitioner to work with them to identify their needs, develop a plan of action to address them and broker their access to an increasing range of health and social services.

The last year has seen the beginning of the change process to put whānau-centred practice into action. Much of the work during this time has involved selected provider collectives consolidating their relationships, identifying their models of whānau-centred service delivery, integrating existing service contracts, testing innovative approaches and spelling out the key steps they intend to take at an organisational level to implement Whānau Ora services. With a wider group of providers involved than originally planned for, this has meant that the pace of implementation has had to be balanced with the need for processes to be completed that ensured the even-handed allocation of resources across the developing provider network.

However, there is a need to now move beyond the establishment of the best foundations for whānau-centred services and to support the testing and refining of new approaches to meet whānau aspirations, especially in the areas of education, employment and housing. Whānau are also seeking support to build whānau capability from outside the range of activities that fit with the social sector and it will be important that the range of agencies involved to date is broadened.

It will be important to increase the momentum with provider collectives and with those whānau that are engaging in planning and in implementing those plans. You should meet with the

Whānau Ora Governance Group and discuss its thinking around increasing the pace and breadth of impact from the Whānau Ora approach.

EMERGING ISSUES

Over the next six months the key focus is to progress Cabinet and Ministerial directions in relation to the Whānau Ora approach, including:

- expanding the geographic coverage of Whānau Ora; currently agencies are working to establish at least eight further provider collectives this year in identified priority areas, with two of these eight already approved to Programme of Action stage;
- increasing the pace of implementation with existing and new provider collectives by reducing any unnecessary bureaucracy;
- expanding the breadth of sector involvement in Whānau Ora; with the Ministry of Education to be joined at the Governance Group level and at Regional Leadership Group levels and consideration of further agencies to be involved;
- consolidating and extending the range of services offered by provider collectives to reflect whānau needs and aspirations, particularly within a Māori development context;
- utilising integrated contracting to support integrated service provision and ensuring it provides a platform to integrate services; and
- promoting whānau as a context within which social policy is progressed.



SECTION 2: GOVERNANCE ARRANGEMENTS, RESOURCES AND PROVIDER COLLECTIVES

The Role of the Minister Responsible for Whānau Ora

The Minister Responsible for Whānau Ora is responsible for successfully achieving the aims and objectives of Whānau Ora. The role was first established on 8 April 2010.

The Minister Responsible for Whānau Ora is expected to work closely with the Ministers of Health, Social Development and Employment, Māori Affairs and other relevant Ministers on Whānau Ora matters.

To that end, the Minister Responsible for Whānau Ora regularly meets with a Whānau Ora Ministerial Group (last meeting was 4 October 2011) and provides updates to the Cabinet Social Policy Committee on the implementation of the Whānau Ora Approach.

The Minister Responsible for Whānau Ora is supported in the role primarily by the Whānau Ora Governance Group, and by Te Puni Kōkiri (in consultation with the Ministry of Health and the Ministry of Social Development).

Whānau Ora Regional Leadership Groups appointed by the Minister Responsible for Whānau Ora assist the Whānau Ora Governance Group with its role of overseeing the implementation of Whānau Ora. Their role is to provide strategic advice and to champion Whānau Ora outside of the centre. They are supported by Te Puni Kōkiri Regional offices regionally and locally and to provide the Governance Group with intelligence about activities in their regions.

THE WHĀNAU ORA GOVERNANCE GROUP

The Whānau Ora Governance Group is responsible for overseeing the implementation of Whānau Ora. The Governance Group advises the Minister Responsible for Whānau Ora on policy settings, priorities and regional management. The group also provides leadership and co-ordination across government agencies and other stakeholders to encourage involvement in Whānau Ora.

Membership includes three community representatives and the chief executives of Te Puni Kōkiri, the Ministry of Social Development and the Ministry of Health.

The Community members were appointed in April 2010 for a period of three years. Rob Cooper – the chair of the Governance Group – is currently on leave. The community members are Professor Sir Mason Durie (interim chair to 28 February 2012), Nancy Tuaine and Doug Hauraki (interim appointee to 28 February 2012).

The Governance Group members are:



Rob Cooper Ngāti Hine, Ngāpuhi. Chair (on leave).

Rob Cooper is the Chief Executive of Ngāti Hine Health Trust, a Māori-owned provider of social services in Northland. Rob is a member of the National Health Board and the Auckland District Health Board.



Professor Sir Mason Durie KNZM Rangitāne, Ngāti Kauwhata. Chair (Interim)

Professor Sir Mason Durie is Deputy Vice-Chancellor and Professor of Māori Research and Development at Massey University.



Nancy Tuaine Te Ati Haunui-a-Pāpārangī (Whanganui). Community Member.

Nancy Tuaine is the manager of the Whanganui River Trust Board and a member of the Whanganui District Health Board.





Doug Hauraki Ngāti Porou, Ngāti Kahungunu, Ngāpuhi. Community Member (interim appointee).

Doug Hauraki has more than 40 years of management experience in a wide variety of public and private sector positions.



Leith Comer Ngāti Rangitahi, Te Arawa, Ngāti Mamoe, Ngāi Tahu, Ngāti Pahauwera. Ex-Officio Member.

Leith Comer is the Chief Executive of Te Puni Kōkiri.



Brendan Boyle. Ex-Officio Member.

Brendan Boyle is the Chief Executive of the Ministry of Social Development.



Dr Kevin Woods. Ex-Officio Member.

Dr Kevin Woods is the Director-General of Health and Chief Executive of the Ministry of Health.

THE ROLE OF TE PUNI KŌKIRI AS ADMINISTERING AGENCY

Te Puni Kōkiri provides you with support for reporting to Cabinet, Cabinet Committees, Ministerial Groups. It provides you with regular progress reports on implementation and on the completion of agreed outputs, is accountable to you for the appropriations related to Whānau Ora, and assists you with meeting your accountability to Parliament for these appropriations.

Te Puni Kōkiri supports and works alongside the other implementation agencies to the direction of the Whānau Ora Governance Group. While the Chief Executive of Te Puni Kōkiri is accountable for the administration of Whānau Ora, the Whānau Ora Governance Group makes recommendations to the Chief Executive in relation to expenditure.

Te Puni Kōkiri has been required by the Governance Group to develop an operational approach that has been inclusive, responsive, accountable, and fair. This has meant implementing robust assessment processes that link inputs to outputs and to outcomes to a high degree. Officials from the Ministries of Health and Social Development have shared the administrative and management in a manner that has established and sustained high quality working arrangements.

Te Puni Kōkiri plays an important role in working to ensure strong inter-agency collaboration around the implementation of Whānau Ora.

WHĀNAU ORA REGIONAL LEADERSHIP GROUPS

Ten Whānau Ora Regional Leadership Groups have been established around the country based on Te Puni Kōkiri regional boundaries. The members of the Whānau Ora Regional Leadership Groups were appointed by the Minister Responsible for Whānau Ora in July 2010 for a period of three years.

The Whānau Ora Regional Leadership Groups report to the Whānau Ora Governance Group. Their role is to provide regional strategic leadership to ensure whānau-centred initiatives contribute in positive and realistic ways to local communities. They do this by fostering local communications and relationships, ensuring there is co-ordination with other local and regional initiatives and services.

Te Puni Kōkiri provides secretariat support from its regional offices to the Regional Leadership Groups and facilitates their reporting to the Governance Group.

Members include between three and seven community representatives and three officials – one each from Te Puni Kōkiri, the Ministry of Social Development and local District Health Boards.

They come from diverse backgrounds and have expertise and skills in health and social services, whānau development and community development.

The current membership of the Regional Leadership Groups is presented in Annex 1 on page 20.



WHĀNAU ORA APPROPRIATIONS

Whānau Ora appropriations are provided for through Vote Māori Affairs. In the previous administration, the Minister Responsible for Whānau Ora was delegated appropriations responsibility under the Public Finance Act 1989, for the Departmental Output Expense Appropriation “Whānau Ora Administration” and the Non-Departmental Multi-Class Output Expense Appropriation “Whānau Ora-Based Service Development”, in Vote Māori Affairs.

The table below provides a high level summary of the key elements of the Whānau Ora appropriations.

Wāhnaui Ora Appropriations						
Appropriations	2009/10 actual	2010/11 actual	2011/12 appro'	2012/13 appro'	2013/14 appro'	2014/15 appro'
Non-Departmental						
Whānau Ora Service Development MCOA						
• Service Delivery Capability		7,137	32,510	33,190	21,300	21,300
• Whānau Integration, Innovation and Engagement		4,916	8,147	6,400	8,400	8,400
		12,053	40,657	39,590	29,700	29,700
Departmental						
Whānau Ora Administration	1,019	9,383	9,357	9,441	8,745	8,745

Note: The 2009/10 and 2010/11 financial information above reflects actual expenditure.

Full details of the appropriations, and the performance information to support the appropriations, is available in a more detailed briefing if required.

The existing resources appropriated to support Whānau Ora-Based Service Development will be fully utilised over the next four years by the first wave of 25 provider collectives identified by the Whānau Ora Governance Group and the next group of at least 8 developing provider collectives.

The Whānau Ora Governance Group has approved a high level of investment in the first eighteen provider collectives focused on building their capability and capacity. These investment packages form the basis of multi-year contracts with the providers, with most over a three year period.

The investments to date in Whānau Ora are worthwhile investments in strengthening providers to improve their services and the systems that support their service delivery to individuals and to whānau. At the request of the Governance Group, agencies are working to mature the current provider collectives to ensure they are the most advanced and established provider groups with the highest quality in their existing services.

The remaining funding available within the appropriations has been allocated against each provider collective for information system development, whānau based projects, outcomes

monitoring, whānau focused projects, and workforce development. This funding will need to be nationally set with providers. The deliverables for these are reliant on completion of existing work such information systems strategic plans before they can be implemented. A high level of investment is involved in these allocations and it will be important that the decisions are made with the provider collectives involved and the other funders of existing services to avoid business disruption, short term investment decisions and a reduced impact on improving whānau outcomes.

While these resources are progressively rolled out, it will be important that momentum is maintained with the existing provider collectives until the investments in capability and capacity are completed. This provides an opportunity for the new provider collectives to be accelerated to meet similar standards as the first wave of provider collectives.

WHĀNAU ORA PROVIDERS

In October 2010, following a nationwide expression of interest, 25 provider collectives comprising around 160 providers of primarily health and social services were selected by the Whānau Ora Governance Group to form the first wave of implementation of the Whānau Ora Approach. The composition of each of the provider collectives by region is outlined in Annex 1 on page 21.

Subsequently, in April 2011, the Government resourced the identification and development of at least a further eight provider collectives to expand the coverage of services to priority areas. Progress with the first wave and the development of further providers is covered further in Section 4 of this briefing.

Developing collectives have been resourced in these eight locations, with two having been approved to proceed to Programme of Action at the November Governance Group meeting. Regional Leadership Groups are providing local level leadership for development and assisting with relationship building.



SECTION 3: KEY DECISIONS AND ACTIONS PENDING

This section outlines key decisions and actions that are expected to require the attention of the Minister prior to the end of March 2012. It covers Parliamentary requirements, Cabinet requirements, decisions by joint Ministers, key appointments and key government and community engagements early in the term of the administration.

PARLIAMENTARY REQUIREMENTS

Business Before the House on the Dissolution of Parliament

With the dissolution of Parliament on 20 October 2011, all business of the previous Parliament lapsed on that date. The new Parliament may reinstate any business of the previous Parliament at any time in the first parliamentary session by a resolution of the House. This is likely to occur in the first few sitting weeks.

There are no matters for which the Minister Responsible for Whānau Ora has responsibility in this area.

CABINET REQUIREMENTS

There are a no matters for which the Minister Responsible for Whānau Ora has responsibility which either have Cabinet reporting requirements prior to the end of March 2012, or which we recommend be progressed with Cabinet as soon as possible. There are two matters under the responsibility of the Minister of Māori Affairs, in which you will have an interest in the Whānau Ora related appropriations. These are presented in the table below.

Other Cabinet requirements		
Item	Summary and current status	Report Due
Vote Māori Affairs Financial Performance	<p>Purpose: To report on progress made by Te Puni Kōkiri towards bringing forecast departmental expenditure within baselines for the 2012/13 and 2013/14 financial years.</p> <p>Current Status: A required Four Year Budget Plan was furnished to Treasury in draft form on 1 December 2011. The Plan reflects the required Cabinet paper: that paper will be provided to the Minister of Māori Affairs shortly.</p>	30 November 2011. Note: there are no negative consequences of deferral.
2012 Budget Process	<p>Purpose: To provide the Minister of Finance with documents to inform the development of Budget 2012. These documents include:</p> <ul style="list-style-type: none"> • Four Year Budget Plan, to be submitted to the Minister of Māori Affairs by 24 January 2012, and the Minister of Finance by 31 January 2012. • March Baseline Update, to be submitted to the Minister of Finance in March 2012. • Estimates for Vote Māori Affairs, to be submitted to Treasury and the Minister of Finance in April 2012. <p>Current Status: A draft Four Year Budget Plan has been submitted to Treasury. A full briefing on requirements for Budget 2012 will be provided to the Minister of Māori Affairs shortly.</p>	From January 2012.

MINISTERIAL APPOINTMENTS

The Minister Responsible for Whānau Ora is responsible for appointments to the Whānau Ora Governance Group and to the ten Whānau Ora Regional Leadership Groups. There are key appointments that Te Puni Kōkiri recommends are progressed as quickly as possible, and a number of other vacancies which are less urgent to progress.

WHĀNAU ORA GOVERNANCE GROUP

Currently the Whānau Ora Governance Group is comprised as outlined on page 9. The current Chair is on leave with Professor Sir Mason Durie appointed as Interim Chair to 28 February 2012. Additionally, Doug Hauraki is appointed as a Community Member to 28 February 2012. It is recommended that the Minister Responsible for Whānau Ora consider the period of these appointments before these arrangements end in March 2012.

In October 2011, the Minister of Education agreed with the request of the Minister Responsible for Whānau Ora, for the Secretary of Education to attend the Whānau Ora Governance Group. It would be advantageous to progress that agreement to include the Secretary of Education on the Whānau Ora Governance Group as an ex-officio member.



WHĀNAU ORA REGIONAL LEADERSHIP GROUPS

A Community Member from Wairoa has been nominated for appointment to the Te Tairāwhiti Regional Leadership Group. A replacement for one member on the Te Arawa Regional Leadership Group has been nominated as well. The Whānau Ora Governance Group has yet to consider any nominations and will provide the Minister Responsible for Whānau Ora with recommendations to progress such appointments in early 2012.

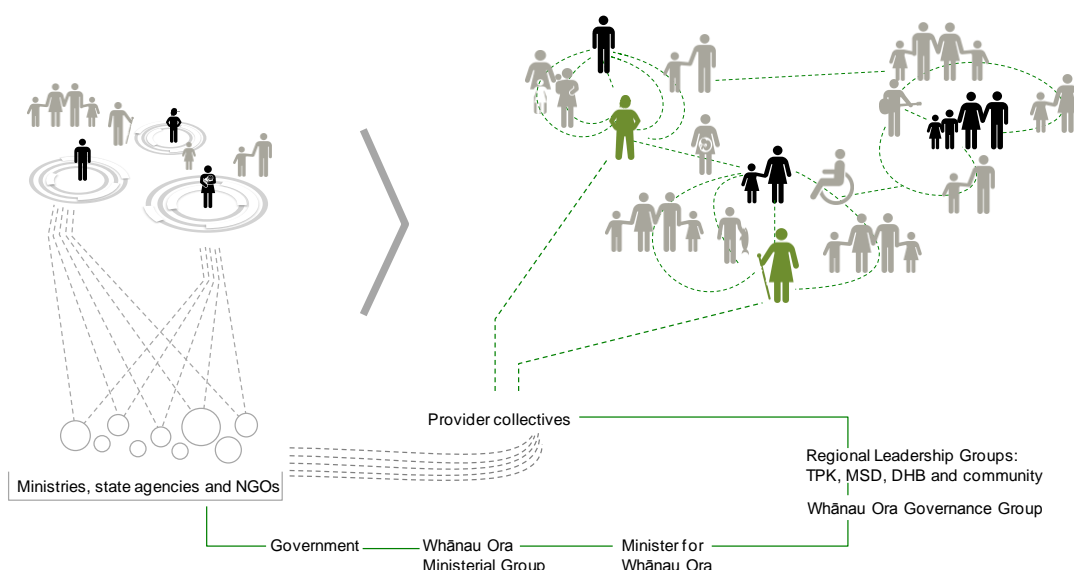
Additionally, a nominations process is underway to appoint up to three Pacific representatives to each of the Tamaki-Makaurau, Te Whanganui-ā-Tara and Te Waipounamu Regional Leadership Groups. It will be important to consider the balance of existing membership of those Regional Leadership Groups, as each is not at full current capacity, at the same time. The Whānau Ora Governance Group will provide you with recommendations on this in February 2012.

It may also be appropriate to include relevant Ministry of Education regional managers as part of Regional Leadership Groups alongside the agencies currently participating in those fora.

SECTION 4: PROGRESS WITH IMPLEMENTATION

ACHIEVING THE AIMS AND OBJECTIVES OF WHĀNAU ORA

The diagram below outlines at a simple level what is being implemented through the Whānau Ora Approach. This is further presented in the Whānau Ora Pathway at Annex 2 of the brief on page 25.



There has been a very positive response to establishment of the Whānau Ora Approach. Citizens appear to like this approach. The focus is to uplift whānau, to empower them to take greater responsibility for their own success, to transform services from solely being focused on crisis and recovery, to build positive pathways for whānau to achieving their aspirations, and to return the power and control to whānau to be resilient, nurturing and provide leadership to their members. This is an ambitious task that will take a number of years to tailor to the demands of different localities and require commitment to doing things differently. The Governance Group is keen to see more emphasis in the area of whānau capability building.

The focus at this point is on implementing effective service delivery mechanisms that engage and enable whānau to take their own positive steps. There was an overwhelmingly positive response from providers who submitted expressions of interest to pursue this approach. This reflects the high level of demand for whānau led services in all communities. It is important to meet this demand by the supply of a wider range of whānau ora services and for nationwide coverage by front-line workers. The Governance Group is seeking to socialise the model across a wider range of domains to expand the approach.



The implementation of Whānau Ora to date has included:

Governance

- establishing and operating national and regional governance arrangements with a Whānau Ora Governance Group and ten Regional Leadership Groups;
- a process to select the first wave of Whānau Ora service providers, which were announced at the end of October 2010;

Provider Development

- activities to engage providers in relationship building with each other within provider collectives and with agencies around the Whānau Ora approach;
- the completion of an initial set of 15 integrated contracts, with a further 20 under development;
- the development, assessment and refinement of Programmes of Action by all provider collectives;
- identification and resourcing of initial implementation activities, including the testing and refining of Whānau Ora navigational approaches, the development of information systems strategic plans, and implementing training on whānau-centred practice across staff in provider collectives;
- the development and refinement of business cases by provider collectives to support a multi-year programme of investment in change management to implement a whānau-centred approach, with 18 multi-year investment packages in capacity and capability agreed by the Whānau Ora Governance Group;

Whānau Action

- the engagement of more than 2,000 whānau (representing more than 15,000 individuals) in whānau planning and the initial implementation of some of those plans utilising resources from the Whānau Integration, Innovation and Engagement (WIIE) Fund;
- the establishment of whānau navigational capacity in provider collectives;

Learning and Measurement

- the selection and engagement of ten action research groups (including 50 action researchers) to work alongside providers collectives to capture, feedback and record the change process with providers, with agencies and with whānau;
- sharing good practice across providers and provider collectives, including through the Whānau Ora hui in August 2011; and
- the initial design of methods and mechanisms to capture and measure the process of transformation at an agency, provider collective and whānau level.

THE DEVELOPMENT OF WHĀNAU ORA PROVIDERS

The key priority in implementation has been to establish Whānau Ora service provision through 25 provider collectives of around 160 providers across ten regions. At a provider level Whānau Ora aims to deal with the “five cars up the driveway syndrome” where multiple agencies work with individual family members often in isolation of each other. Recognising that family members are inter-connected and do not live in isolation of each other, service providers must align their interaction to better support whānau wellbeing.

Twenty-five provider collectives have completed Programmes of Action that outline their intended Whānau Ora service delivery and the nature of the key steps and supports they will require to transform from the provision of service delivery to individuals to whānau-centred services. The Christchurch based collectives, had significantly interrupted progress as a result of the Canterbury earthquakes. While both collectives have presented initial Programmes of Action, these have required additional work and are expected to be further considered in 2011.

At the request of the Governance Group, agencies have assessed all submitted Programmes of Action through a cross-agency assessment panel. The Whānau Ora Governance Group has considered each of the Programmes of Action to date and recommendations from the cross-agency panel. This has been a robust process and has required agencies to work with providers as additional information was sought to better understand and refine the approaches providers intended to take. As expected by the Governance Group, timelines for delivery of the Programmes of Action were largely been set by the provider collectives themselves and contracted by Te Puni Kōkiri.

Nineteen of the provider collectives have submitted business cases to support multi-year investment in change management to support the Whānau Ora models they have designed in their Programmes of Action. Eighteen of these have been considered by the Whānau Ora Governance Group and the resulting investment packages in core capability and capacity are in the process of being agreed with provider collectives for the purposes of contracting.

As per the expectations of the Governance Group, the key aspects being assessed in the business cases are:

- a) affordability – relative to the overall funding received by the provider collective and as a proportion of the forecasted costs;
- b) realistic – relative to benchmarks for similar activities and in terms of the provider location and scale; and
- c) value for money – extent to which these activities will achieve expected changes.

As part of this process, it has also been important to assess the extent to which current governance, management and service worker capability is fit for purpose as the provider collective shifts from existing delivery to enhanced and integrated services. Officials consider that these assessments will enable provider collectives to “mature” in their service delivery approach and as organisations through this process.

At the request of the Minister Responsible for Whānau Ora and providers, officials have made significant process modifications to streamline and simplify Programme of Action and Business Case processes based on learning and feedback received to date. This has



increased the speed by which the Governance Group can consider recommendations, without reducing the robustness of the process. Further modifications will be made following the next round of assessments and feedback from providers.

All eight of the developing collectives have received resourcing to support their development. Two of the eight collectives under development have been approved by the Governance Group to progress to this stage. It is anticipated that all eight will have commenced their Programmes of Action by April 2012.

Integrated Contracting

Central to the development of more holistic service delivery to whānau has been the work to progress integrated contracts. This work has gathered considerable momentum over the last ten months, with increasing support from some District Health Boards as key funders and contract holders for the providers. More than 60 providers indicated an interest in an integrated contract with most seeking to progress these once their Programmes of Action have advanced into implementation.

Integrated contracting has enabled the Ministry for Social Development to support the implementation of Whānau Ora. Through the Whānau Ora integrated funding process and Integrated High Trust Contracts, the Ministry for Social Development is combining complex, multiple contracts into a single, simple contract that focuses on results for whānau and families, rather than outputs and ticked boxes.

As at 30 September 2011, 15 Whānau Ora providers had entered into integrated contracts. A further 20 are under development. This approach has helped government agencies to work more collaboratively and assist providers work holistically with whānau. While it requires upfront effort and commitment from funders and providers, it has been well-received and the Ministry for Social Development will continue to support other government agencies and Whānau Ora providers to further integrate contracts.

SUPPORTING WHĀNAU ACTION

Towards whānau-centred service delivery models

Developing a service delivery model that is informed and shaped by whānau is at the core of the Whānau Ora Approach. Whānau need to be able to access support that is both responsive to their remedial needs, and enabling of their development aspirations.

Not all provider collectives have found it easy to articulate their model of whānau-centred service delivery. Some have needed more engagement with whānau to ensure that their Programme of Action was well informed by whānau needs and aspirations.

Successful collaboration is critical in the successful implementation of Whānau Ora and this intensive work requires resources, leadership at both governance and management, and time to build trust and confidence across the provider collectives.

Action Researchers have been engaged to explore the process of collaboration as it evolves with each provider collective. There has also been significant iwi leadership and participation in the development of a number of collectives.

Testing Whānau Ora Practice

As part of transforming their services, provider collectives identified the need to up-skill or develop a workforce in which individual workers have sufficient confidence and expertise to engage at a collective level.

The idea for a “lead whānau practitioner”, now more familiarly known as a “Whānau Ora Navigator” was first introduced in the Report of the Whānau-Centred Initiatives Taskforce in 2010. The Whānau Ora Navigator model, supported by funding administered by Te Puni Kōkiri, has seen provider collectives undertaking on-going practice training for frontline staff to ensure they are well positioned to engage with and take a leading role in better outcomes for whānau.

Meaningful and sustainable change for provider collectives in the way they work with whānau requires a significant shift in approach from all those engaging with whānau – including clinical, community based and administrative staff. To assist provider collectives to implement and test change models in engagement with whānau, resources have been made available for whānau navigations purposes.

Almost all the provider collectives in the first wave have developed an approach based on a whānau navigator model. Each has been resourced to implement several of these roles, in some cases embedded in existing service delivery of providers and in some cases operating as a project team across the providers in the collective. Each of these navigators is designed to work with at least 20 whānau at a time. Additionally, provider collectives have been engaged in whānau planning and implementing whānau plans.

Achieving the objectives of Whānau Ora requires more than the building of provider capability to support high quality holistic service delivery and the provision of these services to whānau. One key challenge for provider collectives and government alike has been to ensure that services are responsive to whānau.

Initial engagement of Whānau

Whānau-centred engagement, within the ambit of the Whānau Ora Approach, is at a very formative stage. At this stage the three main entry points for whānau are:

- Category 1: Whānau Ora provider collectives;
- Category 2: Other community roopu with active affiliates of whānau; and
- Category 3: Te Puni Kōkiri

Most of the 2,000 whānau engaged through Whānau Ora have come through provider entry points (categories 1 & 2), with a small number of whānau accessing funding and brokerage support directly from Te Puni Kōkiri.

The Whānau Integration, Innovation and Engagement (WIIE) Fund is made available for whānau engagement across each entry point and has largely been applied to helping whānau develop their own whānau-centred success plans.

A sample selection and analysis of whānau plans confirms a fundamental assumption underpinning the Whānau Ora Approach: that whānau goals are broad-based, spanning a range of immediate, remedial needs (housing quality, job readiness) as well as long-term economic and cultural wellness aspirations (enterprise, sense of tūrangawaewae).



Over the medium to long term, the Whānau Ora model will need to be grown to reflect, and respond to, a whānau broad development agenda, while, in the short-term, effort is maintained to build and consolidate whānau-centred social service provision.

MEASURING RESULTS

Enrolment and Engagement in Whānau Ora

Officials from across agencies continue to develop their thinking on the most effective mechanism by which to collect on-going and robust data on individuals and whānau engaged in Whānau Ora services. This includes contracting with providers to count the number of whānau involved in Whānau Ora services and collect information on individuals and whānau in a way that avoids duplicating existing administrative datasets, compromising privacy or the various safeguards developed to manage personal information. Officials are currently implementing a mechanism through Te Puni Kōkiri contracts with provider collectives that requires them to count the number of whānau who are receiving whānau-centred services.

Action Research

The Whānau Ora Action Research component is guided by the same principles as those adopted in working with provider collectives. Research activity is expected to take place over a period of 18 months from March 2011 to September 2012 in five phases. Phase one involving relationships and engagement is now complete and phase two, focusing on planning is largely complete with action research plans being assessed across agencies.

Action researchers and provider collectives have completed agreements for the collection of information and a number of key themes have started to emerge:

- a) multi-layered relationships are required, especially with those provider collectives comprising a large number of single providers across a different locations;
- b) for those provider collectives that are iwi and hapū-based, it will be necessary to identify how whānau have influenced the provider collective's strategic planning and development; and
- c) provider collectives have varying levels of research understanding. The priority for researchers will be to raise awareness and understanding of the benefits of the reflective nature of this type of research and how it can aid them in developing their practice.

Action researchers are also involved in collecting whānau stories of change, arising from provider engagement and from whānau planning and implementation.

ANNEX 1: WHĀNAU ORA REGIONAL LEADERSHIP GROUP MEMBERS

THE CURRENT MEMBERSHIP OF THE TEN WHĀNAU ORA REGIONAL LEADERSHIP GROUPS IS OUTLINED BELOW.

Te Tai Tokerau (Northland)

Jo Mane (chair); Solomon Tipene; La-Verne King; Deborah Harding; Robyn Rusher (Ministry of Social Development); Walter Wells (Te Puni Kōkiri); Karen Roach (Northland District Health Board)

Tāmaki Makaurau (Auckland)

Peter Thomas (interim chair); Lorna Dyll; Geneva Harrison; Robyn Rusher (Ministry of Social Development); Pauline Kingi (Te Puni Kōkiri); Garry Smith (Auckland District Health Board)

Waikato (Hamilton)

Harry Mikaere (co-chair); Tania Hodges (co-chair); Denise Messiter; Aroha Terry; Piritata Kirkwood; Te Rehia Papesch (Ministry of Social Development); Gail Campbell (Te Puni Kōkiri); Ditre Tamatea (Waikato District Health Board)

Te Moana ā Toi (Bay of Plenty)

Elaine Tapsell (chair); Maanu Paul; Vervies (Punohu) McCausland; Aporina Chapman; Te Iria Whiu; Peter Waru (Ministry of Social Development); Rachel Jones (Te Puni Kōkiri); Janet McLean (Bay of Plenty District Health Board)

Te Arawa (Rotorua)

Toby Curtis (chair); Piki Thomas; Merepeka Raukawa-Tait; Maria Oliver; Jacob (Hakopa) Paul; Emily Rameka; Jenny Douthwaite (Ministry of Social Development); Wally Tangohau (Te Puni Kōkiri); Phyllis Tangitu (Lakes District Health Board)

Te Tairāwhiti (East Coast)

Lois McCarthy-Robinson (chair); Owen Lloyd; Manu Caddie; Te Pare Meihana; Dr Api Mahuika; Jane Hopkinson (Ministry of Social Development); Mere Pohatu (Te Puni Kōkiri); Maaka Tibble (Tairāwhiti District Health Board)

Takitimu (Hawke's Bay)

Christine Teariki (chair); Amber Logan; Maureen Mua; Yvette Grace; Annie Aranui (Ministry of Social Development); Roger Aranui (Te Puni Kōkiri); Tracee Te Huia (Hawke's Bay District Health Board)



Te Tai Hauāuru (Whanganui/Taranaki)

Te Huia (Bill) Hamilton (chair); Richard Steedman; Karen (Wheturangi) Walsh-Tapiata; William Edwards; Gloria Campbell (Ministry of Social Development); Sam Bishara (Te Puni Kōkiri); Gilbert Taurua/Rowena Kui (Whanganui District Health Board)

Te Whanganui ā Tara (Wellington)

Susan Shingleton (interim chair); Sharon Gemmell; Brenton Tukapua; Melissa Cragg; Tony Moore (Ministry of Social Development); Hata Wilson (Te Puni Kōkiri); Kuini Puketapu (Hutt Valley District Health Board)

Te Waipounamu (South Island)

Gabrielle Huria (chair); Mere Wallace; Ruth Jones; Peter Ellison; Denise Kidd (Ministry of Social Development); David Ormsby (Te Puni Kōkiri); Hector Matthews (Canterbury District Health Board)

Nominations processes are underway to identify up to three Pacific Members to appoint to each of the Tāmaki Makaurau, Te Whanganui ā Tara and Te Waipounamu Regional Leadership Groups. Additional appointments are also required to vacancies that have arisen in some of the Regional Leadership Groups, since the original appointments in 2010.

WHĀNAU ORA PROVIDER COLLECTIVES

The current composition of Whānau Ora Provider Collectives is presented below by region. The map on page 24 provides the general location of the provider collectives.

Te Tai Tokerau (Northland)

- Te Tai Tokerau Whānau Ora Collective: Whakawhiti Ora Pai; Te Hauora O Te Hiku O Te Ika; Te Rūnanga O Te Rarawa; Ngāti Hine Health Trust; Kia Ora Ngātiwai.
- Te Hau Āwhiowhio o Ōtāngarei: Ōtāngarei Trust; Te Puawaitanga o Ōtāngarei Healthcare Inc; One Double Five Whare Roopū Community House Trust; CAPS Northland Inc, (Jigsaw North); Northland TV Charitable Trust (Channel North); Ringa Atawhai.
- Te Pū o Te Wheke: Te Rūnanga A Iwi O Ngāpuhi; Te Kotahitanga E Mahi Kaha Trust; Hauora Hokianga Health Trust Ngāpuhi Iwi Social Services; Te Hau Ora O Kaikohe Charitable Trust; Whangaroa Health Services Trust; Te Rūnanga o Whaingaroa.

Tāmaki Makaurau (Auckland)

- Ngāti Whātua o Ōrākei Māori Trust Board: Ngāti Whātua o Ōrākei Corporate Ltd; Ngāti Whātua o Ōrākei Health Services; Ngāti Whātua o Ōrākei Social Services; Ngāti Whātua o Ōrākei Marae Committee; Ōrākei Marae Social and Health Services.
- Te Kotahitanga Roopu: Turuki Healthcare Trust; Te Kaha O Te Rangatahi Trust; Huakina Development Trust; Papakura Marae.
- National Urban Māori Authority (NUMA): Te Whānau o Waipareira Trust; Manukau Urban Māori Authority; National Urban Māori Authority; Te Rūnanga o Kirikiriroa. Te Kohao Health, Te Rūnanga o Ngā Maatā Waka.
- Pacific Island Safety and Prevention Project.

- Alliance Health PHO: Te Pasefika Health Trust; Tongan Health Society; Auckpac Health Trust Board; Health Star Pacific Trust; Penina Health Trust.

Waikato (Hamilton)

• Waikato-Tainui, Te Ope Koiora Collective: Hauora Waikato Māori Mental Health; Ideal Success Charitable Trust; JTP Consultants Ltd (Te Kotahitanga); Ngā Miro Health Trust; Raukura Hauora O Tainui Trust; Raukura Waikato Social Services; Solomon Group Education and Training Academy; Waahi Whānui Trust; Ngāti Haua Social Services.

Te Moana ā Toi (Bay of Plenty)

- Ngā Mātaapuna Oranga Kaupapa Māori Primary Health Organisation. Kimiora Primary Health Care Services; Ngā Mataapuna Oranga Kaupapa Māori PHO; Te Rūnanga o Ngāi Tamawhairua Incorporated; Pirirakau Hauora; Te Manu Toroa Trust; Te Puna Hauora Ki Uta Tai; Waitaha Hauoranga Trust; Whaioranga Trust.
- Te Ao Marama Whānau Ora Collective. Te Ao Hou Trust; Toiora Health Limited; Ngāitai Iwi Authority; Whakatōhea Māori Trust Board; Whakaatu Whānaunga Trust; Tūhoe Mātauranga Trust; Tāneatua Waimana Ruātoki Taiohi Trust; Waikirikiri Social Services; Te Tāpenakara mō te Iwi Trust.

Te Arawa (Rotorua)

- Te Arawa Collective: Korowai Aroha Trust; Te Rūnanga o Ngāti Pīkiao Trust; Te Utuhina Manaakitanga Trust; Te Kāhui Hauora Trust; Te Waiariki Pūrea Trust; Te Papa Tākaro a Te Arawa Trust; Te Roopū a Iwi O Te Arawa Charitable Trust; Aroha Mai Cancer Support Group Trust; Te Whare Hauora o Ngongotahā Trust; Tipu Ora Charitable Trust.

Te Tairāwhiti (East Coast)

- Te Whare Maire o Tapuwae: Kahungunu Executive ki Te Wairoa Charitable Trust; Ngāti Pahauwera Inc.; Ngā Kaitiaki Hauora o Waikaremoana; Rongomaiwahine Iwi Trust Inc.; Wairoa Waikaremoana Māori Trust Board.
- Horouta Whanaunga Collective: Te Rūnanga o Ngāti Porou; Ngāti Porou Hauora; Te Aitanga a Hauiti Hauora; Tūranga Health; Te Rūnanga o Tūranganui a Kiwa; Te Rūnanga o Te Whānau.

Takitimu (Hawke's Bay)

- Te Taiwhenua o Heretaunga.
- Hawke's Bay Hauora Collective: Te Kupenga Hauora – Ahuriri; Te Roopū Huihuinga Hauora.

Te Tai Hauāuru (Whanganui/Taranaki)

- Taranaki Ora: Tui Ora Ltd; Piki Te Ora Nursing Services Ltd.; Te Hauora Pou Heretaunga; Te Rau Pani; Te Aroha Medcare Ltd; Manaaki Oranga Ltd; Tihi Ltd; Te Ihi Rangi Trust; Te Whare Puāwai o Te Tangata Trust; Raumano Health Trust; Karangaroa Inc Taranaki; Toiora Healthy Lifestyles Ltd; Tu Tama Wahine o Taranaki Inc.



- Te Oranganui Iwi Health Authority Primary Health Organisation.

Te Whanganui ā Tara (Wellington)

- Te Rūnanga o Toa Rangatira Inc: Oratoa PHO; Oratoa Medical Centres; Oratoa Health Unit; Oratoa Dental Service; Rangataua Mauriora; Oratoa Residential Disability Service.
- Hā O Te Ora O Wharekauri Trust.
- Pacific Care Trust: Pacific Health Service Wellington & Teaomanino Trust.
- Tākiri Mai Te Ata & Te Rūnanganui o Taranaki Whānui ki te Upoko o te Ika a Maui Inc: Kōkiri Marae Health & Social Services; Mana Wahine; Nāku Ēnei Tamariki Inc (Māori Section); Tū Kotahi Māori Asthma Trust; Wainuiomata Marae; Whai Oranga o te Iwi Health Centre; Te Awakairangi (Hutt Valley) Provider Collective; Te Rūnanganui o Taranaki Whānui ki te Upoko o te Ika a Maui Inc.

Te Waipounamu (South Island)

- Pacific Trust Canterbury.
- He Waka Kotuia o Araituru: Te Roopū Tautoko ki Te Tonga; Te Hou Ora Whānau Services; Tūmai Ora Whānau Services; Tokomairiro Waiora Inc.; Kai Tahu ki Otago; Arai Te Uru Whare Hauora Ltd; ADA 2007 Ltd.
- Te Waipounamu Whānau Ora Collective: Ali's Home Help; Arowhenua Whānau Services; He Waka Tapu; Hokonui Rūnanga Health & Social Services Trust; Maataa Waka Ki Te Tau Ihu Trust; Ōtautahi Social Services; Positive Directions Trust; Purapura Whetu; Rata Te Āwhina Trust; Te Awa O Te Ora Trust; Te Amo Health; Te Arawa Waka ki Ōtautahi Inc.; Te Ora Hou Ōtautahi; Te Puna Oranga; Te Tai O Marokura Health & Social Services; Te Whānau o Hokonui Marae Inc.; Te Puawaitanga Ki Ōtautahi Trust; Whakatū Te Korowai Manaakitanga Trust; Whānau Tautoko Charitable Trust; Waihopai Rūnanga; Uruuruwhenua Health; He Oranga Pounamu.

Whānau Ora Providers

