Bishop's Action Foundation

Manaaki Oranga/Raumano Health Trust

Whanau Research

2010

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Executive Summary

The following is a summary of results. This section will compare and contrast the needs of families and whanau experienced in South and North Taranaki and services barriers highlighting the similarities and differences.

The shared family/whanau needs experienced across North and South Taranaki are as follows:

- Lack of family/whanau type support
- Lack of transport
- Access and provision of information
- Lack of a focus of services on men – as new fathers or as health clients

Service barriers shared amongst families and whanau in North and South Taranaki include:

- Lack of promotion information re services available, service promotion and health messages and public health promotion activities
- Lack of transport
- Convenient scheduling for services which require transport and travel

North Taranaki identified needs of new whanau are as follows:

- Support for new fathers
- Ability to access education for young mothers
- Access to suitable childcare
- Lack of family/whanau type support
- Accommodation and housing issues
- Lack of transport
- Experience of breastfeeding
- Access and provision of information re entitlements, support etc.

The service barriers identified by whanau in North Taranaki were as follows:

- Service provider assumptions
- Lack of information and communication
- Lack of fluid Referral processes for clients e.g. for counselling and health services
- Respect for clients - service providers keeping appointments

- Lack of Promotion information re services available (e.g. Maternity department and accommodation, Better Homes, Housing NZ)
- Reluctance to share service opportunities available to clients in need (WINZ)
- Convenient scheduling and rural services availability
- Requirements for entry into education prohibit participation

In South Taranaki the following whanau needs were identified:

- An advocate is necessary in some cases to support some whanau in accessing health services and appointments, to support with understanding instructions, asking questions and checking the information provided
- Young Maori males are reluctant to present to GPs and are particularly vulnerable as a result due to how services are provided
- The lack of services for youth and inconsistent focus on youth development in Southern South Taranaki affects youth, families, whanau and community
- The increasing number of grandparents as primary carers results in increased vulnerability of this group and the children being cared for
- People with a disability require regular health checks by professionals where whanau are unable to detect health problems in the early stages
- Activities such as weight loss and healthy lifestyle initiatives require some personnel and infrastructural investment in communities
- Practical parenting advice/support for whanau would help increase their confidence and their parenting ability

The service barriers identified by whanau in South Taranaki were as follows:

- The cost of accessing services is prohibitive for some whanau
- Attending specialist appointments is inconvenient and times are not aligned to the free Shuttle transport services provided to travel to New Plymouth
- The lack of dedicated transport provision to attend ongoing treatment e.g. dialysis, results in people moving location to New Plymouth outside of their communities and support structure
- The potential for the Health Promotion role is not being undertaken in South Taranaki, whanau are falling through the gaps as a result in terms of health outcomes
- The limited access to GPs often results in attendance at A&E
- The location of services e.g. services do not travel to local communities e.g. WINZ day in Patea

Research Capacity Building Report

1. Introduction

The following report is prepared for the Taranaki District Health Board and has been written by the Bishop's Action Foundation in accordance with a contact agreed to in July 2007. A project with the Foundation and two Maori Health Service Providers was developed to achieve the following key outcomes:

- Build research capacity of Maori Health Service Providers
- Ascertain the whanau health service needs/gaps through improved access to health services
- Explore the potential to develop a multi-stakeholder response

1.1 Benefits of this Research

The benefits of this research are summarised as follows:

1. Increase the awareness of the issues which affect our communities in Taranaki and especially our Maori whanau
2. Provide a forum/opportunity for whanau to establish their parenting and support needs and determine how agencies and organisation can better service families and build support for families/whanau
3. Use this information to steer future service provisions for parenting and support for families/whanau

Due to the breadth of this project and the results and aims, which are detailed below, this report will be divided into the following sections for ease of understanding and reporting:

1. Summary of Key Findings from the Research
2. Overall Project Methodology
3. Research Methodology
4. Results and Discussion on Findings
5. Report on Service Provider Research Capacity Building

2. Background to the Project

This project was developed to increase Maori service provider research capacity and develop informed knowledge surrounding Maori family health service needs in the region. Working with Manaaki Oranga and Raumano Health Trust research was undertaken with isolated families in Taranaki to establish their health service needs and determine how these needs can be addressed, examine ways to improve access to health services and ability for health service coordination to respond to these needs.

Developing Maori provider capacity to undertake research in this area fulfils the strategic objectives of the Taranaki District Health Board District Annual Plan 2006 – 2009 and the District Health Board's District Strategic Plan 2005 – 2015. Therefore the research project findings can be fed into the future planning process of the Taranaki District Health Board.

2.1 Regional Information

The results from the Future Taranaki, Key Informant Monitoring Research Report undertaken in 2006 found that the lack of support for parenting and families was a key issue facing the region's development. Families are the backbone of our society; they are integral to our future and the ability of parents' to develop and nurture our future adults cannot be underestimated. "It takes a community to rear a child" a common catchphrase but very true.

The Minister of Women's Affairs stated in 2007 that *"sustainability doesn't just apply to our economic transformation agenda - sustainability is something that is just as meaningful to our communities. And sustainability is not just something that relates to environmental issues; it matters that communities are able to sustain families."* Support for families is even more important today than ever if we look at some recent statistics which demonstrate that over one year 6% of our children are affected by changes in their living arrangements brought about by parents' circumstances e.g. divorce, separation or death.

A total of 4% of our children changed their living status from a two parent family to sole parent family status in one year. The flux which families experience today reflects the constant changes experienced within today's society. Indeed, it is predicted that in the

first 14 years of this century there will be as many changes as have occurred in the previous 100 years.

Recent scoping research undertaken by the Bishop's Action Foundation found that 42% of the families in Taranaki surveyed would like support. This support was defined as informal, emotional, personal contact based support to help them in their day to day lives. The low percentage of Maori families which engaged in this research does not allow for this figure to be attributed to Maori whanau.

2.2 Contextual Framework for this Research

Considering the large number of children who experience poorer health outcomes and the marked disparity in the health experienced between socio-economic and ethnic groups, research focussed on Maori whanau health is a priority in terms of the region's social and economic development. According to the World Health Organisation, tackling the broader social determinants of health requires action across sectors. It requires action to; build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills and reorient health services (WHO 1986). The existing strategies to reduce disparities in child and youth health explicitly consider underlying social and economic determinants. These principles form the context behind this research.

The relationship children and youth have with their families/whanau is significant and it has a direct correlation to their health and wellbeing. Family relationships at early ages of a child's life set the tone for further development. Therefore, this relationship and the support for families/whanau play a key role in the determination and shaping of children's health trajectory. This is explicit in the literature where it states that strong and healthy relationships confer significant protective advantages for young children. Therefore, understanding the needs of families to increase their access to health services is linked to the development of more holistic level of whanau support.

The Taranaki District Health Board District Annual Plan for 2006-2007 clearly states that health services need to be developed around the needs and requirements of families/whanau and with suitable forms/modes of response which are both culturally aware and help increase and develop a sense of wellbeing. Therefore, taking a holistic approach to the needs of families allows a coordinated response, taking a needs based

approach allows services and agencies to engage with research findings and develop a multi-stakeholder approach to develop a strategy to address these needs.

Developing services for isolated families requires knowledge surrounding families in the region. This can include:

- Their needs
- Their behaviour
- The current level of access they experience
- The determinants which affect wellbeing and positive family environments outside of service provision
- Multi stakeholder responses to respond to research findings

3. Project Methodology

Due to the fact that this project incorporates both research and capacity building, the methodology utilised for the project is significant. Notwithstanding this, the integrity of the research and the relevance of the findings have received equal weighting. The challenge for this project has been to raise the level of capacity of the researcher (service provider) to undertake the research at a consistently high level and for the research findings to be relevant to improving health service provision and therefore inform the service provider and the TDHB to support positive outcomes for whanau.

The Bishop's Action Foundation has worked in the role of capacity builder/mentor for the researcher. The approach utilised was to take the research project and break it down step-by-step, building the confidence of the researcher at every stage and providing support and resources to the researcher to expand their skills in undertaking community based social science research.

3.1 Project Methodology Plan

This project was broken into three main stages.

Stage 1

Undertake capacity building sessions on social science research, data collection tools and introduce different types of analysis.

Tasks

1. Develop key research questions for both organisations around the research topic
2. Review the Qualitative and Quantitative research collection tools available – look at how to use these tools and decide which type to apply to different research areas
3. Review of different research tools and their applicability to this research
4. Develop a Research Plan for both organisations
5. Develop a formal methodology with agreed data collection tools and review process for submission

Stage 2

Data Collection – whanau and service providers

Tasks

1. Data collection – identify whanau and service provider for interviewing
2. Undertake data collection with whanau – review this process and the quality of data which is collected - make changes according to preliminary results and feedback from staff, clients and review process
3. Collate and analyse data - identifying the service provider barriers, social determinants which affected whanau and service needs
4. From this analysis develop a service provider interview schedule and undertake the service provider interviews
5. Collate and analyse the information, verify this with the providers
6. Facilitate a focus group session to explore potential for response, service development or collaboration

Stage 3

Finish data collection – evaluation with two organisations

Tasks

1. Undertake data analysis training – analysis of the results
2. Evaluation of the project
3. Presentation of results and write up

3.2 Research Methodology

Setting the Research Context

This research project and the development of the research methodology were undertaken with the guidance of Maori research academic writers in this field who are referenced and acknowledged. The researcher utilised academic texts and their own personal professional experience to determine the most suitable methodology to achieve the Kaupapa of their organisations for this specific research project.

The development of the research methodology was a collaborative process based on the principles of the Maori Health *Whare Tapa Wha* model which was used to guide this piece of work. The model for Maori Health was chosen by the researchers, and endorsed by their organisations.

Whare Tapa Wha Model of Maori Health

This model of Maori health incorporates four aspects of health, Taha Wairua (Spiritual), Taha Hinengaro (Mental), Taha Tinana (Physical), and Taha Whanau (Extended family) and analogise these to the four walls of a house, each of these aspects is a requirement for overall well-being and holistic health. Taha Whanau is the primary support for Maori, extended whanau provide links to whakapapa, both physically and spiritually. Children are nurtured and seen as 'taonga' treasures, to be nurtured, here parental rights are seen as secondary to the rights of the child, who is often raised by the Kaumatua or extended family (Durie1999).

Empowerment

Within this model it was important for the researchers to identify what was their empowerment role. 'Empowerment' in this context is described by the researchers as a process with which *"whanau have the opportunity to share their views and experiences with the aim to improve health service provision to address their needs and identify additional/alternative non service focused needs".*

Research Ethics

This research project did not require research ethics approval. According to the protocol set out by the Economic and Social Research Council in the Research Ethics Framework because the researchers were working within their day-to-day professional environment and clientele, therefore an application to the council was not a requirement.

Nevertheless, there were ethics or principles which were agreed by the researchers to utilise for this research project. It was agreed by the researchers and capacity builder that Maori Tikanga in its broadest sense would provide these ethics or principles. The practical outworking of this is that the development of the research methodology, the research questions, the tools for data collection and the research plan reflected this process. This took time, but the development of capacity and understanding of the research process is one of the key outcomes from this project. Therefore reflecting Tikanga in this model within the design was imperative.

The literature has informed the researchers to name and categorise the key principles which were utilised for this research process these include (but are not limited to):

- Reciprocity of information
- Ownership of process – for researchers, interviewees (both whanau and service provider)

- Equality of all partners
- Benefit of research and information collection and research findings to whanau and service providers

Research Methodology

The following research methodology outlines the methods and tools utilised to undertake this piece of research. Various types of research, stakeholder analysis, phenomenology etc are applied to particular parts of the data collection; the rationale for this is clearly set out. The reasons why the particular data collection tools were chosen will be outlined and the process for data collection and analysis will be described.

The aims of the research are as follows:

A 1 To undertake research across the Taranaki region which ascertains whanau links/insights into health and family services provision identifying unattended needs in this area

A 2 To explore these identified service gaps and service barriers with service providers

A 3 To use the findings in the development of family focused projects in the future and help steer programme development and funding provision in whanau services in Taranaki

Key Objectives of the Research

1. To gather clients' input (isolated families) about the needs of families in Taranaki and examine an alternative support service layer for isolated families within the region
2. To establish how service providers can address existing service barriers and contribute to a collaborative response to support families and address issues of isolation and wellbeing and reduce resultant low health service take-up

Research Methods

The type of research employed is qualitative research; this is defined as social science research conducted whereby:

1. The basic methodology involves techniques which seek to reach understanding through observation, dialogue and evocation, rather than measurement
2. Where the data collection process involves open-ended, non-directive techniques (not structured questionnaires)

3. Where the data analysis output is descriptive and not statistical (Creswell, 1994)

The reason why qualitative research was chosen for this particular piece of work as opposed to quantitative research was because quantitative research isolates and defines categories of the research as precisely as possible before the research is undertaken while qualitative research allows these categories to be defined during the data collection and then determines the relationship between these categories afterwards (McCracken, 1988).

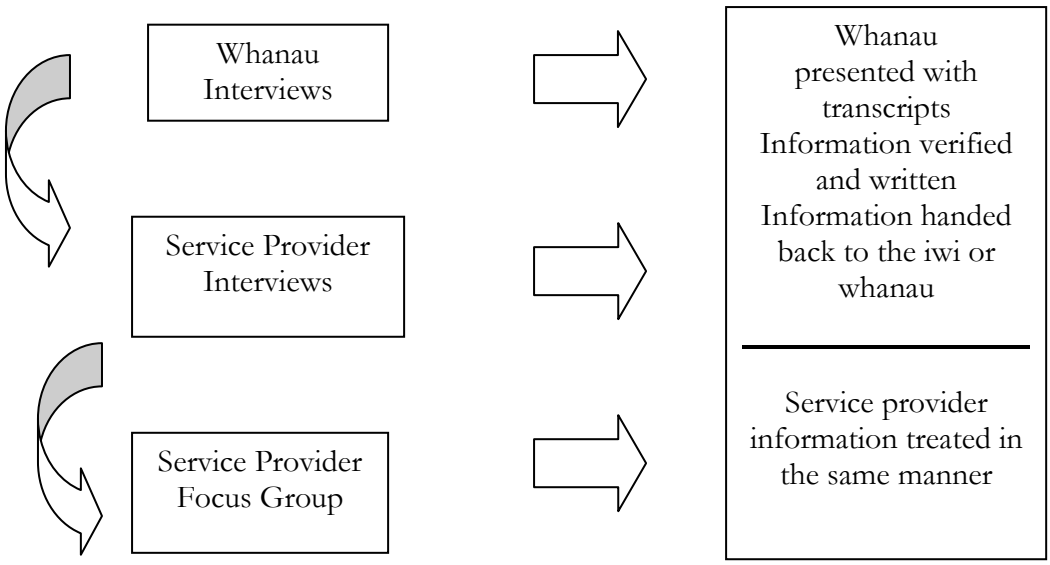
Because this research is based on the social phenomenon of Taranaki whanau, a quantitative approach using a measurement based study could not answer the research questions or add knowledge to the existing data set. If we look at the merits of qualitative data collection set out by Creswell (1994) he defines a qualitative study *"as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants and conducted in a natural setting"* (1994:2).

The benefit of a qualitative approach is that it is predisposed to using a substantial amount of descriptive/qualitative data about the interests, experiences, thoughts and feelings of stakeholders involved in the study (Burgoyne, 1995). Therefore, the objective of a qualitative study is to isolate and define the categories during the process of research. This also requires the researcher to be open to allowing the nature and definition of the research categories to change within the course of the project (*McCracken, 1988)*.

In light of these definitions the advantages of qualitative research can be said to be the following:

a) It is a flexible form of research collection
b) It attempts to understand and discover the thoughts, feelings and motivations of the stakeholders involved in the study
c) It allows the stakeholders themselves to define the research categories during the collection of the research

The following model for the implementation of the research was developed to outline the basic expectations for research implementation.



Data Collection

The following data collection tools were utilised for this project:

1. Open interviews
2. Semi structured interviews

Whanau Interviews

The following is the methodology utilised for the whanau interviews. This was developed through collaboration with the capacity builder and the Maori service providers over a period of time.

Three key research questions were developed to guide the Whanau interviews as follows:

1. What are the needs of whanau from the whanau perspective?
2. What services to fulfil these needs if any are required?
3. Are existing services able to provide for these needs?

These questions help the researcher to ensure that the purpose of the research is being achieved during the interviews without asking directive questions, letting the respondents identify their priorities within this broad framework.

Open Interviews

The key research questions will be utilised as the guide to inform the researchers during the interviews. The information that comes out of the interviews will only then develop the categories presented in the research findings. This type of data collection is described as open interviews, where respondents can identify what is significant to their lives and wellbeing, and share their experiences with health and service providers. Underpinning this type of data collection is *"openness, communicatively, naturalism and interpretation* [which are] *fundamental elements of this study." (Sarantakos, 1996: 177)*

The type of qualitative research proposed for the whanau/family interviews is phenomenological, the focus on phenomenological research has been chosen due to the nature of the information being sought which is gathering data around the perspectives of the whanau/families (known as respondents) about the phenomenon of their personal experience. Phenomenology is defined within the scope of this research where *"the aim of the researcher is to describe as accurately as possible the phenomenon, refraining from any pre-given framework, but remaining true to the facts"* (Groenewald, T, 2004).

Interview Protocol

The following interview protocol was agreed to by the service provider agency that employed the researcher:

1. Meeting with a new whanau to be undertaken in the most suitable manner
2. Meeting to follow office procedure – e.g. accompaniment or use of call code is standard

Sampling

Whanau were chosen for inclusion in this study using purposive sampling, which allows the researchers to use their client base and other whanau to ensure the sample is representative. In terms of the number of whanau who were interviewed some parameters were set - a minimum number of 10 whanau per researcher, an optimal of 15, and a maximum of 20 per researcher. This figure was decided based on the availability of the researchers, the time available to them, the need to reflect on the data, verify the transcripts with the whanau and undertake follow-up interviews from both the service providers and the whanau, whereby one whanau may be met more than four times to ensure the quality and ownership of the data.

Service Provider Interviews

The service provider interviews followed a qualitative research methodology known as a stakeholder analysis. The investigative nature of a stakeholder analysis/scoping research is conducive to qualitative data collection due to the need to *"interpret events as they unfold"* (Burgoyne, 1995: 189) and respond to the data being constantly collected in order to let the information build into a more balanced and informed data set. The purpose of this is to use the rich information received from the whanau interviews and use this to direct the service provider interviews while also allowing the service providers the freedom to share their experience.

The following process for Service Provider Interviews was utilised:

- Invite service provider to interview
- Undertake two pilot interviews
- Send out the interim results from whanau/families
- Undertake interviews with each service provider

Choice of Service Providers

The service providers interviewed were chosen by the respondents and came out of their identification of the service providers whom they dealt with and had positive and negative experiences with. This is called purposive sampling.

Purposive Sampling

In purposive sampling, the sample is undertaken with a *purpose* in mind, where we usually would have one or more specific predefined groups we are seeking. Purposive sampling can be very useful for situations where it is required to reach a target sample quickly and where sampling for proportionality is not the primary concern. With a purposive sample, it is likely to get the opinions of your target population, but it is also likely to overweight subgroups in the population that are more readily accessible.

The uses for purposive sampling as set out in the literature are as follows:

- Validation of a test or instrument with a known population
- Collection of exploratory data from an unusual population
- Use in qualitative studies to examine the lived experience of a specific population

Semi Structured Interviews

Semi-structured interviews use open-ended questions and rely on the elaboration of the respondents on key topic areas, where the key research questions are used as a guide for the researcher. This method of interview allows the interviewees to take ownership of the interview and talk about the issues that are important to them (Mikkelsen, 1995; Robson, 1993). For semi-structured interview schedule see Annex 1.

One characteristic of all interviews undertaken was the anticipation of their constant changeable nature prior to and during the interview itself, relying on the researcher to make a continuous stream of judgments on what to ask and what subject area to probe further into. The style of qualitative data collection chosen for this study were reflexivity, the data to be collected reflects the type of research methodology used; explication, as the findings emerge from the study they are interpreted during the interviews, and flexibility, the researcher will follow the course that emerges through the interviews (Lamnek, 1989: cited in Sarantakos 1996). This affirms the decision to use a stakeholder analysis methodology for the service provider interviews.

Analysis and Presentation of Results

This proposed research project will be analysed and presented in the following two phases:

1. **Stock-take and Needs Analysis**
    - Looking at the needs of families/whanau ora – generally, within health service provision, to help increase access and use of existing health service i.e. Focusing on the mode of provision, cultural perceptions, ability to address the needs of families in a proactive manner – establish what social determinants and service provision can help support families in Taranaki

2. **Stakeholder and Service Gap Analysis**
    - Considering these needs undertaking an analysis of the Health Service Gaps within the organisations and agencies, considering the existing service provision, the needs of families and how/where these needs could be integrated into service provision (this will be a core part of the analysis and findings)

North Taranaki

4. Whanau Interviews

The following section sets out the common themes from the family/whanau interviews undertaken with 15 whanau from the New Plymouth and Stratford District. The profile of the whanau who participated was as follows:

- Clients of Manaaki Oranga
- Young recent mothers
- Maori

The needs these Whanau identified they experience are discussed in the following section grouped into common themes from these interviews. The second section sets out particular whanau experiences with accessing existing health services. Identified needs of new whanau are as follows:

- Support for new fathers
- Ability to access to education for young mothers
- Access to suitable childcare
- Lack of family/whanau type support
- Accommodation and housing issues
- Lack of transport
- Experience of breastfeeding
- Access and provision of information re entitlements, support etc

The Service Barriers Identified by Whanau:

- Service provider assumptions
- Lack of information and communication
- Lack of fluid referral processes for clients e.g. for counselling and health services
- Respect for clients - service providers keeping appointments
- Lack of promotion information re services available (e.g. Maternity department and accommodation, Better Homes, Housing NZ)
- Reluctance to share service opportunities available to clients in need (WINZ)
- Convenient scheduling and availability rural services availability
- Requirements for entry into education prohibit participation

4.1 Whanau Needs – North Taranaki

Support for Fathers

Many of the interviewees commented on the reactions of their male partners during the birth of their child. Many expectant fathers felt traumatised because of the lack of communication before the birth experience surrounding what to expect, what would happen, what their role would be. Resultantly the fathers felt a sense helplessness due to the fact they were underprepared and felt they couldnot do anything in assisting their partner through the pain of birth. One expectant father fainted during the delivery of his daughter. The sentiment from young fathers was that if they were informed by the midwife and/or ante natal classes to better prepare them for the emotional and physical changes before, during and after the birth, the feeling of helplessness would be less.

The relationships between fathers and mothers post birth was affected in some cases where some fathers who experienced an inability to support mothers during labour were left with a deep feeling of inadequacy and helplessness in the proceeding months of parenthood. This was documented to have affected the relationship and bonding with baby and the relationship with mother, which affected the overall whanau wellbeing.

Fathers also stated that they felt there was an inadequate level communication and explanation provided by key Well Child service providers. The direct result of this was a lack of understanding of what was being planned and what would happen next for their whanau causing trauma, frustration and a sense of neglect where some families felt under-minded by service providers.

Some fathers had commented on setting up a support group for fathers to assist them in understanding the processes of the ante and post natal care for younger fathers. Another suggestion was to set up a support group for young Maori parents to meet regularly to discuss how things were going and look at positive affirmation from the group, similar to a Post Natal Group but specifically for young Maori parents.

Ability for Young Mothers to Access Education

45% of interviewees were currently attending a course/programme to further their educational knowledge. All courses/programmes that they were enrolled in enabled the mother to be close to their child through crèche or care facilities on site. The other 55% are looking at enrolling in a course in the near future as they are still unprepared to leave their child with someone else or in day care.

The issue of isolation was addressed because of interviewees' age where she did not fit the criteria to attend a course and due to her needs she would prefer to be in a small group or a one-on-one learning situation. She is currently enrolled in a mainstream school with good support from the school counsellor. However, the school does not have the facility to support her and her child. There are other cases where the requirements for entry into education prohibit participation which is a barrier to service.

While the majority of whanau were young and enrolled in a course or programme, many were unsure of what educational opportunities were available. Many had left school at an early age and becoming parents was the impetus to up-skill to make them better parents but identified that they required support to achieve courses if they were to pursue distance learning or correspondence. There was a high interest in learning more about both healthy eating and cooking on a budget.

Suitable Access to Childcare

The issues around availability and suitability of childcare were identified by all whanau. The interviewees who were currently attending courses had their children in care close by while they studied which made the study possible. Those that were not in study were looking at the option of Te Kohanga Reo or Kindergarten. Some whanau were not prepared to leave their child yet despite the fact that they identified the needed to up-skill and to look for work, they felt anxious with the separation from their child/children.

Lack of Family/Whanau Type Support

Of those whanau interviewed 40% lived with one or both of their parents. The experience of living with extended family was both positive and negative; the availability of financial and parenting support was the obvious reason for their current circumstance. The disadvantage of living with their children's grandparents was delineation of parental boundaries, and grandparents "taking over" was a common experience resulting in young parents feeling "useless and inadequate". As a result some interviewees were looking for their own homes to build a sense of independence.

It is important to note that the younger mothers who were interviewed with children were more comfortable having their parents take over the care of their child. Some mothers observed that the extended whanau provided a nurturing environment for them and their child and supported them financially. The availability of support from extended whanau was a benefit to both groups despite their feelings about their living circumstances.

Some whanau reflected on the sense of isolation due to where they lived (rural areas), resulting in feelings of loneliness being with baby all day identifying that they would like to have contact with other people in similar situations to just “talk”. Parents who recognised they experienced isolation identified that they needed affirmation that they parenting properly as well as practical parenting support. Also, mothers identified support around their own Mental Health would support their relationship with both baby and the father or extended whanau.

Accommodation

Many of the homes of the whanau interviewed were cold with little or no heating or insulation in the home. A total of 40% of the interviewees had knowledge of WISE Better Home and had either received quotes from them or were having the insulation put into their homes around the time of interviewing. Few interviewees had approached Housing New Zealand to apply for accommodation because they did not meet the criteria due to their age. Also, many found the cost of living independently was a financial strain and were receiving an accommodation supplement through WINZ. Many interviewees were not informed or aware about short term accommodation availability.

Mental Health Support, Counselling Support

The referral process for mothers to access Mental Health and counselling services is protracted, requires multiple visits and takes too long according to young mothers. The majority of young Maori families visited require low level Mental Health support, reported being depressed and experiencing post natal depression. Counselling for relationships was also an identified need to support the family to stay together and maintain the support required.

Lack of Transport

Transport to access education, health and social services was identified by young whanau as a need. The scheduling of bus services makes accessing the existing services prohibitive and the lack of frequency of services is problematic with young babies who need to sleep or feed regularly. This perpetuates the sense of isolation and is de-motivating for young families and single mothers when considering accessing education or entering the workforce.

4.2 Service Barriers and Issues – North Taranaki

Provider Assumptions

Service providers make assumptions on their clients understanding of young uneducated new families - this was especially true when visiting medical services with their young babies. The use of medical terminology without explanation or further discussion about the implications of the medical conditions was an issue which was widely expressed among this group. Professionals making assumptions that the information they were supplying was sufficient without follow-up undermined young parents and did not make them feel able or confident to clarify the terminology or discuss the implications of the information being received for their children. Also, the lack of client follow-up resulted in some whanau feeling less inclined to access the services again where the relationship with the organisations or the professionals were damaged.

Lack of Information and Communication

Inconsistent information provided by Midwives was a shared frustration with young whanau. While some interviewees found their midwives excellent, some whanau reflected that the information they received was not explained clearly or pitched at their understanding ability and was not clarified or re communicated. This experience was especially true in regards to explaining and preparing fathers for the birth of a child as mentioned above.

Interviewees who were inpatients in the Neo Natal Unit at the Hospital found their support exceptional. The staff would explain to parents in terminology they understood and encouraged interaction with baby and with staff. This environment where whanau were at the centre of care was important due to the level of stress accompanied with a Neo Natal Baby. A lot of this was attributed to the culture within the Unit, the respect shown to parents and baby and the commitment to support whanau to return home with the skills to support their newborn.

Other interviewees expressed dissatisfaction with the treatment of fathers, one father with mother and baby in maternity was not told of accommodation available by social workers or staff at the “whaiora” facility. The father would have appreciated this information from the Maternity Unit and this experience added to the stress of having a new baby adding another barrier or difficulty which could have been easily prevented.

Experience of Breastfeeding

Many of the interviewees had and were breastfeeding their child. Mothers communicated that they felt pressured to breastfeed and when unable to breastfeed the reactions to bottle feeding from professionals lead to them feeling a sense of inadequacy in their parenting abilities, that they were *'bad parents'*. The pressure from midwives and other service providers who strongly promote breastfeeding was not consistent and sufficient support and information was not provided to accompany what was being promoted. Supporting breastfeeding without acknowledging the difficulty associated compounded by the lack information on the topic is unrealistic and unfair to whanau who are already struggling with the adjustment to parenthood. Also, many of the fathers of breastfed babies stated they felt "left out" because they were unable to bond with their child or play a part in feeding and questioned the *'hardline'* 100% breastfeeding policy.

Reluctance of Service Providers to Share Service Opportunities Available to Clients in Need

Of the new whanau interviewed 75% were beneficiaries, while they were receiving accommodation supplements they were unsure of what other assistance they may be entitled to. This was attributed to the difficulty experienced in getting clear information from WINZ staff. They also commented that when going for an interview with WINZ they had a better chance of receiving other benefit assistance when they had a professional to accompany them. These whanau were not part of an intergenerational cycle and the families of the interviewees were not beneficiaries. Many reflected that going to WINZ was difficult due to the fact that they dealt with a different Case Manager at every visit. The impact on their self esteem from having to tell their story and explain their situation over and over to different individuals accentuated the stigma and the feeling of being institutionalised by the system.

Fluid Referral Processes for Clients e.g. For Counselling and Health Services

The lack of fluidity with referrals for counselling and health services is frustrating for whanau who need to have access to these services. The inability of certain providers to refer directly and the necessity to fill out forms and re-consult other services to address health, Mental Health and relationship issues compounds the issues for whanau and acts as a real barrier to services.

Lack of Respect for Clients - Service Providers Keeping Appointments

Service provider professionals who do not turn up or keep their own appointments are something which each whanau mentioned. This is both frustrating and negates the

development of a trusting relationship. According to one whanau, missing appointments and having to reschedule also results in missed opportunities to deal with issues promptly and for whanau to receive advice when it is most helpful.

Lack of Convenient Scheduling and Availability of Rural Services

Rural clients face transport and access issues which are compounded by difficult scheduling times which are not related to the availability of transport. In addition, the lack of availability of rural based health and child services makes attending neo natal and post natal services problematic.

5. Service Provider Interviews

The findings from the whanau interviews were utilised as the basis for the Service Provider Interview Schedule (see Annex 1) and informed the service provider interviews. Using a stakeholder analysis methodology the interviews built on the research findings from the whanau interviews. The stakeholders for the service provider interviews were identified during the whanau interviews. The list of stakeholders/service providers interviewed were as follows:

- Manaaki Oranga Ltd
- Piki Te Ora
- Partners in Pregnancy (Midwives)
- Independent Midwife – (Maori)
- Youth Transition Services
- Work and Income New Zealand
- Maori Women's Welfare League
- Barnardos
- Plunket
- Better Homes
- TDHB – Maternity / Neo Natal
- Stratford Community Centre – Teen Parent Programme
- Neo Natal Unit

The research findings will be presented in three sections

- Service Gaps
- Service Development
- Service Collaboration

5.1 Service Gaps

The findings from the service provider interviews identified the following ***service gaps*** for new whanau:

1. Lack of Mental Health programmes for those who fall below the 3% acute level for clientele who are not referred to Child, Youth and Family but who experience post natal depression or require support.
2. There is a lack of support for new families/new mothers between 0-6 weeks, this time gap perpetuates existing problems or problems develop which have to be

addressed after the six week period. The support during the first six weeks and the handover between midwife and Well Child services is not smooth enough and whanau get left out, not supported and experience wider problems in the months that follow.

3. Contracts for services for families have been reduced or cut. This contraction of services has left significant service gaps e.g. programmes targeting new fathers, crèche facilities and services which support mother-crafting skills.
4. There is a lack of early intervention programmes for drug and alcohol abusers in primary schools before abuse develops in young parents. As a result many young parents present with drug and alcohol problems which affects the whanau and leads to unstable family life.
5. Lack of advocates in Education facilities for pupils where teachers undertake the role of advocate and become overburdened.
6. The existing North and South Taranaki focus has left families and whanau in Central Taranaki who are geographically in-between and service provision becomes disjointed. The result is that one whanau will either not receive a service or have to travel in two different directions to access some services. The lack of service provider presence in Central Taranaki contributes to this issue.
7. The lack of emergency accommodation for families or individuals leads to difficulty managing clients who have limited accommodation stability.
8. Lack of transport makes attending work and educational opportunities difficult for young families.
9. Lack of childcare availability for young families without family/whanau support
10. Substandard rental properties, which lack insulation or heating solutions compound whanau health issues.
11. Lack of parenting support and programmes to deal with behavioral problems in boys in the 8-10 years age group.

5.2 Development of New Services

Service providers were asked to identify changes or service developments which would support whanau wellbeing and positive family health. The following is a summary of the suggestions from the providers.

Collaboration

- Kaiawhina services to work collaboratively with other agencies and services

Practical Support

- Utilise the "Balance Me" Nutrition Programme – Give this training to Advocates, Social Workers, Whanau Ora Kaiawhina, Well Child nurses

Support for Fathers

- Develop programmes focussing on supporting new fathers in their adjustment to parenthood and support fathers before birth to prepare them for the transition, dealing with being left out. This was especially identified for young fathers.

Intensive Support for New Whanau

It was identified by service providers that at times families need residential care.

- Residential Family Unit with:
    a. Mentoring for parents - support – "Karitane Nurse" type service
    b. Life skills for new parent not attending courses (hands on skill development)
    c. Sleep and Behaviour Management Clinics
- Services for depression and Mental Health intervention for new mothers experiencing post natal depression
- Midwives – visiting in homes and at education programmes
- Parenting Groups; Support Groups; "Time Out" facility for parents who are struggling, under stress or require additional support.

Advocacy

- An advocate to work across organisations to help clients link with health services

5.3 Suggestions/Recommendations

The following collaborative opportunities for service providers have been identified which could support whanau:

a) Access to Services

Many services cannot be accessed due to service criteria - for example, age (education), severity (Mental Health) or due to the lack of service availability in an area (central Taranaki). The interviews with services providers identified that access to the following is problematic:

i. Increase access to Family Planning Services for Youth in South Taranaki
ii. Midwife visits – midwives are difficult to access for isolated young mums, midwives support young mothers with home visits
iii. General Practitioners' for young mums – it was found that most young parents did not have their own GP and were using Emergency doctors. Supporting young mothers or expectant mothers to get a GP through midwife contact and Well Child Services contact
iv. Address the service boundaries issues for North and South Taranaki - support access to services outside of boundary definition

b) Maternal Mental Health / Mental Health Services

Accessing specific Mental Health services is problematic where stringent criteria is not met because the Mental Health issue is not deemed high risk or acute. Support services which provide for early intervention Mental Health services and positively affects client's wellbeing and future health outcomes.

Address the current referral process to allow quicker take-up and access to Mental Health Services. When depression is identified in both ante and post natal mothers' referral to Mental Health providers needs to be quicker and less arduous with a clear referral process in the early six week post natal period while supported by the midwives.

Other Mental Health Service suggestions include:

- Provisions for self referral to Mental Health Services
- Access to Child, Mental Health – where parents can refer their child to Mental Health Services
- Mental Health Services for fathers – group to help support fathers and paternal Mental Health

- Referral options for teenagers – recognition, intervention and prevention with Mental Health Services is required

c) Family Support

The provision of support services specifically for families which includes care. Holistic Care for mother and baby and the extended family if necessary for high needs families who require mentoring and support with day-to-day needs and care of the child. Some examples include parents with borderline intellectual disability, experiencing adjustment to parenthood issues, baby is experiencing reflux, crying or feeding problems.

This type of service would include:

a. Relationship Focus – support for families with no family support nearby
b. Well Child Checks – Neo Natal Unit Homecare worker being able to do Well Child checks for specialist neo natal care of child
c. Support for fathers – information sharing for new Dads
d. Mothercrafting skills provision
e. Accessing full home support for high needs women with reduced family support and difficult social circumstances.

d) Community Support Position

A community support position would provide an advocate to work specifically with clients from education and training facilities to support students with the social services needs. Currently this role is being undertaken by the educators who do not have the skills or the training to provide this level of support. Young mothers with families who are accessing education have multiple social services needs and often leave education or do not attain due to the lack of support.

e) Service Referral Pathways

The level of staff knowledge of referral pathways and service availability is often inadequate and clients do not receive quality service or information as a result. A suggestion to address this was to develop a flow chart for services which is updated when changes occur.

f) Well Child Support

The existing Well Child services support families and whanau. Suggestions to support families and whanau further include the provision of car seats from the hospital through Piki Te Ora and Plunket, making access and hire easier during weekends for families. In

addition the availability of resources such as breast pumps would support families/whanau with breastfeeding. Also the Mothercraft Nurse in the Neo Natal Unit could undertake Well Child checks for neo natal babies to reduce the need for doubling up with visits to the same family.

g) Child Care Services

The lack of availability of child care facilities and difficulty with accessing subsidies through Work and Income free child care hours is an issue for families and whanau.

The following suggestions are put forward:

- Support the provision of childcare in the region
- Support the provision of after-hours child care for the children of shift workers
- Provision of transport to and from childcare facilities
- Support childcare provision at education facilities to support young parents to attend courses and training
- Support easier access to free childcare subsidies
- Increase Holiday Programme cover over the Christmas and New Year breaks for young parents and their children – this burdens families without extended family support or single parents

h) Transport

Design or change the transportation timetable to support new families and whanau who need access to education and employment. The current Public Transport (Buses) timetable is unsuitable to travel to and from a place of employment within an 8am to 5pm working day. In addition, when undertaking shift work transport to and from work is impeded because of the prohibitive timetabling of buses.

i) Housing

Develop Emergency Housing contracts to access backpackers collectively within the sector for clients where emergency accommodation is required for up to one week for families and individuals.

j) Drug and Alcohol Services

Provide early intervention services for drug and alcohol services targeted at primary school level before abuse develops in young people. Social workers in schools practicing family therapy who are educated to work in the field of abuse and prevention.

6. South Taranaki

The research undertaken in Southern Taranaki followed the same broad outline and methodology where the objective of this research was to establish the health service needs of isolated families and whanau within Southern Taranaki. The qualitative nature of this study required information rich respondents and explored individual and personal responses rather than generalised responses from a larger population.

The data was collected during 15 separate kanohi-ki-te-kanohi (face-to-face) individual interviews with a Kaupapa Maori centred focus. The respondents were recruited from the South Taranaki district. The sample size of 15 was chosen to give a snapshot of family perspectives within this area. The sample comprised of four males and 11 females. Whanau were aged from 20 to 69 years-old.

The profile of the whanau who participated was as follows:

- Whanau[1]
- 27% Males
- 73% Females
- Ages 20 to 69 years

A standardised interview schedule was used to ensure that the data collected was consistent. The questions used were designed to be easily understood and to produce answers relative to the research objective.

From the Interviews the Following Whanau Needs Were Identified:

- An Advocate is necessary in some cases to support whanau in accessing health services and appointments, to support with understanding instructions, asking questions and checking the information provided
- Young Maori males are reluctant to attend GPs and are particularly vulnerable as a result due to how services are provided
- The lack of services for youth and inconsistent focus on youth development in Southern South Taranaki affects youth, families, whanau and community
- The increasing number of grandparents as primary carers results in increased vulnerability of this group and the children being cared for

[1] Whanau were not necessarily clients of either Raumano Health Trust or Ngati Ruanui, but were whanau living in the Patea and Waverley areas

- People with a disability require regular health checks by professionals where whanau are unable to detect health problems in the early stages
- Activities such as weight loss and healthy lifestyle initiatives require some personnel and infrastructural investment in communities
- Practical parenting advice support for whanau would help increase their confidence and their parenting ability

The Service Barriers Identified by Whanau Were as Follows:

- The cost of accessing services is prohibitive for some whanau
- Attending specialist appointments is inconvenient and times are not aligned to the free Shuttle transport services provided to travel to New Plymouth
- The lack of dedicated transport provision to attend ongoing treatment e.g. dialysis, results in people moving location to New Plymouth outside of their communities and support structure
- The potential for the Health Promotion role is not being undertaken in South Taranaki, whanau are falling through the gaps as a result in terms of health outcomes
- The limited access to GPs often results in attendance at A&E
- The location of services e.g. Services do not travel to local communities e.g. WINZ day in Patea

6.1 Whanau Needs

1. Health Service Needs

The health service needs of the whanau interviewed included:

a) General Practitioner (GP) services
b) Specialist services (dermatology, optometry, dentistry, surgical, physiotherapy and chiropractic), eczema, asthma, diabetes, stroke, ear, disability, oncology services
c) ACC – injuries, work related and sports

2. Health Services

The health services attended by whanau interviewed were as follows:

a) Local GP practice
b) Waverley GP
c) Raumano Health Kaumatua Service
d) Raumano Health Trust
e) Healthline
f) A&E
g) Ambulance
h) District Nurse
i) Specialist Services
j) Dentist
k) Pharmacy
l) WINZ
m) Occupational Therapist
n) Outpatients
o) Dermatologist
p) Chiropractor
q) Physiotherapist
r) Internet
s) Home help and whanau support

3. Whanau Needs

a) Advocate to Support and Attend Medical or Specialist Appointments

Some respondents expressed the need for an advocate to attend medical appointments with kaumatua and those who are not always able to understand or remember what the doctor or specialist has said. Sometimes whanau may be so preoccupied with their illness that they do not listen properly to what the doctor is saying or they may be too afraid to ask questions. As a result they do not get to ask the questions they need to or when they leave they think of questions they should have asked.

One respondent suggested a prompt sheet for clients dependent on the type of appointment. An advocate would be able to remember important points about the consultation and ask key questions of the Doctor on behalf of the whanau member. One whanau said that an advocate may have helped him to seek a second opinion earlier for a medical problem he had, where he was not aware that he had other options.

b) Young Males

One whanau commented that she had difficulty getting her grandsons to attend Doctor's appointments because they were 'whakama'. They often had difficulty discussing their problems and also understanding the doctors. One male whanau said he only went to the doctor because of sporting injuries or to get a medical certificate for work, otherwise doesn't go to the Doctors unless he has to because of the cost. This perpetuates the need for immediate medical care and attention when sought due to behaviour and attitudes to personal health. Repeating past patterns risk of chronic disease not being prevented or receiving early intervention and therefore creating a dependence on services far away and difficult to attend.

Suggestions:

- GP checks at the workplace
- Health focus checks such as WOFs more prevalent
- Role modelling for young Maori Males
- An easier and cheaper process for attaining a medical certificate.

c) Services for Youth

Many parents commented that there were no services for youth in Patea. There is a culture of drugs and alcohol that persists within the town as an attempt by youth to find something they can do together. One mother commented that her son has a lot of potential but this is being hampered by his drug and alcohol issues and is affecting his school work. In terms of facilities and structured activities, there is a lack of sporting activities for children and teenagers and many young people must travel out of area to be part of a sports team. The swimming pool in Patea is only open over the summer season and whanau who want to take their children swimming must travel to Hawera or to the beach.

Many whanau felt there was a lack of prevention strategies for youth of the town. There is no guidance counsellor at the local school for children and no drug and alcohol counsellor for youth. The lack of activity options for children after school was an issue which led to youth feeling they are punished because they live in a rural community.

The list of problems experienced was as follows:

- No organised youth activities
- No local counsellors
- No local youth related programmes
- Patea has a Community Hall and a Surf Club but there are no activities for the youth of the town
- Youth do not trust new services as they have been made promises in the past only to see services taken away

Some whanau felt there was a lack of motivation amongst the adults of the community to dedicate time to young people and it tends to be the same people organising community events. In terms of the future affects, whanau predict that problems within our communities will end up being problems in another community if not dealt with at this level.

Youth Mental Health linked to drug and alcohol abuse and suicide prevention and awareness in the community was important where there have been five suicides in the surrounding Patea district over the past 18 months.

d) Grandparents as Caregivers

Four respondents were full-time caregivers of grandchildren. This responsibility posed extra challenges for those who were working or who had their own health issues to deal with. This was leading to both the children being cared for and the grandparents themselves being vulnerable.

e) Disability

Two whanau had members who were wheelchair bound which as a result of this experienced extra health needs because of their disability. One whanau use the GP service in Waverley as the Doctors there have been more consistent over the years and at one time there was poor wheelchair access to the Doctor's surgery in Patea. It was identified that the majority of the monitoring of disabled whanau members is undertaken by whanau themselves resulting in them not detecting problems early enough. Regular visits from the District Nurse would ensure that any health issues were detected early and treatment was as prompt as possible. Occupational Therapy Services make home visits to assess needs and to arrange repairs of any equipment failures.

Issues experienced:

- The availability of local respite care was an ongoing problem
- Local services were only equipped to cater for those who were mildly disabled
- Wheelchair access to many Patea businesses was an issue

Home care services for one whanau are based in New Plymouth. Therefore any issues they have with care is usually discussed by phone, which makes discussing problems or issues difficult and some whanau would prefer face to face contact.

f) Weight Loss Programme

A number of whanau expressed the need to lose weight to improve their physical health. Due to the lack of facilities in Patea and the time and money involved in travelling to Hawera this was not an option. It was suggested that a facility and a local fitness programme, while the children are at school, would be a good option to help improve their health and reduce weight.

g) Parenting Support

There is no support for single parents or parents across the board for parenting skills and advice on parenting techniques. Parents struggle with how to deal with children once they get older. One young mother said that she would like hands on help in the

home for advice with her children's health and support for young mothers for the prevention and early detection of illness in their children.

6.2 Barriers to Service

a) Finance

Cost and affordability of travel and appointments was a widespread issue. Many whanau said that the lack of finance was always an issue. Whanau budgets were already stretched. Free Doctors appointments for young children helped, but some whanau did not go to Doctors themselves until their condition was urgent. One mother commented that if she could not get an appointment at the Doctors she went to A&E. The problem with attending A&E is the lack of history and awareness of problems such as DV gets masked. Where cost is a barrier for low income beneficiary families, drop-in free clinics would prevent acute cases from occurring and support positive health outcomes for whanau.

b) Transport

Most specialist services require travel to Hawera, New Plymouth or Wanganui. Travel is an issue for some whanau because of a lack of a vehicle or finance or both. Some respondents were dependent on whanau support for travel. The free bus service to Hawera worked well for some whanau but for others did not fit in well with their commitments, family life, and school and appointment times. Some whanau also used the free Shuttle to travel to Hawera and New Plymouth for medical appointments and requested that specialists consider this when making appointment times for people from South Taranaki requiring transport. There are a lot of services in Hawera, but because some whanau had transport issues, access was limited. One mother found hitchhiking a good way to travel so long as she did not have her children with her. Another mother used the Standby service to attend appointments out of town. Some whanau did not like having to burden others for a ride to Hawera all the time.

c) Specialist Appointments

The majority of specialist appointments attended were the Dentist and Optician. Due to the cost of attendance adults tended to neglect their dental care. Due to the travel and transport cost many whanau did not attend their appointments. It was felt that whanau lacked options when it came to Doctor and Specialist services unless they were able to travel.

d) Lack of Health Promotion

Many of the whanau interviewed were only accessing services when they were in crisis. While younger parents were more aware of what services were free some whanau were not aware of all services that were available. Whanau were not aware of the affects of their inaction and did not engage in proactive health related activities because family networks were the main source of information about health services available. It was identified that better health promotion information targeted to communities, in the southern area of South Taranaki, was important for whanau health outcomes. Also, better health promotion at community level along with continued support for conditions could prevent deterioration of health in some cases.

e) General Practitioner Services

The majority of whanau use the local Doctors in their area. The Waverley GP's offer 'no appointment necessary' basis to access a consultation. For this reason, whanau living outside of the Waverley community utilise this service. Whanau said they like the first in first serve basis of the Waverley Practice as opposed to the Patea Practice where the availability of appointments was not guaranteed on the same day. One mother said that the Doctors do try their best to make time for sick children, otherwise they recommend going to Accident & Emergency. Travelling to A&E is problematic as it can take between 20 to 30 minutes depending on where whanau live and transport is not always available.

f) WINZ Day in Patea

A number of whanau interviewed were receiving a benefit from WINZ, where multiple members of the household also received a benefit. Their feedback was that a WINZ day in Patea would help to ease a lot of the stress associated with having to travel to Hawera and finding the finance to get there.

g) Natural Remedies

Two Whanau said that they would like more natural health remedies. They were interested in both mainstream health remedies and Maori Rongoa. One whanau said he had turned to natural remedies because the medical profession was unable to help him. One Whanau was a member of the Community Garden and said that her Whanau was benefiting both health wise and financially from the project

7. Service Provider Interviews

Kaupapa Maori Service Providers were invited to attend an informal focus group to discuss their views on how the health needs of whanau living in isolated areas could be addressed and ways of improving access to health services and the ability of Providers to respond to these needs.

The organisations which attended this meeting were:

- Ngati Ruanui
- NZ Police
- Raumano Health Trust
- Manaaki Oranga Ltd – Taranaki Connections Primary Mental Health

The following areas of collaboration and support were discussed in regards to health service development for South Taranaki:

a) Potential Collaboration Identified

i. Support for transport of mutual clients to access necessary services
ii. Develop group transport for Dialysis and other regular treatments requiring transport to New Plymouth
iii. Increase flexibility across the board for whanau and look at their needs not the services available
iv. Navigator for service support or advocate could be made available

b) Financial Support for Mutual Clients

Providers which share mutual clients could approach supporting costs for transport collectively to enable better access to health services which is technically part of the client funded contract. The need to provide funds available for transport will increase due to the growing demands on regional services. One example of this is making resources available for dialysis transport which is not currently funded and as a result many whanau are forced to leave the area and live outside of their traditional communities and support structures resulting in dislocation and other low level Mental Health problems. Whanau are often forced to move closer to the point of treatment because bus timetables do not always fit in with the rigid treatment timetables. On the other hand cancer streams are much better resourced.

c) Provision of Support Services

i. It is possible to better support Grandparents who are caring for their mokopuna by connecting them with Kaumatua services and Kaiawhina support

ii. Provide a supportive forum to share difficulties and solutions to these - services can work in collaboratively to support with transport

iii. Initiate support groups for single parents or parents providing health promotion and parenting support parents of children

7.1 Collaborative Initiatives

a) Natural Remedies

Need more promotion for Rongoa. Health providers need to investigate other options for health and provide alternative options for whanau who do not want to follow traditional medicine.

b) Service Promotion

The lack of awareness of services indicates the need to lift the profile of Kaupapa Maori Providers and the need to have relevant information out in the community, in health services and other community services. Information brochures need to provide information of services available and providers need to be aware of what services are available. Need for services to be more integrated and have the scopes of practice opened up.

Again the suggestion of a 'Navigator' or advocate who knows which services are available and can point people in the right direction would be useful to ensure people receive the correct information. Networking meetings for whanau who have individuals who are accessing multiple services to support their future health journey was also suggested.

c) Youth Response

A response to the lack of youth focused activities was the development of After School activities. For after school and holidays for 5-12 years, partial funding received through MSD, this would require additional funding from the community and through a parents fees structure but it is possible to fund. What is required is a provider to run the programme on a day-to-day basis, a facility and community support.

d) Weight Loss Programme

The suggestion of a weight loss programme was met positively. It is possible to initiate a programme on a weekly basis with a support group for whanau who want to lose weight. All that is required is a meeting place, a scale and whanau. The group would provide support for each other, share stories, exercise and weight loss tips etc. Could have an incentive for participation through the *Oranga Kai Balance Me Programme* through Manaaki Oranga.

e) Health Promotion

Targeted and effective health promotion is important. Whanau who are waiting until a crisis before accessing services is not always due to the lack of transport or money. The lack of awareness of early intervention and the affects of putting off treatment whatever the health issue is a real problem. The result is presenting cases which become acute and require more costly and longer treatment times. This could be a cultural tendency because people feel 'whakama', they are too busy, they don't want to burden anyone or they do not recognise the signs. The lack of health promotion for primary health issues results directly in secondary treatment in these instances.

f) Crisis Team

The Crisis Team response times to Patea are lengthy and it is not realistic to have one Crisis Team for the region located in New Plymouth, and understandably response can often be unsupportive of whanau needs. As a result, local services form a de-facto Crisis Team because they are local and are often aware of the clients' need. A suggestion was that a part of an FTE be available in South Taranaki proportional of the population which is being served supporting the local organisations to perform this role and have their time and costs covered for the crisis work they already do – often out of contracted hours. This would result in rationalising the number of FTEs based in New Plymouth, and it would redress an inequality in Central and South Taranaki. Due to the wait time for the existing Crisis Team, the Police have to be called in to restrain whanau and this is not always an appropriate option resulting in the local the providers being called to assist. Due to the number of suicides in South Taranaki, suicide prevention support intervention and post intervention is required.

g) Family Violence

Family violence is a problem for many whanau and as a result services stretch to meet the social and health related needs of whanau. Maori Wardens help the police with whanau, but the lack of succession in these roles is an issue.

Annex 1
Service Provider Interview Schedule

1. Name of Organisation

_____

2. Contact Person

_____

3. Position

_____

4. Please describe your service?
   - Client base
   - Age group
   - Socio economic status

_____
_____
_____
_____
_____

5. Can you describe how your service contributes to developing a healthy and enabling positive environment for Whanau/Families?
   - Social isolation
   - Enhancing wellbeing
   - Health and education

_____
_____
_____
_____
_____
_____
_____
_____

6. What are the intended outcomes from your service provision for families/whanau?

_____
_____
_____
_____
_____
_____

7. What service gaps if any can you identify for parents and children services to improve wellbeing and health?

8. Presented in your interview brief sheet was a list of Service Barriers identified by Clients which negatively affect wellbeing and health for families/whanau. In regards to this organisation can you respond to these identified barriers?

9. How could your service be improved?
   - Other services
   - Broadening existing services
   - Contract requirements

9. Would you be prepared to participate in a focus group with service providers to respond to these research findings?

Annex 2
Risk Assessment / Limitations of Project

What are the hazards?	Who/what might be harmed?	What is already being done?	What further action is necessary?	How will this be put into action?
Miscommunication with Iwi	Project organisations involved Staff.	Communication with the Iwi is ongoing Communication Plan has been developed	First Panui to come out at the start of November	Managers to take responsibility for the first Panui then researchers to every second month
Staff safety being jeopardised	Staff/researchers	Procedure for visits and interviews established	Circulate and agree on the interviewing protocol	Use of protocol will be included in the Research Plan and the research methodology where required
Assumption of Cultural Identity	Clients and staff Veracity and effectiveness of the research data	Nothing has been done to date	Development of criteria within the first assessment to determine identity and use and development of dual methodology	This will be incorporated into the research methodology developed