

Case study 7: Māori working for Māori – with support from others

Collaboration is vital for a whānau ora approach to primary health services – and so is respect for professional integrity and skill.

Rangitāne o Tamaki nui a Rua Inc., (hereafter referred to as **Rangitāne**) in Dannevirke has always had a whānau ora focus to its work, i.e. taking into consideration the holistic well-being of whānau.

Rangitāne's mission is to preserve, protect and enhance the aspirations and well-being of whanau living both within, and outside of, Tamaki nui a Rua (Taranua District Council region). The Kāhui Matarae is responsible for the governance of the organisation and is comprised of hapu members from **Ngāti Pakapaka, Ngāti Hāmua, Te Hika a Papāma, Ngati Parakiore** and **Ngāti Mutuahi**.

Rangitane's genesis as a formal organisation has its origins in the late eighties. It started as a social services provider and then extended into health. Originally run on a voluntary basis, over the years it gained funding from government agencies, most notably the Ministries of Health and Social Development. With a current staff of 40 plus, approximately 30 staff provide frontline services. Its services range from personal health, i.e. Tamariki Ora/Well Child services for under-fives, to whānau ora health care, cancer support, elder care, mental health support and counselling, through to health promotion and education. The free services cover the Taranua area and work in collaboration with Taranua-based **CentralPHO, Taranua Health Group, GP services** and **social service providers**.

The implementation of Whānau Ora as government policy has provided the opportunity for the organisation to formally incorporate the whānau ora philosophy into practice, e.g. two kaimahi have undertaken Whānau Ora practitioner training and one kaimahi is currently employed as the Te Ara Whānau Ora navigator. As part of the organisation's regular in-service training, kaimahi are updated on Whānau Ora in all its different aspects, i.e. giving overviews of the key concepts of the expanded definition of whānau ora.

Dorothy Lock, one of Rangitāne's two registered nurses, says new assessment and peer management tools have helped strengthen the whānau ora approach. Dorothy is also enthusiastic about clinical supervision and regular dialogue with a social worker practising whānau ora social services.

Weekly face-to-face clinical reviews within the organisation help the team work as seamlessly with clients as they can, and they try to keep one key worker as the main contact with whānau.

Dorothy deals with patients from birth through to the end-of-life and is also involved in health promotion, where she uses her networks to encourage referrals. Some people self-refer, but GPs have recently started to make more referrals. Dorothy thinks this is partly due to a broader awareness of Māori providers and their connections with communities, but also a growing mutual respect for each other's place in the health care team. She believes this respect is born out of changes that affect the way health care is funded and delivered, and the need to be more flexible.

"Most GPs are hard-working and highly motivated to get the best outcomes for patients. It's very much about individual connections, but most are willing to engage and I have dealt with many over a long period of time, so they know how I work. We share the same beliefs," Dorothy explains.

Dorothy's professional relationships in Tararua are especially strong. There she liaises with the leader of the health of older persons (HOP) team on an 'as need' basis (e.g. weekly). This enables the information shared to be brought to Tararua Health Group network as necessary. In addition, she strengthens connections with the **practice nurses** from the group's GP practices who are able to bring relevant information to team meetings.

As a rural-based health provider, Dorothy encounters additional challenges to maintain strong networks. Travel can suck up lots of time, so Dorothy participates in urban Primary Health Care meetings via teleconference.

'Healthy living with diabetes' is a series of teaching modules for consumers or their whānau members who are affected by diabetes. Dorothy is also a part-time lecturer employed by the Manawatu, Horowhenua Tararua Diabetes Trust to deliver the modules when scheduled for Tararua.

Dorothy seeks out invitations to present an overview of her scope of practice to as many professional disciplines as possible – to save on having to do this on a piece-by-piece basis.

Time is the greatest professional challenge for many health professionals, but Dorothy uses opportunities at every nurses hui or training she attends, to promote the 'Māori working for Māori' perspective.

"It's about putting it out there," she says.

"I would like to see a greater awareness of ways of working with Māori. Workshops could be used as a means to achieve this awareness, which cannot be gained by just reading about it in a strategy document, or referring to it in passing. I'm always ready to make an impromptu presentation to groups when I'm working and networking, but this is a small contribution compared with what seems to me to be needed at this time," Dorothy explains.

Rangitāne chief executive, Oriana Paewai agrees: "Whānau ora is well understood by whānau, although they may not be able to put it into words. The day-to-day practices of whānau demonstrate the principles of whānau ora. We also acknowledge that many whānau struggle to achieve whānau ora and that is one of the reasons why we exist as an organisation.

"It would be useful for 'the helping professions' to see the whānau as the 'experts' and work alongside them to develop their strengths and realise their own aspirations. Marae noho is one training ground where this transfer of knowledge can occur."

Rangitane has played a role in familiarising those unfamiliar with the tangata whenua experience via marae visits, tours to sites of historical significance and one-on-one presentations and workshops. One such tour took place in 2006 with staff from GP services.

"The tour took the GPs out of their place of function and allowed them to get a wider view of the community and the local people by bringing in cultural elements, such as a powhiri. This appeared to have a profound effect on those participants who spoke to me of their experience," says Dorothy.

In another example of opening people up to different perspectives, sixth-year medical students were welcomed at Rangitāne, where the staff did a presentation for them. One trainee GP exercised an option to accompany Dorothy on her afternoon house calls.

Rural communities are often disadvantaged through the loss of, and lack of, services so they appreciate visits by urban practitioners. Adequate notice can sometimes be an issue for

those who are the last link on the communication chain. Administration support from a central source would help to ensure timely notice to a range of agencies, suggests Dorothy.

Oriana Paewai says there is a misconception that because Rangitāne is an Iwi-led organisation, the only people who can access services are Māori. While the majority of clients are Maori, the services are available to anybody who wishes to use them and accepts the whānau ora philosophy that Rangitāne works from.

Health promotion activities are held at events and places where whānau are likely to attend, e.g. the annual shearing and wool-handling competition at the A&P Show. A promotion held at a golf tournament a few years ago brought a large number of males into Rangitāne's services. These activities are also an opportunity for personal health checks, e.g. blood pressures and one-on-one discussions with individuals.

Four 12-week programmes focusing on physical activity and good nutrition are about whānau supporting one another to make beneficial changes in their lifestyles. There is no element of blame, failure or disappointment in the programmes. Individuals are encouraged to make incremental changes that can be maintained once the programme has finished.

Dorothy explains the philosophy behind these approaches: "If they have a positive experience confirming they are well or that they need to take action, then it creates the possibility of ongoing care. They start to trust us as individuals and will come in for other things."

In terms of collaborative relationships with other health providers, Dorothy does have concerns about the lack of referrals from hospital.

"We don't get discharge summaries from the hospital when someone is using our service," she explains.

"They need to make it easier for social workers in the hospital to ask if someone is using a Māori provider. Change the forms so they can tick a box, put up a flag. That way they could send us some kind of notification, so we could follow up."

Dorothy thinks there's a particular opportunity where children are involved, and it's not just related to suspected violence or abuse.

"If children have any kind of injury – falls, poisoning, burns – we could follow up if they asked the whānau if they'd like to have someone come and discuss safety in the home, environment or car.

"We discuss this at **Kohanga Reo** and through the **MidCentralDHB Well Child Forum**. It's already part of our contract, but there is an opportunity to do more and to do it better," says Dorothy.

More information: www.Rangitāne.co.nz

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See www.ngo.health.govt.nz for more of the report.