



# Te Tohu o Te Ora o Ngāti Awa

Ngāti Awa Social  
& Health Services

## ANNUAL REPORT

1 July 2017 - 30 June 2018



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Te Tohu o Te Ora Staff at Puawairua Marae 2017

# Directory

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1. Site Address: 36 Thornton Road, Whakatāne.
2. Postal Address: 15 Golf Links Road, Whakatāne 3191
3. Telephone: 07 306 0096  
Fax: 07 307 2151  
Email: [enquiries@nash.org.nz](mailto:enquiries@nash.org.nz)
4. Status: Charitable Trust
5. Nature of Activities: Charitable purposes in Whakatāne in accordance with clause 2 of the Trust Deed
6. Bankers: **ASB Bank Ltd**  
Cnr The Strand & Boon Street  
Whakatāne 3120
7. Accountants: **Goldsmiths Chartered Accountants**  
Level 1 / 189 The Strand  
P.O. Box 810 Whakatāne  
Telephone (07) 308 9700  
Fax: (07) 308 4700
8. Solicitors: **Koning Webster Lawyers**  
Level 1 34 Gravatt Road, Papamoa 3118  
PO Box 11120, Papamoa 3151  
Phone: 07 547 4283  
Fax: 07 572 0220  
  
**McVeagh Fleming Lawyers & Notary Public**  
Level 4 / HSBC House  
1 Queen Street, Auckland  
PO Box 4099, Auckland 1140  
Phone: 09 377 9966  
Fax: 09 379 4230
9. Board of Trustees: **Hemana Eruera**  
Te Pou Whakarae o Te Waipuna Ariki o Io  
  
**Ramai Haua-Carroll** - Te Pou Whakarae  
**Paul Brown** - Te Pou Whakarae  
**Hawiki Ranapia** - Te Pou Whakarae  
**Joseph Pryor** - Te Pou Whakarae  
**Enid Ratahi-Pryor** QSO - Te Pou Whakarae

# STAFF

## Managers

- |    |                              |                          |
|----|------------------------------|--------------------------|
| 1. | Te Pou Turuki o Matangireia  | Enid Ratahi-Pryor QSO    |
| 2. | Te Pou Turuki o Hineteiwaiwa | Patricia Hudson          |
| 3. | Te Pou Turuki o Hineteiwaiwa | Jocelyn Te Maipi-Mason * |
| 4. | Te Pou Manukura o Uepoto     | Manu Glen                |

## Administration

- |     |                                    |                  |
|-----|------------------------------------|------------------|
| 5.  | Te Pou Māreikura o Matangireia     | Amy Skeen *      |
| 6.  | Te Pou Māreikura o Matangireia     | Angela Makela +  |
| 7.  | Te Pou Māreikura o Matangireia     | Anthony Hood +   |
| 8.  | Assessment & Service Co-ordination | Marama Studer    |
| 9.  | Te Pou Māreikura o Urutengangana   | Cynthia Hudson   |
| 10. | Te Pou Māreikura o Urutengangana   | Italy Ngaropo *  |
| 11. | Te Pou Māreikura o Punaweko        | Luana Morgan     |
| 12. | Te Pou Whatukura o Urutengangana   | Patrick Phillips |
| 13. | Policy and Audit Controller        | Maude Takarua    |
| 14. | Site Overseer                      | Joseph Pryor     |
| 15. | Maintenance Assistant              | Solomon Phillips |
| 16. | Cleaner                            | Gloria Gurren +  |
| 17. | Cleaner                            | Ripeka Wana +    |
| 18. | Kitchenhand                        | Louise Apihai +  |

## Social Services

- |     |   |                     |
|-----|---|---------------------|
| 19. | Head Social Worker                          | Cheryl Wilson *     |
| 20. | Te Pou Tauihu o Te Waka o Tamarereti        | Pono Wetini         |
| 21. | Te Pou Wharekura o Tawhaki                  | John Copeland       |
| 22. | Te Pou Wharekura o Tawhaki                  | Te Paea Kohu +      |
| 23. | Te Pou Kahiki o Te Āhuru Mōwai o Hinetītama | Leah Niao +         |
| 24. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Heather McGinity    |
| 25. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Jessica Faga        |
| 26. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Aramoana Pakuria    |
| 27. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Te Paea Kohu #      |
| 28. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Ritihia Livingstone |
| 29. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Frances Callan      |
| 30. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Toni Smith +        |
| 31. | Te Pou Tuara o Te Āhuru Mōwai o Hinetītama  | Kelly Hohapata +    |

## Health Services

- |     |  |                   |
|-----|--|-------------------|
| 32. | Te Pou Tapuhi a Rohe                   | Sharon Williams + |
| 33. | Te Pou Tapuhi a Rohe                   | Moana Delaney     |
| 34. | Te Pou Tokotoko Mate Huango o Tawhiri  | Lucinda Carter    |
| 35. | Te Pou Tapuhi o Tamariki Ora           | Aneta Tarei       |
| 36. | Te Pou Tapuhi o Tamariki Ora           | Aroha Hurkmans +  |
| 37. | Te Pou Tapuhi o Tamariki Ora           | Erana Burrows +   |
| 38. | Te Pou Tapuhi o Tamariki Ora           | Dale Grace *      |
| 39. | Te Pou Kawenga Hauora o Rehua          | Alison Collier    |
| 40. | Te Pou Kawenga Hauora o Rehua          | Tui Edwards *     |
| 41. | Te Pou Kawenga Hauora o Rehua          | Kim Rameka        |
| 42. | Te Pou Kaupare I nga Makutu o Whiro    | Kevin Richmond +  |
| 43. | Te Pou Kaupare I nga Makutu o Whiro    | Orini Marr        |
| 44. | Te Pou Kaupare i nga Makutu o Maikinui | Desmond Harawira  |
| 45. | Te Pou Tiriao o Papatūānuku            | Kereama Akuhata   |

46. Kaiawhina Hauora Te Reinga Chase

**Te Waipuna Ariki o Matangireia**

47.	Te Pou Kahika o Hinetītama	Jenna Birkhead
48.	Te Pou Kahika o Hinetītama	Suzanne Billy Keepa
49.	Te Pou Kōkiri o Hinetītama	Lauren Copeland
50.	Te Pou Kōkiri o Hinetītama	Joella Pryor
51.	Te Pou Kōkiri o Hinetītama	Ana-Mei Rika
52.	Te Pou Kōkiri o Hinetītama	Maia Connor
53.	Te Pou Kōkiri o Hinetītama	Rahema Leabourn *
54.	Te Pou Kōkiri o Hinetītama	Sam Kora
55.	Te Pou Kōkiri o Hinetītama	Brenda Brady +
56.	Te Pou Kōkiri o Hinetītama	Mere Williams +
57.	Te Pou Kōkiri o Hinetītama	Atareti Hape +
58.	Te Pou Kōkiri o Hinetītama	Jamie Edwards +
59.	Te Pou Mataapuna o Hine-te-ahorangi	Jocelyn Stoneham
60.	Te Pou Mataapuna o Hine-te-ahorangi	Zoe Studer
61.	Te Pou Mataapuna o Hine-te-ahorangi	Dayna Studer
62.	Te Pou Kōkiri o Tahu	Patsy Roberts *
63.	Te Pou Kōkiri o Tahu	Rahora Riini +
64.	Van Assistant/Kitchen Support	Alamein Hei Hei
65.	Van Driver	George Moore *
66.	Van Driver	Mervyn Herangi
67.	IYP Facilitator	Norma Pugh
68.	IYP Facilitator	Whetumarama Apanui +*
69.	IYP Facilitator	Whakairi Patuwai +*
70.	IYP Facilitator	Sam Kora
71.	IYP Facilitator	Jocelyn Stoneham

<b>Key</b>	*	<b>Staff no longer employed by the Trust</b>
	#	<b>Staff who have moved into a new position</b>
	+	<b>New Staff members</b>
	^	<b>Staff who have passed away</b>

# ORGANISATION PROFILE

Ngāti Awa Social & Health Services Trust is one of the largest integrated Māori providers in the Eastern Bay of Plenty. Established in 1989 to provide Matua Whangai services to Iwi, the organisation grew from a small Level 1 Care & Family Support Service, to an approved Iwi Provider of Social Services.

The need to merge our health policy arm formally known as Te Tohunga Ora Mo Ngāti Awa, with the Social Service arm of Te Runanga o Ngāti Awa, was recognised by the Iwi and in 1997, Ngāti Awa Social and Health Services was constituted and mandated to provide all social and health services to Ngāti Awa.

Today, Ngāti Awa Social & Health Services Trust is continuing to develop its social and health initiatives. Ngāti Awa Social & Health Services intends to provide a comprehensive and seamless suite of health and social related services, which will benefit both Iwi and the wider community.

In general terms, Ngāti Awa Social & Health Services Trust has set itself objectives where it will:

- a. Achieve the highest standards of administration and delivery of social and health services. These standards will be consistent with;
  - recognised professional practices in health care services
  - New Zealand's regulatory requirements
  - effective use of the Trust's resources
- b. Carry out statutory functions and other obligations in an effective and caring manner consistent with the interest of Iwi and the community.
- c. Focus on prudent management to provide ongoing flexibility and the ability to meet the requirements of service users.
- d. Maintain ongoing, close and consultative relationships between Ngāti Awa Social and Health Services, Iwi, the community and regulatory and associated administrative organisations.
- e. Provide a professional working environment ensuring that employees are properly trained and motivated.



# CHAIRPERSON'S REPORT



*Ko Putauaki te maunga  
Ko Te Oriini te awa  
Ko Te Pahitaua o Irāpeke te papawhenua  
Ko Ngāti Awa te Iwi  
Ko Mataatua te waka  
Ko Te Tōhu o te ora o Ngāti Awa te whanau  
whānui.*

Kua tae mai anō tatou ki te wā e pānuitia ai ngā mahi o te tau. Ka whakatakotohia mai ngā whakatutukitanga o ngā whakahaere o Te Tohu o te Ora o Ngāti Awa, ngā whakatinanatanga o ngā tumanako o te tau, ngā taumata i pikitia, ngā whāinga kāre i mau.

Ka huri ake ki te mihi kia rātou kua whetūrangihia, nō reira e ngā mate, haere, haere, haere atu rā. Ka tahuri mai ināianei ki te pito ora, ki ngā iwi, ngā whānau e ākinga nei e ngā hau e whā.

Tēnā koutou.

It is with great pleasure we the Trustees of Te Tohu O Te Ora O Ngati Awa present this year's annual report of Te Tohu O Te Ora O Ngati Awa. As we reflect over the past year 2017-2018 we remember those who are no longer with us, staff who have moved onto other work and study opportunities, and welcome the new staff who have joined us during this period.

The Trust's vision of Te Pou Mataaho, achievement of ultimate wellbeing for whānau, hapū, Iwi and the wider community, remains a priority for Te Tohu o Te Ora o Ngāti Awa. Integrated service delivery continues to be a key focus for the Trust. Having all services on one site is integral to the implementation of an integrated approach. This year we have seen an improvement in coordination of services and resources, and continue to focus on integrated service delivery. Excess the organisation's client management system, continues to contribute to the improvement in our integrated approach to service delivery.

Strengthening the spiritual and cultural foundation of the organisation remains a priority for Te Tohu O Te Ora O Ngati Awa. The Trusts' commitment to implementation of Te Pou Mataaho continues to be recognised through the tikanga we implement and wananga we held during the year. While the organisation supports training and development to improve the capability of staff, the Trust's expectations is that all staff will understand Te Pou Mataaho and be able to implement this framework when delivering services to whanau.

Upon reflection, we have made some good progress to ensure strategies we have set are achieved. At the same time, we still have work to do to ensure we are positioned to take up opportunities as they arise. We look forward to the coming year and opportunities that may present themselves and building upon the gains and successes we have already made.



On behalf of the Board I thank our koroua and kuia who continue to strengthen the organisation by giving their time and knowledge to support Te Tohu O Te Ora O Ngāti Awa, our whānau, hapū and Iwi of Ngāti Awa and the work we do. I acknowledge the funders who are listed in our financial report for their continued support of our organisation.

I thank our CEO Enid Ratahi-Pryor for her leadership of the organisation and ensuring we arrive at the destination set out in our strategies. I thank Enid and her management team for the outstanding work done in helping us to achieve our goals for the organisation which would not have otherwise been possible. I thank all of our staff for their continued dedication and commitment to Te Tohu O Te Ora O Ngāti Awa, the whānau we work with every day, and the hapu and Iwi of Ngāti Awa. The contribution you have all made and your tireless effort in ensuring we achieve our goals and meet contractual obligations is acknowledged.

Finally, to the Trustees, I thank you for the support to myself, the staff, the vision we have set and the work we do to realise Te Pou Mataaho and ultimate whānau wellbeing. As always we look forward to the upcoming year and present this year's annual report of Te Tohu O Te Ora O Ngāti Awa.

*Kāti ake i kone: whāia te roanga ake o ngā korero pānuitia i tēnei pūrongo-a-tau. Noho ora mai koutou katoa. Hei kona.*

Hemana Eruera NZOM J.P  
**Te Pou Whakarae o Te Waipuna Ariki o Io**



At Kokohinau Marae - Hemana Eruera NZOM.JP, Merehuka Holt, Enid Ratahi-Pryor Q.S.O, and Des Harawira.

# CHIEF EXECUTIVE'S REPORT

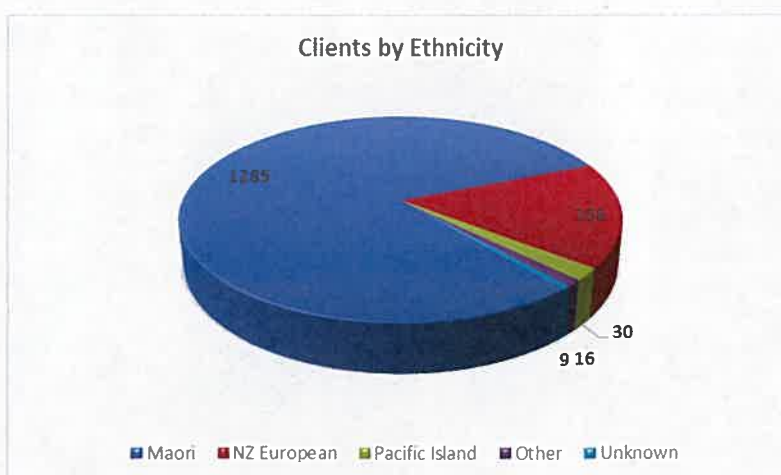
Tēnā tātau katoa. Nga mihi ki o tātau tini mate kua wehe atu ki te pō haere haere haere atu ra. Kia kōtou te hunga ora tēnei te mihi maioha o Te Tohu o Te Ora o Ngāti Awa. Kua tau mai ki te hui a tau nō reira tēnā koutou tēnā koutou tēnā tātau katoa.

It is with great pleasure that I present this years Annual Report which encapsulates the outcomes that have been achieved and challenges experienced by our staff. At the time of writing this report, reviews of Oranga Tamariki are being undertaken by the Chief Ombudsman, the Childrens Commissioner and Oranga Tamariki. The public outcry expressed over a video being posted on social media showing the attempted uplift by Oranga Tamariki social workers of a new borne baby from its mother, has shook the country. So where do we stand in this national conversation. This organisation has been a Sec 396 Provider of Care & Protection since the introduction of matua whangai in 1989. In actual fact, the organisation as we know it today was established on the premise that Ngāti Awa will look after our own tamariki. This is the very call that is being made from Iwi across the country - Not one more baby! Iwi will look after their own! Can more be done to reduce the uplifting of 3 Māori babies into state care on a weekly basis - absolutely!

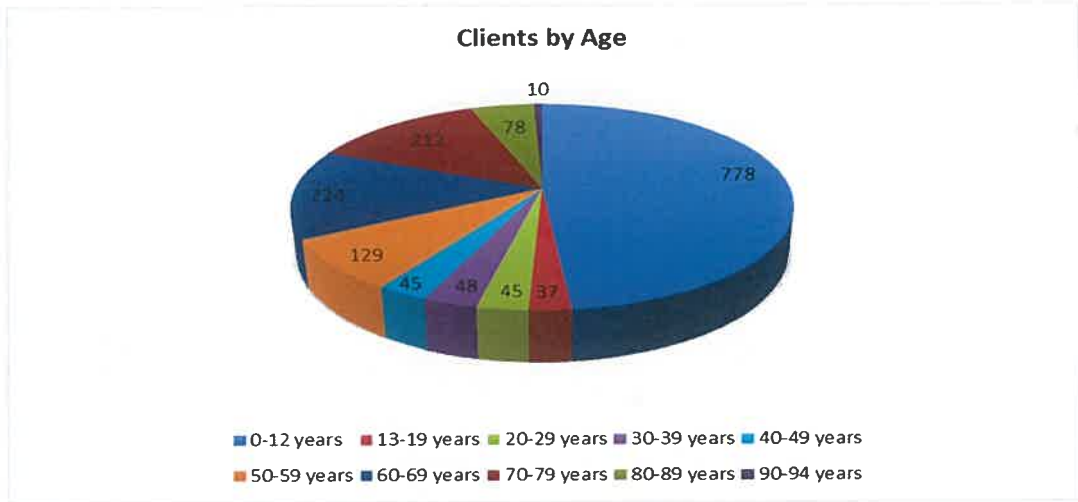


This report highlights the intervention and prevention strategies that are being implemented by Ngati Awa. It provides a snapshot in time of the services and support mechanisms that have supported 1,579 individuals this year with Tāne comprising 51% of the total number while wāhine were 48% of the total client population. Taking advantage of our kaupapa Māori methodologies 80% of our total client population identified as Māori. NZ European made up 17% of the client population with Pacific Island and other ethnicities both being 2% of the total client population. Those who did not know their ethnicity was 1%.

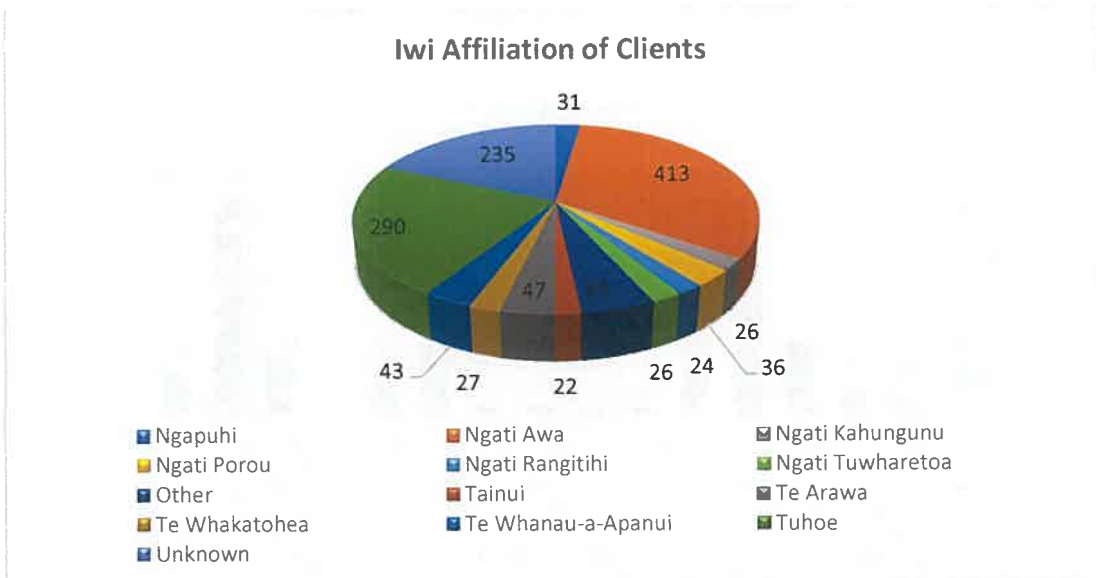
The largest number of users of our services are tamariki aged 0-12 years, with 778 tamariki falling into this age grouping. Those aged 60-69 years were the next largest users of our service while those in the 70-79 year age range were the third highest users of services we provide. While small but still



cause for celebration were that 10 of our clients were aged 90-94 years.

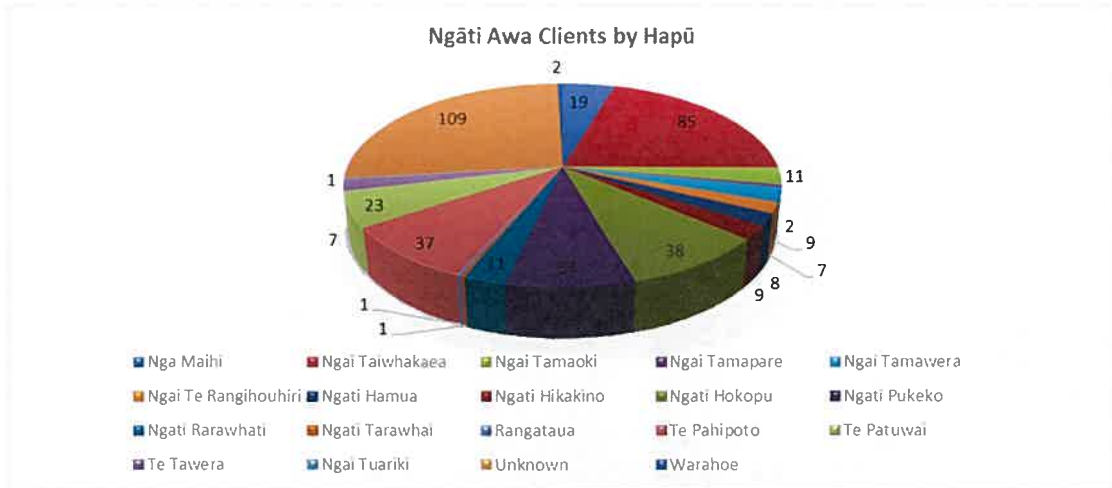


Ngāti Awa was the largest Iwi represented in our client numbers with 413 affiliating to this Iwi as shown in the graph below. Tūhoe was next with 290 and given the proximity of Tūhoe to Ngāti Awa this is not unexpected. The 'other' category comprises 18 Iwi where 1-10 people noted affiliation to one of the 18 Iwi. Those clients where Iwi is unknown is 235 of our total Māori population. In the coming year, staff will be working to reduce this number.



Of those who identified as Ngāti Awa, 304 stated their hapū affiliation. As in the previous year, the highest users of our services affiliated to Ngāi Taiwhakaea making up 28%. This is based on those who stated their hapū and does not include unknown numbers. Ngāti Hokopū and Te Pahipoto each comprised 12% of the Ngāti Awa population. Ngāti Pūkeko made up 10% of those who stated their hapū.

While not included in the count, the graph shows the number of clients who did not state their hapū. 109 clients did not state a hapū although they identified as Ngāti Awa.



The largest number of clients for the 2017-2018 year were with Tamariki Ora. There were 524 tamariki registered with the service during the year. Bay of Plenty Facilitation had 351, Kaupapa Māori Nurse Led Service (KMANS) had 293 registered while 216 tamariki accessed Family Start. Asthma Management had 174 clients on its register, Social Workers in Schools worked with 129 tamariki and Te Waipuna Ariki o Matangireia had 96 tamariki through the Centre. While other services did not have high numbers there was a lot of work involved in supporting clients and/or whānau which required time from staff.



Some clients accessed more than one service which is evident from the clients registered with services compared to the total client numbers for the year.

**Risk Factors**

Clients are presenting with a myriad of risk factors which adversely impact on them and their whānau. As the table below shows, smoking, anger issues and domestic/family violence concerns, and housing/accommodation needs are the factors that impact on a number of clients and/or whānau. Alcohol and drug concerns and substance abuse also feature in the top 5 risk factors with CYF involvement being number five.

<b>Risk Factors</b>	<b>Number</b>
Smoking	140
Anger Issues / Domestic/family violence concerns	122
Housing / Accommodation needs	114
Drug and alcohol concerns / Substance Abuse	84
CYF Involvement	66
Financial Issues / Including lack of essential resources	58
Mental Health Issues incl PND, PTSD	49
Grief and loss concerns	44
Parenting Issues	39
Disconnected from whanau, hapu & Iwi / Unsupported Parent	38
Behavioural problems / Bullying	37
Gang Affiliation	35
Physical health concerns	35
Low Education Levels	29
Communication difficulties	20
Transient	18
Current legal concerns	18
Parent is under 18 years of age	17
Child Custody Issues	10
Truancy	10
Stepfamilies	5
Lack of whanau support	4
Suicidal/self-harming behaviours	3

As the table above shows, we are dealing with a number of risk factors affecting those we work with and there are a number of whānau presenting with more than one risk factor which adds to the complexity of the work we have done.

### **Protective Factors**

While there are risk factors, clients and/or their whānau also present with strengths and factors that help them to resolve some of their own issues.

<b>Protective Factors</b>	<b>Numbers</b>
Strong whanau support	280
Good insight into circumstances	196
Strong cultural identity & connections	186
Child-attending ECE centre	162
School / Education	90
Motivated to change	87
Employment	64
Strong support network	45
Engaged in Sports or structured activities	32
Church Involvement	20
Attends Specialist Services	20
Safety Plan in Place	19
Attendance at Community Based Support Groups	12
Safe environment	4

Strong whānau support, good insight into circumstances, strong cultural identity and connections, child attending ECE centre feature high on the list of protective factors, followed by school/education and motivated to change.

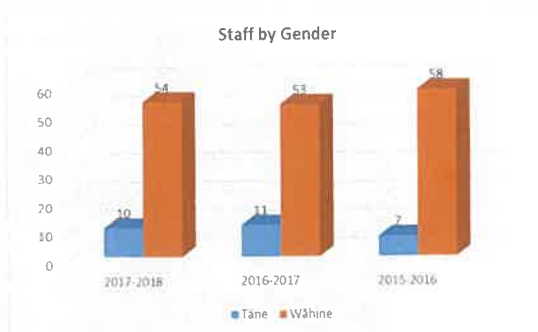
It is these factors that assist clients and/or whānau to make changes and help address the issues that result in them using our services. Improving their skills and knowledge so they are able to move forward and address issues on their own as they arise, is the key to the work our staff do with clients and whānau.



Dr Ken Kennedy, Pouroto Ngaropo, Ritihia Livingstone, Enid Ratahi-Pryor, Des Harawira, Prime Minister Jacinda Adern, Pono Wetini, ReiRei Kingi, Luana Morgan, Toni Smith and Tamati Coffey MP.

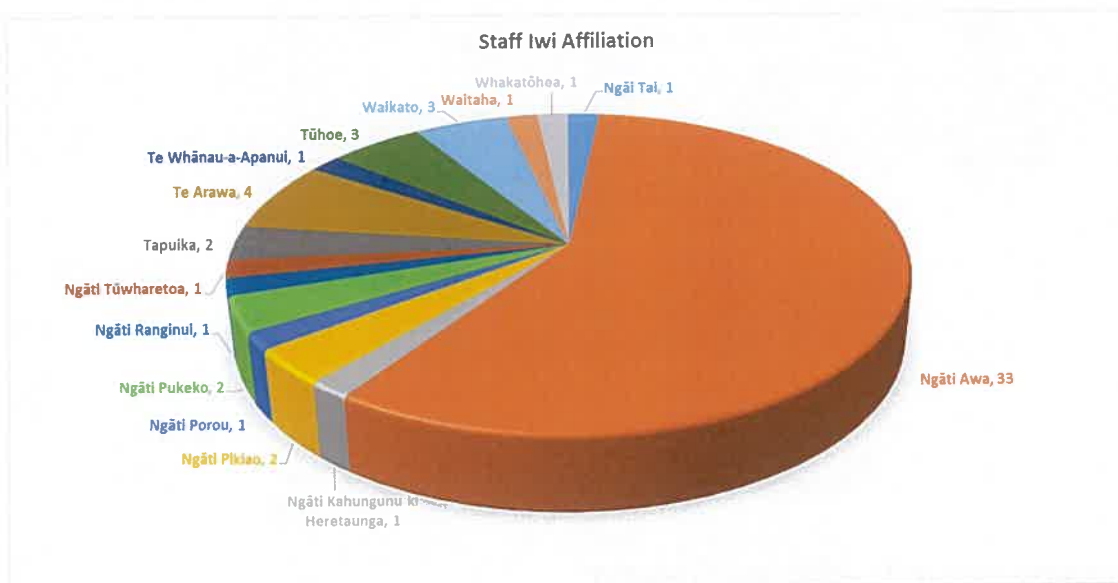
# OUR STAFF

Over the past three years, staffing numbers have remained constant. In 2017-2018 there was no change in numbers with the organisation employing 64 staff. The numbers of tāne remained at 16% with wāhine making up the remaining 64%.

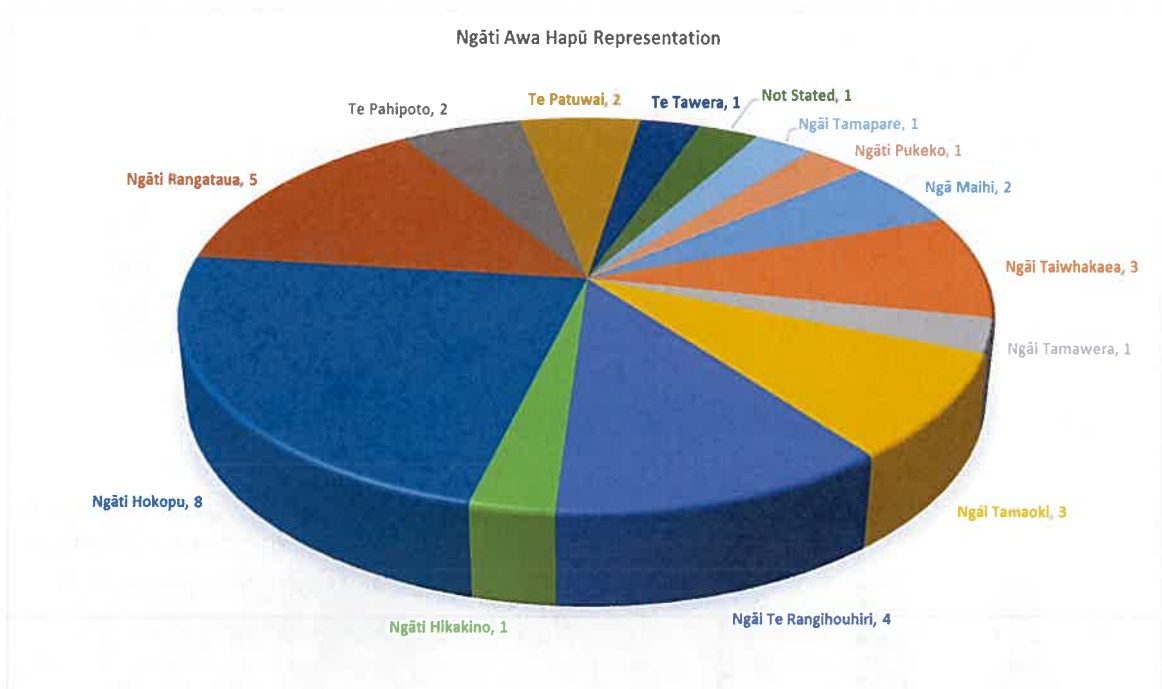


The number of Māori staff remained consistent. During the 2017-2018 year, 89% of staff identified as Māori compared to 88% in the previous year and 90% two years ago.

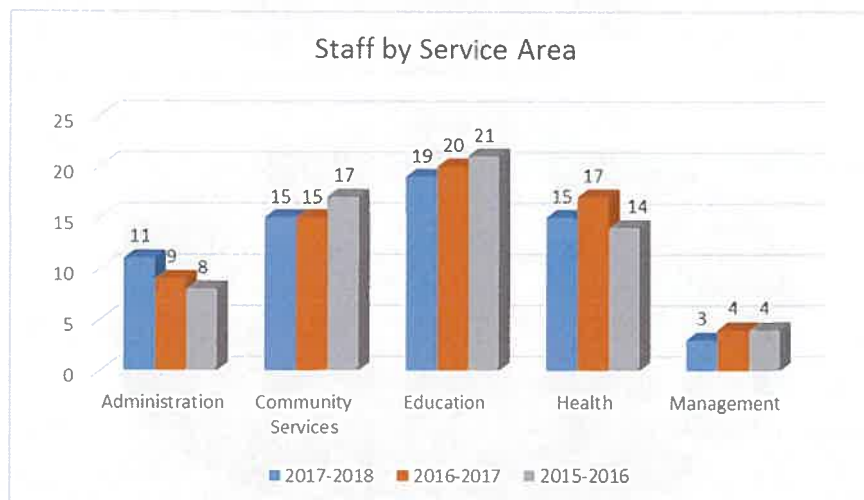
Staff affiliated to 15 Iwi. Those affiliated to Ngāti Awa made up 58% of the staff population. Te Arawa comprised 7%, while Tūhoe and Waikato both made up 5% of our staff numbers. The remainder of staff were spread across 11 other Iwi as per the graph below.



Of the 57 Māori staff employed by the organisation, 35 staff affiliated to Ngāti Awa hapū. Ngāti Hokopū had the largest representation with 23%, Ngāti Rangataua were the second largest represented hapū with 14%, while Ngāi Te Rangihouhiri were third largest comprising 11% of Ngāti Awa staff. One staff member (3%) did not state their hapū affiliation. The remaining 49% spread across 10 hapū.



Education employed the largest number of staff with 30% of our staff working in this area. Community Services and Health both employed 23% in the 2017-2018 year. Administration staff numbers increased from the previous year and made up 17% of our staff numbers. Management were 7% of the staff numbers. One Manager is contracted two days per week and is not permanent staff.

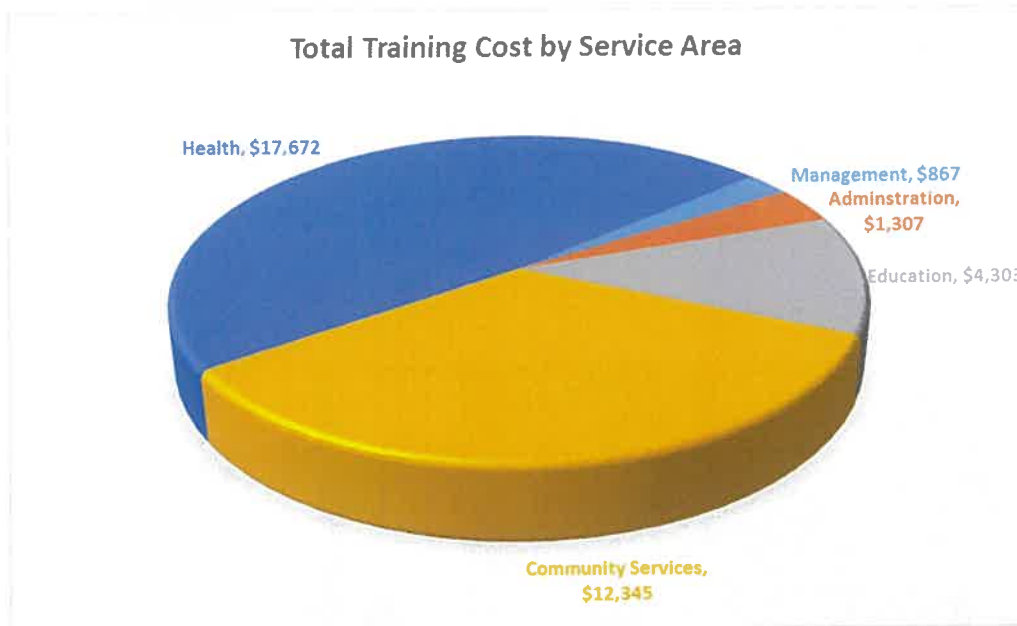


## TRAINING AND WORKFORCE DEVELOPMENT

This year a total of \$36,493 was spent on training and workforce development. This amount includes both staff time at training and other training costs such as fees, transport, accommodation and meals. Training significantly reduced from the previous year due to the need to focus on contract outcomes and ensuring these were achieved.

Community Services spent the largest amount of the training dollar with 48% of the allocation to staff in this area. Health spend was 34% of the total allocation. Education spend on training and workforce development was 12% while administration spend was 4% and management was 2%.





This year saw a reduction in the amount allocated to training and workforce development of 53%. Training was targeted and new staff joining our teams, there was a focus on staff becoming familiar with their service specifications and requirements as opposed to external training.

All service areas spent less in training this year in comparison with the previous two years.

Service Area	2017-2018	2016-2017	Difference 2016/17 with 2017/18	2015-2016	Difference 2015/16 with 2016/17
Management	\$867	\$8,905	(\$8,038) ↓	\$6,782	\$2,123 ↑
Administration	\$1,307	\$8,524	(\$7,217) ↓	\$10,184	(\$1,660) ↓
Education	\$4,303	\$14,890	(\$10,587) ↓	\$7,285	\$7,605 ↑
Community Services	\$12,345	\$26,253	(\$13,908) ↓	\$21,456	\$4,797 ↑
Health	\$17,672	\$19,116	(\$1,444) ↓	\$18,340	\$776 ↑

Key outcomes from training included:

- 1 Social Worker completed the Bachelor of Social Work
- 3 Social Workers now fully registered
- 3 staff completed Te Pōkaitahi Reo Level 3, 5 and 6
- 1 nurse completed the Asthma Fundamentals Online Course
- NETP Study Days for new nurse: Self Care in Health Care, Diabetes & Wound Care, Cardiac and Respiratory
- Nursing Competencies Workshop: Culture, Māori Health, Treaty of Waitangi
- 1 nurse completed the Advanced Health Assessment Paper
- Completion of the 5 day Child Protection Course
- 2 staff completed the Incredible Years Positive Parenting Course
- Staff attendance at and participation in Te Pou Mataaho Wānanga
- 2 nurses commencing their pathway to gaining Nurse Practitioner status

Conferences attended included:

- Methamphetamine Forum
- National Drug Foundation Symposium
- Community Action on Youth & Drugs National Conference
- Fetal Alcohol Syndrome Disorder Workshop
- Solution Focused Suicide Prevention Workshop
- Family Violence Workshop
- Ngā Manukura mo Apopo Conference
- Respiratory Conference



Family Start Practice Forum

Staff attended short training courses that provided specific skills to enable them to enhance and strengthen service delivery. This included internal training facilitated by staff.

In addition to completing training, and/or attending conferences and short courses, some staff facilitated training and workshops or made presentations in the community or in-house to staff.

External supervision including clinical supervision was undertaken by service delivery staff this year to ensure practice is maintained and competencies maintained or improved.

Te Tohu o Te Ora o Ngāti Awa also supported staff to ensure all professional registrations were current. Professional registrations supported by the organisation are Social Worker, Teacher and Nurse registrations. DAPAANZ registration is also supported for our Alcohol and Drug Counsellors.

# TE POU MATAAHO OPTIMUM HEALTH & WELLBEING

The framework underpinning everything Te Tohu o Te Ora o Ngāti Awa does is Te Mataaho. For Te Tohu o Te Ora o Ngāti Awa, Te Pou Mataaho is integral to the organisation, how we work and the work we do. Implementation of Te Pou Mataaho is a priority for Te Tohu o Te Ora o Ngāti Awa. Te Pou Mataaho achievements are presented below.

## TE POU IHORANGI O Papatūānuku (SPIRITUALITY)

Te Pou Ihorangi O Papatūānuku, represents the **spiritual and cultural** beginnings of whanau originating from the spiritual creator known as Io Matuakore.

- Karakia o te ata ia ra
- Staff learning Ngāti Awa Mōteatea and waiata
- Karakia Kaha
- Blessing of Taonga given to staff when they leave employment and tamariki leaving Te Waipuna Ariki
- Ngāti Awa Incantations
- Ngāti Awa Tikanga
- 19 Poroporoaki
- 15 Whakatau
- 49 Tangihanga attended
- Induction for all staff includes introduction to Te Pahitaua and Te Pou Mataaho
- Te Tohu o Te Ora o Ngāti Awa pepeha known by all staff



## TE POU O HINETĪTAMA (TŪRANGAWAEWAE)

Tūrangawaewae is the place you call home, your connection through the **whenua** to your place of identity.

- 2 Te Pou Mataaho Wānanga
- 19 Staff Site Inductions
- Manuhiri Site Inductions
- Record Staff Iwi and hapu affiliations
- Marae Based Drink Driving Programme
- Supporting Ngāti Awa events
- Representing Te Tohu o Te Ora o Ngāti Awa at external poroporoaki and whakatau
- Attended pōwhiri for staff taking up new positions with other organisations
- Provided meeting space for Ngāti Awa Trusts and Kura:
  - Kiwinui Trust
  - Rotoehu Trust
  - Ngāi Te Rangihouhiri
  - Te Kura o Te Pāroa
- Talking to roopu about Te Pahitaua and its significance



## TE POU TATAIWHAKAHEKE O HINEAHUONE (WHAKAPAPA)

Te Pou Tataiwhakaheke O Hineahuone provides us with the knowledge of and connection between ourselves and others through our kinship ties or **Whakapapa**

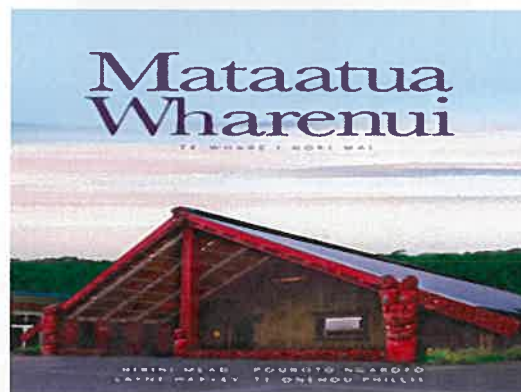
- 58% of all Māori staff affiliated to Ngāti Awa
- Staff able to recite their Pepeha
- Whanaungangatanga
- Strengthen hapū relationships through attending tangihanga, supporting events at marae
- Te Oranga Kaumātua o Ngāti Awa Programme



## TE POU AOTUROA O WAIRAKA (ENVIRONMENT).

Te Aoturoa recognises the **world** around us and all of the influences both negative and positive that contribute to our development.

- Representation on the Community Action on Youth & Drugs Advisory Group, Family Start National Collective, Child Protection Resource Panel
- Submission to the Mental Health and Addictions Inquiry Panel
- Continued to support whānau affected by the Edgecumbe Flood
- Attended Edgecumbe Flood Anniversary Service
- Signed agreement with Whakatane District Council to facilitate the Impaired Driving Programme
- Memorandum of Understanding signed with the Bay of Plenty District Health Board re Mental health services (CHECK)
- Continued participation in Iwi Coalition with Tūhoe Hauora, Te Whakatōhea and Tūwharetoa Health & Social Services
- Social Workers in Schools now delivering in Te Kura Kaupapa Māori o Te Orini
- Attended Kōkōhinau Papakāinga Trust Emergency Home Official Opening
- Participated in the I Am Hope Tour
- Attended the Mataatua Whare Book Launch
- Development and implementation of marae based programme for tāne



# Te Apaaparau o Rehua

2017/18 has been a period of consolidation for the Health Service. The current funding environment is challenging with a series of contract exits and service reviews occurring across the sector. There is a predominant focus on performance and efficiencies with the implementation of “wash up” clauses and post-audit discussions with the funders. There has been a systematic erosion of Māori provider funding and gains achieved in Māori health over previous years.

In the context of this constrained funding environment, health contracts have been renewed. Audit findings for health have been positive. The health team has a full complement of staff with a strong focus on recruiting the right people with the right attitude. Staff performance development plans have been implemented to ensure there is a clear understanding of expectations regarding contract performance and responsiveness to our whānau and communities. There is also a strong commitment by the organisation to support training and professional development for our people.



Health Share Audit Team with Staff

## Tamariki and Taiohi Services

### TAMARIKI ORA

The key focus for the Tamariki Ora Service this year was on meeting the key performance indicators (KPIs) set in our contract with the Bay of Plenty District Health Board. Not being able to recruit a qualified registered nurse specialised in Well Child Tamariki Ora impacted on the service achieving the KPIs. This challenge is not one that is isolated to only our organisation, nor is it one that only affects the Tamariki Ora service. Implementing a strategy that saw newly qualified registered nurses appointed solved the issue. As a result of this, Te Tohu o Te Ora o Ngāti Awa will over the next year invest in specialty Well Child Tamariki Ora training for the nurse.

### Trends

The following trends were noted this year:

- There was a higher number of mothers and babies who had skin infections which were not treated properly. Increased education on skin care was provided and resources were provided to whānau to help them address this issue. Education on personal hygiene and the value this has in reducing skin infection was also provided to whānau.

- There was an increase in the number of whānau presenting with high complex needs. The Edgecumbe flood contributed to a higher number of whānau presenting with social as well as health needs.
- Mothers who would normally return to work three months after having baby opted to remain at home so they do not miss out on capturing their babies first growth and development milestones.
- Referrals from some of the Lead Maternity Carers are still being received with information missing or are unclear. NHI numbers are missing or incorrect phone numbers are stated which sees staff spending time chasing information up.
- Referrals from lead maternity carers still arriving on the cusp of the 5 week timeline made it difficult for the service to complete the 4-6 week core contact within the required time period.
- There was been an increase in referrals to the service that required additional support from other services to ensure whānau were able to address issues that sit outside the scope of our registered nurses such as housing, financial and parenting issues.

### **Achievements and Highlights**

- The appointment of registered nurses to support the delivery of the Tamariki Ora service was the biggest highlight. While it took some time, the strategy of appointing newly qualified registered nurses who had completed the Te Ōhanga Mataora Paetahi, The Bachelor of Health Science Māori (Nursing) through Te Whare Wānanga o Awanuiārangi was successful.

The appointment of nursing graduates also helped solidify our relationship with Te Whare Wānanga o Awanuiārangi.

- Completing the Tamariki Ora Team restructure which saw the appointment of a Clinical Nurse Lead for the service.
- Working in collaboration with other services with positive outcomes was a highlight. An example of this was one whānau who had the organisation's wraparound services in action. The whānau were to be evicted from their caravan on the day Family Start and Tamariki Ora visited them at home. The whānau were moved into the organisation's emergency home and with the help of St Vincent de Paul and the community relief fund, they were given furniture, linen, chattels, clothing and toys for the children. This whānau had a successful FGC Hui where strategies were discussed, and an agreement reached on implementing these actions. Their extended whānau agreed to support them in the future.

The positive outcome for this whānau was the change to the emotional and physical status of the parents and children. They are now a connected happy whānau with a strong foundation which they will ensure remains strongly focused.

- We maintain our relationship with paediatricians at the Paediatric Ward and the Children's Out Patients department. This has seen many positive outcomes for whānau who require paediatrician support.

One whānau the service has helped saw one of our nurses help facilitate access to the Paediatric Clinic after a phone call from the Paediatric Liaison Nurse. The hospital had been trying to contact this whānau but had been unsuccessful. Cold call home visits to try and engage with mama had also been made by the Paediatric Liaison Nurse. In desperation she contacted Tamariki Ora and we were able to ensure mama and baby made their appointment.



This baby was premature at birth and it was imperative that the paediatrician saw baby. The whānau had forgotten about the appointment at the hospital and due to no credit on their phone were unable to ring the Paediatric Liaison Nurse back.

Baby's assessment was completed, and the paediatrician was happy with baby's progress. She quietly answered all the mother's questions in a culturally sensitive manner and mama left the appointment happy and in a positive mood.

This is an example of the type of work we have to do over and above the KPIs to ensure the health and wellbeing of babies registered with our service.

- The positive relationship with staff working in paediatrics at Whakatane Hospital resulted in referrals of high risk babies to the service, particularly premature babies. Intense follow up was done with these babies and their whānau and the team worked closely with paediatric staff to ensure the needs of these babies were met and that the baby and their whānau were effectively supported.
- Our Clinical Nurse Leader successfully completing the Nursing Council of New Zealand's Recertification Audit this year was a huge achievement.
- The Tamariki Ora Service was audited by Health Share in February 2018. Of the 20 criteria audited, 19 were fully attained and there was one partially attained rated low risk.
- Implementation of the new Tamariki Ora Health Record Book has contributed to improved data collection.

### Challenges

- Recruitment of a fully qualified registered nurse with a specialty in Well Child Tamariki Ora was the biggest challenge for the service. This challenge is one that many Tamariki Ora providers a faced with and is not isolated to only our organisation.

The strategy to appoint newly qualified registered nurses who had completed the Te Ōhanga Mataora Paetahi, The Bachelor of Health Science Māori (Nursing) through Te Whare Wānanga o Awanuiārangī, worked for the service.

- The other challenge for the service was the complexity of issues faced by whānau we work with. While there are health issues for the tamariki we work with, there are a myriad of other issues facing our whānau. We are fortunate that Te Tohu o Te Ora o Ngāti Awa provides an integrated range of services which enables other issues for example social, housing, financial, parenting, alcohol and drugs, to be addressed. We also have an extensive array of relationships with other services and providers in our community enabling referrals to be made, so whānau receive appropriate support.
- Access to a Lactation Consultant at the hospital has been challenging for some of our breastfeeding mama. This resulted in mama leaving hospital without establishing good "latch on" techniques for successful breastfeeding. The information they receive to ensure they are able to exclusively breastfeed is not adequate and feedback has been that Tamariki Ora has helped them address this issue.
- Achieving KPIs is an issue the organisation continues to monitor. While the funder is focused on KPI achievement, they do not take account of whether referrals are coming through to support the target volume, or the age of babies and whether there are enough checks needing to be done. In the constrained environment, it is all about KPIs. Systems have been implemented to effectively monitor progress against KPIs.

## COMMUNITY ACTION ON YOUTH AND DRUGS (CAYAD)

The Community Action on Youth and Drugs kaupapa is focused on reducing drug related harm to youth and their whānau. The objectives set by the Ministry of Health for CAYAD are:

- Increase informed community discussion and debate about issues related to alcohol and other drugs
- Effective policies and practices to reduce alcohol and other drug related harm adopted
- Increase local capacity to support young people in education, employment and recreation
- Reduce supply of alcohol and other drugs to young people

CAYAD is a service focused on populations rather than delivery to individuals. The population of focus for CAYAD is Ngāti Awa and working with whānau, hapū, Iwi and other groups within the Ngāti Awa rohe. Long term outcomes are targeted by CAYAD. However it is the small achievements that are important as they contribute to the overall long-term outcomes.

Outcomes achieved this year, as a result of the work done by and programmes implemented by CAYAD have included:

- **Marae Based Drink Drive Programme:** Te Tohu o Te Ora o Ngāti Awa in collaboration with the Whakatane District Council, NZ Police and Probation Services continued to deliver the Marae Based Drink Driving Programme. Previously, this programme was facilitated solely by the Whakatane District Council (WDC). However, the WDC has passed full management of the programme over to Te Tohu o Te Ora o Ngāti with CAYAD taking the lead. This programme remains the most productive programme to date with very high success rates.

The programme aims to diminish recidivist behaviour focusing on reducing the number of injuries and harm associated caused by driving under the influence of alcohol and/or drugs. The Police, Courts and Community Probation Services refer participants with multiple convictions for driving under the influence of alcohol and/or drugs including medications.

This programme allows for 15 participants who are picked up and transported to the marae for the two day programme. Presentations and activities are adopted to educate participants on a range of topics including the affects of driving under the influence of Alcohol or Drugs such as:

- Impaired vision
- Reduced reaction times
- Reduced concentration and vigilance
- Feeling more relaxed and drowsy, which may cause a driver to fall asleep at the wheel
- Difficulty in understanding sensory information
- Failure to obey road rules
- Over confidence, which may lead to risk taking

A strong emphasis on Te Taha Wairua (Spirituality) is intertwined into the programme in acknowledgement of the high numbers of Māori who offend recidivisly.

- **Te Korenga ki te Ao Marama Programme:** CAYAD engaged with Te Kura o Te Orini through the Social Workers in Schools Team. The issue of alcohol and drug harm has been raised at the kura so plans have been initiated to address this need. A Harm reduction programme has been developed to cover the following topics:

- Bullying
- Self Harm
- Cyber Bullying/Social Media

Alcohol and drug education programmes have an important and measurable educational role to play. They build knowledge and understanding and develop students' skills to critically analyse messages about alcohol and other drugs.

Alcohol and drug education programmes do not directly influence changes in behaviour. Although they have sometimes been seen as "prevention" programmes, they seldom show delay or prevention of alcohol and drug use as outcomes.

Education about alcohol and other drugs is best provided in a context where knowledge and skills contributing to the development of protective factors and minimisation of risk factors can be learnt. Many schools do this well already.



All alcohol and drug education programmes must take account of Māori worldviews and our programme is no different. These world views focus on nurturing potential, identifying opportunity, investing in people, local solutions, and tailoring education to the learner. This educational initiative will be grounded in Māori ways, which involve Māori people and distinct traditions of Ngāti Awa.

- **Te Pāroa Papakāinga Meth Awareness Project:** This project was initiated by whāau residing at Te Pāroa Papakāinga amidst concerns regarding methamphetamine (meth) being sold in the "Village". Residents approached CAYAD seeking support and guidance towards ridding the papakāinga of meth which is impacting on the small community with an increase in burglary, general nuisance activity and anti-social behaviour.

CAYAD has sought to address this impact by developing resources in conjunction with the locals promoting awareness and support services within the community. Workshops are to be carried out at marae, hapū and Iwi level towards education and training to provide whanau with tools to support each other affected by alcohol and drug harm.



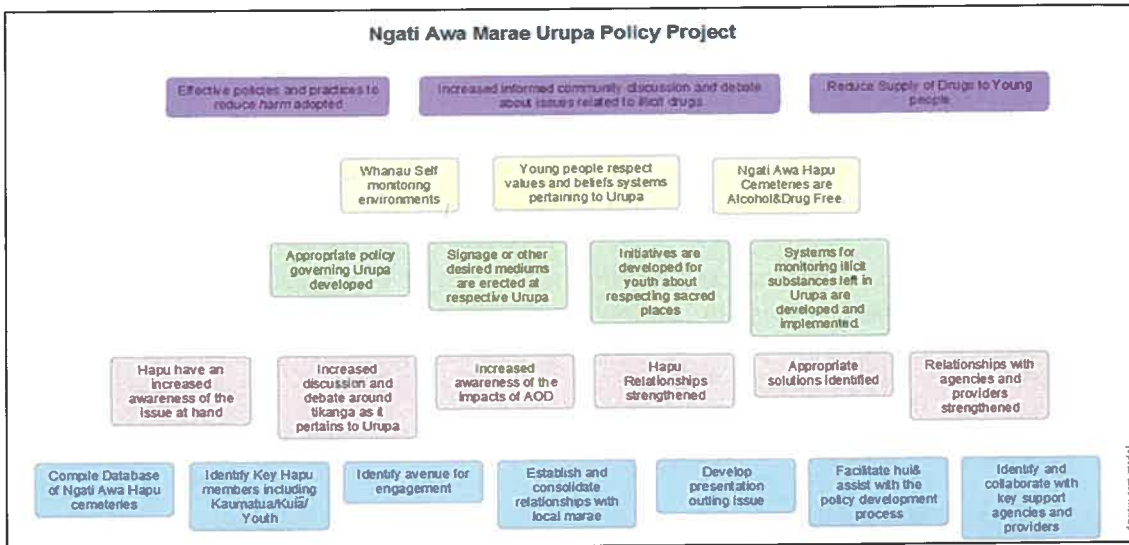
- **Urupa Project:** As part of the work with local hapū we have focused on working with the marae to encourage the development and implementation of a formal policy around alcohol and drugs in urupa. Currently there are no formal policies in place to manage the issue of illicit substances in urupa. The majority of marae in the region have policies in place to manage illicit substances on marae but these rules do not cover urupa.

Hui were held with marae to discuss this kaupapa and identify whether there was an issue for marae and hapū. The hui also encouraged marae and hapū to identify solutions which could be included in policy.

A common practice for some mourners is to leave a momento on a headstone of a loved one or associate as a token gesture of friendship. Gang members consoling themselves over deceased gang associates will enter sacred urupa with alcohol and drugs to deal with their passing. On leaving the urupa, it is not uncommon for gang members to leave alcohol and in some cases, cannabis or cigarettes, or even a methamphetamine pipe with a lighter, on the headstone and on other headstones of people they know. This increases access to alcohol and drugs for taiohi who see it as an easy score. Taiohi lay in wait and take the items left behind for their own use.

The impact of this has been:

- Risk to public safety of alcohol and drug related crime including burglary
- Common assault/violence related offending
- Petty crime
- Increased risk of suicidal behaviours
- Inability to function at school
- Social impacts
- Whānau dysfunction



- Hotel/Motel Coalition Project:** Illicit Drug Dealers are constantly looking to find ways to avoid detection more so with regard to methamphetamine (P) labs. The methamphetamine industry continues to grow in New Zealand and while there has been a slight increase in the number of clandestine labs shutdown, Police concede that labs are very difficult to find.

Given that to manufacture P all one needs is running water and a heat source, labs can be constructed in a vehicle which makes detection even more difficult. It has become apparent as reported by media that manufacturers are becoming more innovative in that they are booking into hotels, motels or other lodgings for short periods and using these facilities to manufacture methamphetamine unbeknownst to the motelier/hotelier. Consequently, the damage to these rooms and lodgings is not detected by the hotelier or motelier and the toxins remain, which increases the risk travellers who stay in the rooms used for this purpose, of health which are caused by these toxins. The cost to the hotel and motel industry is extremely high. This project seeks to work with and educate this group about the risk to their businesses and livelihood.

The NZ Police have been supportive of this new Initiative and have provided up to date information on the methamphetamine scene in the Eastern Bay of Plenty Region.

Our CAYAD Coordinator continues to sit on the National CAYAD Advisory Group. While not the Midland representative, the National CAYAD Advisory Group believed that there was value in retaining our Coordinator on the Group and created a position so this could happen. The National CAYAD Conference was also attended.

Workforce development opportunities this year included attending:

- National CAYAD Conference
- Methamphetamine Forum
- National Drug Foundation Symposium
- Te Pou Mataaho Wānanga

## RHEUMATIC FEVER PREVENTION

This year, was the final year of our involvement in the Rheumatic Fever Prevention Programme. Government priorities have changed which saw our contract cease at the end of June. Despite the pūtea for this contract being small, we were able to reach those tamariki

and whānau who may not have had access to education and information on rheumatic fever and the importance of having sore throats checked.

Our Health Promoter continued to deliver key messages and increase awareness on the need to have sore throats checked. Whānau were informed of the free throat swabbing services available to them and how these could be accessed.

We continued to work with and participate in local health promotion days to ensure the message was seen and heard in our community. In addition to this we continued working in local schools and participating in Iwi events. Activities the service was involved in this year included:

- **Well Child, Whakatane**



The service focused on increasing awareness of rheumatic fever at the Well Child Day. As in past years, resources and information promoting the importance of getting sore throats checked were made available for those who attended the event. Our Health Promoter supported Tamariki Ora ensuring this kaupapa was promoted.

- **Safety Sneeze Plans**

This year Safety Sneeze Plans were sourced and provided to Te Kura o Te Pāroa, St Josephs in Matata, Te Kura Kaupapa Māori o Te Orini, Te Teko Kohanga Reo, Kokohinau Kohanga Reo and Putatahi Kohanga Reo.

The aim of Sneeze Safe Plans was to teach tamariki to understand the importance of good hygiene in relation to colds and flus.



- **Pharmacy Based Throat Swabbing Service**

A panui was sent to all local and surrounding schools and Kohanga Reo with details of the new Pharmacy based swabbing programme and a contacts list for all local and surrounding pharmacies. Our Health Promoter informed everyone that the Rheumatic Fever Prevention contract ceased on 30 June 2018 and also advised who people can contact for further support.

- **Work in Schools**

- i. **Packs for School Sick Bays**

Packs were created for school sick bays using rheumatic fever and skin health education resources. These packs were given to parents when they picked up their tamariki from the sick bay, and to children returning to school after being

sick, particularly with cold, flu or skin conditions. These packs were greatly appreciated by James Street School, Te Kura o Te Pāroa, Edgecumbe Primary and St Josephs Matata.



ii. Rheumatic Fever and Healthy Skin Packs

Individual Rheumatic Fever Awareness and Healthy Skin Packs were made for each tamariki of the smaller schools namely Te Kura o Te Pāroa, St Joseph's Matata and Te Kura Kaupapa Māori o Te Orini.



iii. Rheumatic Fever Education

Our Health Promoter coordinated swabbers going into Te Kura Kaupapa Māori o Te Orini as a result of students presenting with sore throats. Through the relationship we have with the Eastern Bay of Plenty PHA, swabbers were able to go into the school to swab throats of tamariki. Information packs were made up for each tamariki and taken to the school to be sent home with consent forms. Our Health Promoter supported PHA staff and half the school was swabbed during the time they were in the kura.

**Achievements and Highlights**

This period achievements and highlights included:

- Over 800 rheumatic fever and healthy skin packs were put together and distributed through the community through Kohanga Reo and local schools, and at community events.
- Increased awareness of the pharmacy based swabbing service in our community.

- Participation in community events increased awareness of rheumatic fever and the need to have sore throats checked.
- Relationships strengthened with Kohanga Reo and local schools.
- Working with the Eastern Bay of Plenty PHA to ensure throat swabbing happened in Te Kura Kaupapa Māori o Te Orini.
- Promoting healthy messages including rheumatic fever at the St Stephens Old Boys Reunion held at Kokohinau Marae.
- Being asked for resources and support from marae, local schools and Kohanga Reo.
- Being administrator for the “Stop Sore Throats Hurting Hearts” Facebook Page.
- All seven criteria assessed during the Health Share audit were fully attained.
- Attending the Skin Infections Workshop.



How to dress school sores demonstration

### Challenges

The end of the contract created a challenge in regards ensuring information was available in the community for whānau. We increased awareness of the pharmacy based swabbing service amongst whānau, schools and local Kohanga Reo. Other services we provide such as Tamariki Ora and Family Start are aware of the services available in the community and where support can be accessed for whānau. These services will continue to promote key messages and where services can be accessed.

## Whānau Services

### NURSE LED KAUPAPA MĀORI COMMUNITY BASED SERVICE

Despite the challenge in regards recruitment of qualified and experienced registered nurses, Te Tohu o Te Ora o Ngāti Awa has two Nurse Practitioner interns. Focus has been on implementing the pathway to gaining Nurse Practitioner status for both nurses. This has been a challenge for both nurses given the requirement of clinical supervision with a doctor, which only gives three days to ensure contractual obligations are met.

Our nurses have focused on the contract requirements although given the strict criteria on their study, this continues to be a challenge.

### Service Delivery

Key points in regards service delivery this year are:

- Client numbers have been low as our nurses gain an understanding of their roles, develop relationships in the community and develop their pathways to Nurse



Practitioner status. Balancing the achievement of contracted volumes with being new to the role and implementing the study pathway has been challenging for both nurses.

- Outcomes tend to be more positive when whānau participate in the education provided to their whānau member and support them to better manage their conditions. An example of this is a daughter who learnt how to read labels on food products and is now as a result purchasing food appropriate for her diabetic dad.
- There are some clients who do not see their doctor and think that they are managing their conditions well. Through our nurses, these clients have identified that they need to see the doctor or need to ensure appointments with this service are kept in order to effectively manage their conditions.
- Education for clients and whānau is key if there are to be positive outcomes for clients and these are to be maintained. Having the whānau on board, ensured that clients were supported and kept on track.
- Supporting clients to maintain their insulin regime was also a key focus for the nurses.
- Medication management and supporting clients to understand the need to ensure they take their medication correctly was given attention. Some clients required education in regards to taking medication as prescribed.
- There was for some clients, some improvement in their food choices with clients and whānau choosing healthy options that contributed to weight loss and better management of conditions.
- While some clients were managing their conditions and it was evident improvements had occurred, there were some who still required intensive management.
- The service deals with some clients who do not see their own health as a priority given the other issues they have in their lives. Their health becomes the last thing on their list which leads to their health conditions worsening.

### **Trends**

Key trends noted this year included:

- Increased education provided to clients and whānau in order to improve self management of conditions.
- Clients are reluctant to visit their doctor as a result of their usual doctor not being there or available.
- There are a number of clients who self diagnose, for example clients thinking their blood sugar levels are fine, as they had not seen a nurse or their doctor for at least a month. As a result clients neglect to continue with self management, checking their blood sugar levels and put their healthy diet to the side.

### **Highlights and Achievements**

The highlights and achievements this year have included:

- Supporting other services i.e. Bay of Plenty Facilitation Service and Te Oranga Kaumātua Programme. This ensured a more coordinated cohesive integrated delivery to clients and whānau registered with these services.
- Clients achieving positive outcomes was a highlight for the service. These included:

- Working with Family Start and clients to get their tamaiti who has challenging behaviour to a weeklong school camp. The tamaiti was required to take medication everyday to help manage his behaviour and the issue for the parents was that this would happen. In working with Family Start and the school, a solution was found which enabled this to happen.
  - A whānau recognising that a symptom of low blood sugar levels is tiredness and that this could be the cause of their mothers tiredness.
  - A significant reduction in sugar in one client's diet has had some positive outcomes for the client.
  - There have been some clients making better food choices and exercising more which have seen blood sugar levels drop and weight loss.
  - For clients who come to the service with complications such as damaged kidney function or infected legs, work has been done to ensure the conditions do not worsen and/or conditions remain stable. In one instance in terms of kidney function, while the damage had been done the focus was on maintaining stability. Another client had not seen a doctor or taken any medications since 2014. Upon assessment, it was noted he had an infected leg. He saw his doctor and a podiatrist. He was referred to a surgeon for review of his leg. Unfortunately, due to advanced septicaemia, his lower leg had to be amputated. While this was not the desired outcome, it stopped the infection spreading any further.
  - A client with poor diabetes control and poor kidney function set goals and attended self-management diabetes classes. She also made some positive healthy lifestyle changes in regard to diet and exercise. The result was weight loss and a decrease in her HbA1C marker. Her kidney function remained stable during the six months. Her kidney function has since deteriorated and she is positive and continues on her positive health journey.
- Feedback from general practice nurses confirming that progress is being made by clients as a result of the great job being done by nurses caring for clients.
  - General practitioners agreeing to provide clinical supervision for our two nurses while they complete their Nurse Practitioner training.
  - Both nurses receiving scholarships to complete their Nurse Practitioner Training.
  - Ongoing mentoring of student nurses from Te Whare Wānanga o Awanuiārangī and Toi Ohomai.
  - Completing professional development opportunities that contribute to improved and quality practice.

### **Challenges**

While we have seen some positive outcomes and there have been highlights and achievements for the service this year, there have also been challenges. The challenges for the service included:

- Some clients who have been referred do not want any support and decide they want to maintain their independence even if they are not coping. It has taken time to build rapport and a trusting relationship with these clients.
- Engaging new referrals has been difficult at times despite consent being given for the referral to be made. Contact has been made with the referrer when this happens.
- Working with clients who are terminally ill is always a challenge but is more so when they do not meet the criteria to access other services such as Hospice, yet they really need the support. The client remains a part of our service and a lot of education is provided to whānau which mostly focuses on pain relief.
- Medtech has been a challenge for the service. Referrals from General Practitioners is done through Medtech and with this not working, there was an impact on referrals to the service.

- Balancing meeting the contractual requirements with study has been a real challenge.

### **Relationships and Networking**

With two relatively new nurses, establishing relationships has been a key part of the job. Relationships have been established with key services and organisations that can contribute to supporting our clients and ensuring positive outcomes are made. Key relationships have included:

- Local General Practices
- Nurse Practitioners working in the Bay of Plenty
- Eastern Bay of Plenty PHA
- Whakatane Hospital Medical Ward Staff
- Whakatane Hospice
- Te Whare Wānanga o Awanuiārangi
- Toi Ohomai
- Bay of Plenty Facilitation Service
- Te Oranga Kaumātua
- Asthma Management Service
- Health Point
- Clinical Supervisors
- Diabetic Clinical Nurse Specialist

Our nurses have also participated in some key networks including:

- Regional Nurse Practitioner Forum
- Midland Cancer Network
- Cancer Society Network Group
- Waiariki and Mataatua Te Kaunihera Nurses

### **ALCOHOL & DRUG SERVICES**

Recruitment of an Alcohol & Drug Counsellor proved difficult which saw our appointment process taking longer than normal. As with other clinical positions, recruiting appropriately qualified and experienced staff is an issue faced by Iwi and Māori providers in the Eastern Bay of Plenty.

We were, in agreement with the Bay of Plenty District Health Board able to redirect the funding received for this service, into supporting the Edgecumbe community as part of the flood recovery work. This made a huge difference to the time and support directed to individuals and whānau affected by the flood.

Te Tohu o Te Ora o Ngāti Awa is contracted to provide Mental Health Co-existing (Mental Health and Addiction) and Kaupapa Māori Community Clinical Support Service.

### **Trends**

The following trends were noted this year:

- Increase in the number of high needs and complex cases. Whānau presenting with high and/or complex needs come with many issues and are involved with a number of services. Comprehensive assessments are taking time with safety and stability being a key focus.
- A number of clients are still seeking assistance for anger and relationship issues.
- Increase in the number of whānau members approaching the service, worried about whānau members alcohol and/or drug use. This year, methamphetamine has been a real concern for whānau.

- Given the complexities facing whānau , there has been an increase in cases which require a multi-disciplinary approach. This has seen more cases involve other services delivered by Te Tohu o Te Ora o Ngāti Awa working together, as opposed to isolating and dealing with each need individually.
- There has been a rise in the number of whānau under severe financial pressure.
- Increase in the number of whānau needing housing. The Edgcombe flood escalated the issue of lack of suitable housing and accommodation.
- Increase in those needing socialising due to loneliness.

### Highlights and Achievements

Filling the vacant Alcohol & Drug Counsellor position was a highlight for the Kaupapa Māori Community Clinical Support Service. Other highlights and achievements included:

- The signing of the Memorandum of Understanding (MoU) with the Bay of Plenty District Health Board (BOPDHB) regarding joint management of clients. The signing took place at Te Tohu o Te Ora o Ngāti Awa. The BOPDHB were represented by Hester Lettingh (Manager BOPAS) and Kim Hansen (Whakatane CMH Team Lead). This was a long time in the planning and we are pleased the MoU is signed.



CMH & Te Tohu o Te Ora o Ngāti Awa: MoU Signing

- A particular highlight over the past 12 months was the National Mental Health and Addictions Inquiry Review. We were part of the combined Māori Bay of Plenty District Health Board and NGO workshop which forwarded a comprehensive written submission. Te Tohu o Te Ora o Ngāti Awa also submitted a written submission and were present at Te Manuka Tutahi Marae in June 2018 to speak to our submission. The submission was presented by the CEO and she was supported by two clients who spoke about their historical and current mental health and addiction experience.
- Clients and whānau engaging with community organisation and groups that can help support them to meet their needs. This makes addressing their needs easier as the appropriate services are involved in providing care and support.
- Clients are recommending the service to other whānau members as they believe the service provided is beneficial, helpful, supportive and of value.
- Working in the Edgcombe community and seeing the resilience of this community was a highlight. Watching whānau support each other despite their own tragic loss and position they were in. The Edgcombe flood while devastating for people and the community, saw people's generosity and support to those who most needed it, saw those affected still volunteering to help others and to help in the community, and saw

agencies and organisations working closer together to support those affected by the flood and the community.

- “Waste Not Want Not” a new community food collection charity distributes food 3 nights per week is a highlight. Kai that is no longer being used or sold by supermarkets, bakeries and cafes is collected and then distributed. This initiative is one that serves a number of our clients and there is no need to meet any criteria or form filling. It is also great to see some clients volunteer with sorting out the kai as pay back for the kai they receive. It is also a way for many to socialise with others which is also an issue for some.
- Our developing relationship with The Craft Room at Selwyn Village (rest-home) in Point Chevalier, Auckland plus the Women’s Institute here in Whakatane has been of value to our clients. Both these organisations approached us earlier in the year, with donated knitted garments and blankets for tamariki and whānau who need them.

### Challenges

While there were a lot of highlights and achievements (too many to mention them all), there have been some challenges for the service, and clients and whānau we work with. These have included:

- Referrals being more complex and therefore more time consuming. Issues facing clients and/or whānau are many and require more than an Alcohol & Drug Counsellor to work with them.
- Whānau are struggling to meet the costs of living. Housing and poverty issues are also a challenge for whānau, with the Edgcombe flood exacerbating these issues. It is therapeutically challenging to work consistently when clients are not in a stable mental or emotional state, so slowly and patiently is the journey. Home visits can be very busy especially in school holidays but clients appreciate our flexibility.
- Ongoing support for clients and whānau who have been exited from our caseload is always encouraged as the first two years in recovery is the most vulnerable. The challenge for the organisation is capturing this in PRIMHD, as currently this does not happen.
- The ever increasing compliance requirements for mental health, and alcohol and drug services is a never ending challenge. This is one service area that has high reporting requirements.
- Whānau perception of who can access the co-existing (addiction and mental health) service is a challenge. Their view is everyone can access the service if one of their whānau is registered. While this is the ideal, the contractual criteria states that “those 18 years and over with an addiction and mental health issue” can access this service. The criteria is not the same for the Kaupapa Māori Community Clinical Support Service which can work with anyone including whānau.
- Sometimes seeing new referrals within the DHB’s first face to face timeframe is difficult especially in regards to Community Probation referrals. These clients do not really want to engage so actually seeing them within the timeframe does not always happen. Seasonal work in our rohe also means clients move around a lot so meeting with them does not happen.
- Housing is a real issue not only for this service and organisation. Households are doubling or tripling while whānau try to find appropriate housing or accommodation.

There is a real impact on progress if it is a household where therapeutic work usually takes place.

- Since the governments closure of Relationships Aotearoa over two years ago, there are no specific professional programmes in Whakatane to refer clients to, particularly males who want to change their aggressive behaviours.
- There was a definite increase in clients presenting with methamphetamine and synthetics issues. However, alcohol is still one of the highest issues we deal with which is due to it being a legal substance, readily available and normalized. Changing perceptions is challenging and working with clients and whānau to reduce and/or stop alcohol and drug use takes time for many.

**Networking and relationships** remain important for our Alcohol and Drug Services. For many clients, there is a need to ensure other services and organisations are involved so that all their issues are addressed. Counselling on its own is no longer enough for a number of clients referred and there is a need to ensure other services can wrap around the client to provide the additional support required. We have maintained relationships and networks with:

- **Māori Providers:** Tuwharetoa ki Kawerau, Whakatohea Iwi & Social Services, Tūhoe Hauora, Te Puna Ora o Mataatua, Nga Mataapuna Hauora, Te Utuhina Manaakitanga Trust, Ngāti Pikiao Hauora, Te Whanau o Waipereira Trust.
- **Te Tohu o Te Ora o Ngāti Awa Services:** Family Start, Iwi Social Services, Community Action on Youth and Drugs, Social Workers in Schools.
- **Community Organisations:** Women's Refuge, Budget Advisory Services, Citizens Advice Bureau, Pou Whakaaro, Supporting Families with Mental Illness, Family Works, Emerge Aotearoa, BOPAS, local GPs, Lawyers, St Vincent de Paul, REAP, Mental Health Awareness Week Planning Roopu, BOP AOD Networking Forum, Chamber of Commerce, Red Cross, Māori Wardens, NAVA Team, Eastern Bay Primary Health Alliance, Riverslea Medical Centre, Salvation Army, Edgumbe Flood Relief Centre
- **Government and Regional Agencies:** Work & Income NZ, Oranga Tamariki, Community Probation, Whakatane District Council, BOP Regional Council, BOP Emergency Management Team, BOPDHB, NZ Police.
- **Hospital Services:** Community Mental Health, Voyagers, Maternal Mental Health Services, Sexual health Clinic, Whakatane Children's Ward, Clinical School), BOPAS (Tauranga) and SACAT Focus group, FASD Networking roopu.
- **Education Providers:** Te Wānanga o Aotearoa, Te Whare Wānanga o Awanuiārangi, Whakatane High School.
- **Other Organisations:** Hanmer Clinic, STAND, Family Link (Tauranga), Whakatane Women's Institute, The Craft Room at Selwyn Village.

### **SUPPORT TO EDGECUMBE COMMUNITY**

Te Tohu o Te Ora o Ngāti Awa were through the Kaupapa Māori Clinical Community Support Service able to provide support to the Edgumbe Community after the flood in April 2017. The Bay of Plenty District Health Board agreed that due to the vacancy, the funding could be used for this purpose. We supported the community in the following ways:

- Established a presence at the Portacabin set up with the Bay of Plenty District Health Board in Edgumbe.
- Worked with whānau to access services they required to help address their needs.
- Advocated for whānau requiring housing and supported whānau to find housing although with the housing shortage proved challenging.
- Supported whānau to access goods they needed for their homes such as furniture and whiteware.

- With confirmation by the Bay of Plenty District Health Board, we were able to provide services to those who did not meet the criteria for access to this service.
- Worked with the Whakatane District Councils' Navigation Team to support whānau to find housing and address their needs. Referrals from this Team to our service were for those clients who wanted to talk to someone and offload what was happening for them.
- Spending time in the Edgecumbe community talking to people and making sure they were alright and coping.
- Participated in the Agency Hub Hui which enabled sharing of information, issues to be discussed and solutions brainstormed to help those living in the community

## Highlights

The first Anniversary of the 2017 Edgecumbe flood was marked by a "Gathering for Healing" service with the community and Churches represented. Te Tohu o Te Ora o Ngāti Awa participated the service in support of the community. This was followed by a "Kotahitanga Day" which was held in the Park. This was a fun day for all the community. Fun and games for children of all ages, a tent for the older mature members of the community where tea, coffee and refreshments were available all day, finished with a movie under the stars. This day was well supported by the community and agencies who worked in the community.

The America's Cup being brought to Edgecumbe in October 2017 was a huge success with the community fully participating.

The opening of the Kokohinau Marae Papakāinga saw five of the whānau who were living at the Whakatane Holiday Park move into the homes. Even though whānau were placed in these homes, there still remains a housing shortage.

Working in Edgecumbe has been a highlight. Establishing new relationships with whānau and other agencies and providers, reconnecting with people and working together with other agencies to support whānau and the community has been a highlight. We have strengthened relationships and created new ones which will help whānau and the community long term.

Having a base at the Portacabin originally supplied by the Bay of Plenty District Health Board was of value. It provided a workspace for our organisation and service and gave somewhere for people of the Edgecumbe to go to and seek support or just talk to someone. It enabled a hub for organisation's and services to work together.

Having 85% of those whānau affected by the flood housed at the end of June 2018 was a highlight for our service and the organisation.

## Challenges

Some of the challenges that existed for this community were:

- The housing shortage. The lack of housing is a challenge across services. The impact of the Edgecumbe flood reinforced the issue.
- Relocation of services such as the doctors and pharmacy.
- No supermarket to service the community.
- People wanting help but not agreeing to register with the service. These people did not want their information in a database.
- Other issues that were identified when working in the community were anger and frustration, lost goods and replacement, insurance, sleeplessness, cramped conditions, alcohol and drug use, domestic violence, relationship issues, difficulties with other agencies, and people coming forward months after the flood because of whakama.

## **ASTHMA MANAGEMENT SERVICE**

### **Service Delivery**

This year key points from service delivery for the Asthma Management Service were:

- The Asthma Service continued to offer free spirometry tests and education for whānau. The spirometry tests led to positive outcomes for whānau as it enabled them to visualize the status of their respiratory health which is an effective education tool. This enabled clients to manage their respiratory conditions more effectively in conjunction with their GPs.
- The service continued to work closely with other services of Te Tohu o Te Ora o Ngāti Awa, e.g. Tamariki Ora and Family Start, two of a range of services who refer clients requesting support with respiratory conditions.
- The changeable weather saw a few young patients with bronchiolitis, exacerbations of asthma and COPD along with allergy type symptoms across the age span.
- A genuine effort was made to maintain the service by engaging with new referrals and to follow up on visits for current clients.
- Registered paediatric patients and new paediatric referrals were followed up as soon as possible incorporating dual visits with other services to enhance engagement. Paediatric visits are predominantly about education and support and providing an assessable service for whānau with respiratory conditions. These referrals took priority especially during the winter months when there is an increase in tamariki with bronchiolitis.
- Medtech continues to be a work in progress. The focus is to ensure E-referrals are up and running.

### **Trends**

The following trends were noted this year:

- An increase in the number of clients switching from the Spiriva Handi-haler to the Spiriva Respimat which has been designed for easier use for patients. This device helps reduce COPD exacerbations thus improving patients' health outcomes. There has been wide TV and Radio advertising of this which has prompted patients to approach their GPs to discuss and request change.
- Increase in the numbers of children and adults experiencing respiratory conditions and symptoms. This has occurred historically and remains so because the triggers for asthma and respiratory conditions are affected by seasonal weather conditions.
- Large numbers of whānau continued to live in damp, cold, mouldy, uninsulated homes, affecting the health status of tamariki, whānau and kaumātua. This was represented in the large numbers of bronchiolitis and exacerbations of asthma and COPD.
- Seasonal allergies evident in clients throughout most seasons impacted on respiratory conditions and seeing increased salbutamol use and antihistamines in an attempt to manage these symptoms.
- An increase in the number of clients getting the flu and pneumococcal vaccine
- Clients new to the service had not been using a spacer with metered dose inhalers (MDI). Education was given to clients on the importance of using their inhalers and encouraging them to do so. The results of this education was positive, and most



commented on the improvement in the effectiveness of the medication and their breathing since applying correct use.

- There has been a range of clients (more so the older adult) whom are on more than one inhaler and have identified that they are experiencing confusion between their inhalers and doses. By creating a standard A4 poster with a table consisting of color images of their inhalers and dosage requirements specific to each individual, this has allowed them to visualize their medication and how often they are meant to take it. Great feedback was received regarding this resource.

### **Highlights**

Key highlights for the service were:

- Working alongside the other disciplines within Te Tohu o Te Ora o Ngāti Awa and the integrated nature in which the organisation works enabling wrap around services to be provided to clients.
- Enabling parents to support and educate their children with respiratory illnesses to maintain their optimum health status. Seeing further improvement in their understanding and management of their respiratory condition has been a highlight.
- Supporting clients with COPD, asthma or emphysema to maintain their optimum health status.
- Consistent referrals received from Respiratory Nurse at Whakatane Hospital regarding follow up in the community.
- Presenting to the COPD Support groups in both Whakatane and Kawerau on COPD, inhalers, management of respiratory conditions, etc.
- Presentation given to the Te Oranga Kaumātua roopu about COPD.
- Participating in the Working Group that reviewed the organisations' Child Protection Policy.
- Completing the 5-day Child Protection Course in Tauranga.
- Attending the Respiratory Conference in Auckland
- Attending the Eczema Presentation presented by Lydia Snell, Paediatric Liaison Nurse which was delivered to the Health and Social Teams. This was very informative session around managing and treating the skin condition and will be of value in the work we do.
- Monthly clinical supervision.

### **Challenges**

The main challenges this year were:

- Locating clients due to relocation and not informing the organisation, having phones disconnected or changing of phone numbers.
- Medtech has been a challenge, and the process of creating an e-referral has been lengthy.

- A small minority of referrals declining service then re-presenting to hospital.
- There were many clients and whānau referred with social and/or living factors which contributed adversely to their health. Recognising and liaising with services already involved in their care or other available services was a priority in resolving these issues and in achieving best health outcomes.
- Financial issues were a barrier for some clients and their health. Some clients were unable to pay for GP visits and/or scripts which meant they did not have the required medication or inhalers. This resulted in preventable hospital admissions.
- Minimal number of new referrals declined the service this year due to feeling that they received enough support from various other health providers or specialists that they are under for their respiratory condition. These individuals were advised that the service was available free of charge if things changed and they required support later down the track.

### **Networking and Relationships**

Networking and relationships are a key part of ensuring clients and their whānau can connect to the right services to ensure all their needs are addressed. It also enabled us to ensure information is up-to-date and accurate. Key networks and relationships included:

- Respiratory Specialty Nurse, Whakatane Hospital
- Nurse Practitioner, Bay of Plenty District Health Board
- Clinical Supervisor
- Nurse Practitioner based in the community
- Disability Resource Centre, Whakatane: COPD Peer Group Coordinator
- Local General Practices: Ohope Medical Centre, Tarawera Medical Centre, Riverslea Medical Centre and Kopeopeo Health
- Te Whare Wānanga o Awanuiārangi Nursing Staff and students
- Toi Ohomai Nursing Students
- Family Start
- Tamariki Ora

We also attended the Regional Respiratory meetings in Tauranga. This enabled us to connect with other nurses and health professionals who specialise in respiratory conditions which in turn allowed discussions to occur regarding any concerns encountered within our work environment and when working with clients. It also provided a forum to brainstorm ideas in regards solutions to issues and concerns.

Overall client numbers are slowly increasing. A key focus for the coming year will be on ensuring numbers continue to increase. However, quality service delivery is still a priority for the service.

## **NUTRITION AND PHYSICAL ACTIVITY**

### **Service Delivery**

Nutrition and physical activity health promotion delivered a number of successful programmes this year. These programmes were delivered to staff, Te Waipuna Ariki O Matangireia, and Te Rangiatea Teen Parent Unit. Our Health Promoter also provided information to other services delivered by our organisation and worked with organisations such as Toi te Ora Public Health, Te Puna Ora o Mataatua, Tuteao Marae, Patutahi and Te Teko Kohanga Reo and Waste Not Want Not (a new local initiative in our community).

## Highlights and Achievements

There were numerous highlights and achievements this year, which included:

- Karape Aka Matua (Internal Health Newsletter): this was a new initiative to provide health information to staff that they could use when working with whānau and for their own whānau. It was great to hear that staff were using the information in their mahi but also at home.
- Supporting Te Waipuna Ariki O Matangireia being accredited as Breastfeeding Friendly.
- Development of resources for whānau, hapū, marae, Kohanga Reo, our services, agencies and organisation in our community, and the community in general. These included:
  - Healthy Snack and Lunch Box Ideas visual resource: to support whānau to choose healthy and affordable snack and lunch box ideas. Whānau found these ideas helped them choose healthier options for their tamariki. They found that choosing healthy was not as difficult as they had thought and that they had most of it at home.
  - Nutrition Packs for Te Waipuna Ariki O Matangireia: these were distributed to each whānau with tamariki attending the Centre. It was evident this worked as staff observed the changes to the food that was in lunchboxes. Feedback to the Centre Manager was that this resource helped with making healthier choices not only in terms of their tamariki but also for the whānau.

Nutrition packs were also provided to some Kohanga Reo. One was looking to make healthy changes to their lunch menu and also wanted to support whānau to make better choices at home. These packs included recipes as well as the Health Snack and Lunch Box resource.



Kaiako looking through Nutrition Pack

- Breastfeeding and Nutrition Packs for community expos and promotion events.
- Marae Nutrition Packs: Positive feedback was received from Tuteao Marae ringawera about the packs. They found the “Healthier Mutton Flaps” and Healthy Snack and Lunch Box” ideas particularly useful.



Marae Nutrition Pack

- Development of tutorial videos for staff to learn how to make an assortment of fresh fruit and vegetable juices. All videos were posted to the Te Tohu o Te Ora o Ngāti Awa Facebook Page.
- Staff participating in and completing challenges that focused on increasing physical activity and improving fitness, and nutrition and healthy eating. Challenges run this year for staff were:
  - 8-week Walk to Christmas Challenge
  - NASH 28-week Challenge
  - Hinu Buster Challenge
  - NASH Kitchen Rules: 4-week Nutrition Challenge



- Supporting Rangiatea Teen Parent Unit. Provided Heart Foundations Curriculum Level 1 Unit Plan on Edible Gardens. The outcome was the establishment of a vegetable garden.



- Participating in promotional events including:
  - Well Child Day
  - The Big Latch On
  - St. Stephens Reunion: focus on health
  
- Establishing and maintaining relationships with community organisations and networks including:
  - Rangiatea Teen Parent Unit
  - Toi Te Ora Public Health
  - Local Kohanga Reo
  - Local Marae
  - Family Start
  - Tamariki Ora
  - Te Waipuna Ariki O Matangireia
  - St Stephens Reunion Organiser
  - Waste Not Want Not
  
- Receiving positive feedback from the various groups that had been supported during the year. The feedback from staff on the activities was also positive and confirmed these activities were received well by those who participated in them.

## Services Targeting Koroua and Kuia

### TE ORANGA KAUMĀTUA

The Te Oranga Kaumātua service continued to be a huge a success. Underpinning service delivery is Te Pou Mataaho which is based on the teachings of Ngāti Awa tūpuna. Tikanga remained integral to the service. Karakia starts and ends every programme. Mōteatea and waiata are an integral part of the programme. Our kuia have taken responsibility for leading mōteatea. This has ensured that when our kaumātua attend various events they are able to support their kaikorero with a mōteatea or waiata.

This programme is still one of our most popular with sixty (60) registered kaumātua. Our numbers have decreased from 70 due to some kaumātua now living in rest homes with dementia, some having relocated as whānau are now caring for them and others have passed away. We continue to receive enquiries from whānau about their koroua or kuia attending the programme, so the numbers will increase. Not all kaumātua attend every day which enables us to manage the numbers attending and transport to the programme.

While focusing on improving the overall well being of koroua and kuia, it also encourages and promotes socialisation amongst kaumātua by having them participate in a programme that enables them to have regular contact with other kaumātua.

#### Physical Activity

An important component of the Te Oranga Service is physical activity. Line dancing, low impact exercise, indoor bowls and walking are all activities our kaumātua enjoy doing. Kapa haka is still one of their favourite activities.

It is through the physical activity component of the programme that we are able to support our kaumātua to maintain their mobility and fitness, so they cope with everyday activities.

### Keeping Healthy

Healthy kai is provided to kaumātua when attending the programme. We also ensure those with special diets are catered for.

Annual assessments were completed by our nurses for all the kaumātua who attended the programme. These assessments included: weight, height, blood pressure, and random blood sugar levels. Education sessions were provided in relation to diagnosed conditions and current medications. We also facilitated access to services which could help kaumātua address identified needs.

One of our kuia took it upon herself to take charge of the māra kai which are thriving. Other kuia have supported her and helped with the māra kai. The kai from the māra contributes to lunch and kaumātua get to take some of the harvest home.



### Home Visits

Home Visits continued to be made to those kaumātua who were unable to attend the programme for some time because of illness. We also supported these kaumātua to get to doctors or specialist appointments where there is no whānau support. For many the main issue is loneliness when they are not able to get to the programme, so some visits are purely about socialisation. Some of our kaumātua attending the programme also visit with our Coordinator which has a positive impact on the koroua or kuia being visited.

### Promotion and Education

Education and awareness sessions continued to be included in the programme. There have been many professionals and guest speakers present to the kaumātua. The ones that generated a lot of feedback were:

- Gateway Funeral Services: Preparing and planning for when their time comes.
- Kiri Hayward: An alternative for a cheaper and more cultural tangihanga.
- Dementia: What is it? Coping with dementia. Whānau involvement in supporting their whānau member. Support services available.
- Kia Ora E Te Iwi Programme: This programme is designed for whānau coping with cancer to learn about cancer and its treatment, services available to support themselves and their whānau.
- Nutrition and Diabetes: Both delivered by Caroline Steens. Not only did she deliver a good session for our kaumātua, she has a great way of interacting with the kaumātua group and is able to hold their attention.

The School of Psychology at the University of Auckland invited us to take part in a study about dementia in Māori. One of the comments made in regards this study is that kaumātua are

living longer than ever before. A team visited the kaumātua to get their input into the study. The team comprised:

- Dr Margaret Dudley (Te Rarawa, Te Aupouri Ngāti Kahu)
- Professor Denise Wilson (Ngāti Tahinga): Auckland University of Technology
- MS Moe Milne (Naithani): Independent Cultural Consultant
- Dr Hinemoa Elder (Ngāti Kuri, Te Aupouri, Te Rarawa): Te WhareWanaga o Awanuiārangi
- Dr Nick Garrett (Ngāti Maniapoto): Auckland University of Technology
- Dr Oliver Menzies (Ngāti Kahungunu): Auckland District Health Board.

The kaumātua thoroughly enjoyed being part of this as did whānau members who attended supporting those who have dementia or have experienced dementia.



### Highlights

This year, highlights included:

- One of the biggest highlights was taking part in the study of the aging brain within Māori regarding dementia.
- Visiting local rest homes and joining in with waiata and activities was a highlight for participating kaumātua. The group was divided into three groups and each group visited one rest home. Great experience for them all.



- Visit by Ruatāhuna Kaumātua was a highlight. Socialising with other kaumātua was enjoyed by all our kuia and koroua. This visit was initiated by Ruatāhuna kaumātua who were looking for new ideas for their programme. It was fun for all and the sharing of stories made the day even better. This is an example of how important socialisation is for kaumātua.
- The 2017 Christmas Party with Te Teko and Tuwharetoa kaumātua groups was one of the best break-ups we have had. This was a result of the kaumātua group being more active in the decision making and having more input into what should happen at their Christmas Party.

- The purchase of 10 ukulele last year was a great investment for our kaumātua. They continued to include this aspect into their programme. Those who play the ukulele also entertained manuhiri.



- Some of our kuia have been involved with the wahakura initiative which is part of the safe sleep promotion. Kuia who had interest in weaving were provided with training in making wahakura as part of the Bay of Plenty District Health Board's safe sleep focus.



## Specialist Service

### BAY OF PLENTY FACILITATION SERVICE

This year the service concentrated on improving service delivery in the area where most clientele reside. The Eastern Bay of Plenty holds over 50 % of the service's clients, mainly in the Whakatane district. At the beginning of the year, a client satisfaction survey was completed. Whānau who lived locally wanted more activities and involve more clients in weekly programmes. Several clients attending programmes regularly have benefitted from the diverse range of activities, outings and social interaction. Whānau have commented they enjoy the camaraderie and spending quality time together. The Bay of Plenty Facilitation service continued to manage clients in outer regions via regular contact and newsletters.

Goals for the service maintained a high standard of delivery for all stakeholders by embracing the Ngāti Awa service delivery framework Te Pou Mataaho. The framework is uniquely Ngāti Awa and reflects Ngāti Awatanga throughout the delivery and management of its services.

Review of the service is performed annually to ensure we meet contractual requirements, meet the needs of our whānau and make improvements where necessary. The annual review highlighted the need to work closer with the National Secretariat to ensure all clients complete their annual health check and their health professional is receiving the correct information.



The Bay of Plenty Facilitation Service has four focus areas, these being:

- Focus 1: Provision of engagement and support for clients  
Goal: To ensure timely provision of support to current clients
- Focus 2: Day Programme – encouraging clients to participate  
Goal: To increase the socialisation of clients by stimulating conversations and activities with likeminded people.
- Focus 3: Raise awareness of the service locally  
Goal: Raise awareness of the service locally
- Focus 4: Contract management  
Goal: To fulfill the contract requirements

### **Highlights and Achievements**

There have been a number of highlights and achievements for the service and for clients. This year these have included:

- Provision of information and advice to clinicians to support delivery of services to clients. Information provided included health check examinations and guidance for doctors, and invoicing the Ministry of Health.
- The six-monthly Bay of Plenty Facilitation Newsletter. Information contained in the newsletter included data service requirements, use of the 0800 number, Ministry of Health website, annual health checks and other relevant health matters. Information pertaining to specific illnesses such as diabetes and sleep apnoea were also included.
- Three month programme planner promoting Te Roopu Awhi Mai Awhi Atu activities and whanaungatanga day developed and available for clients and their whānau.
- Providing health education to clients. Topics covered included respiratory disease, alcohol and drug counselling services, men's health, immunisations flu and shingles vaccines, tikanga Māori, healthy eating, audiology, cancers, diabetes and other community services.
- Life Unlimited providing a free hearing clinic to the whanaungatanga programme. This enabled regular hearing checks to be completed for clients. The Hearing Technician also provided information to clients pertinent to their hearing.
- Established a Whanaungatanga Day Programme which enabled clients to attend the Te Oranga Kaumātua programme. This enabled clients to meet new people or reconnect with those they already knew but have not seen for a long time. Not only has it allowed for socialisation, it also enabled clients to participate in activities that are specific to their age group. The socialisation of our clients with others has been invaluable.
- Clients participated in a diverse range of activities. Favourite pastimes for participants were fishing and spending time in the outdoors. A great role model for the group comes from our 90-year-old koroua who is wheelchair bound; he enjoys all activities and is very competitive. Another event they enjoy is the local Whakatane museum exhibitions offering a diverse range of artists, New Zealand and local history and workshops. The men are well versed in the local history of Whakatane.
- The continuation of the Te Roopu Awhi Mai Awhi Atu which enabled clients of the Bay of Plenty Facilitation service to come together and participate in various activities.



Fishing: A Favourite Pastime

- Continued advertising and promotion of the Bay of Plenty Facilitation Service in the wider BOP area. Despite no longer facilitating outreach events we have continued to remain in regular contact with existing and potential clients in the wider Bay of Plenty area. Support for this is provided by the National Secretariat.
- Receiving calls from several people proceeding promotional advertisements who were interested in registering with the service from outside of Whakatane district.
- Te Roopu Ahwi Mai Awhi Atu attending community events. This gives them the opportunity to interact with leaders in their field, give back to society through information sharing and to promote the Bay of Plenty Facilitation Service. Two highlights were attending the screening of the 'The Green Chain' documentary Te Hokowhitu Marae and a visit to a bioremediation site.



Marae Viewing of the Green Chain Documentary

**Client specific outcomes included:**

- Clients were supported to attend tangi and funerals of former sawmill workers.
- The relationship with the Kaupapa Māori Nurse Led Community Nursing Service supported our clients and their whānau to manage long term chronic illness. This initiative enabled service integration to support clients and their whānau to address and manage their health needs. The initiative complimented the annual health check by providing another health assessment at no charge and provided referral pathways and ongoing support to clients in managing their disease.
- Facilitating access to doctors ensuring annual health checks were completed for clients and specialists for diagnosed health issues.

- Clients have better understanding of their benefit entitlements through the work of the service. The service also advocated on behalf of clients when requested, particularly with clients who met with Work and Income NZ.

### Challenges

Although there were some excellent outcomes for the service, there have been some challenges faced by the service and its clients. Challenges this year have included:

- Not being able to contact a small group of clients due to change in addresses, phone numbers or relocation.
- Addressing the financial issue regarding annual health checks where clients are asked to return for follow up appointments. In this situation, clients must pay for any tests required by their GP. These payments are not covered by the Ministry of Health's financed annual health check. Some clients have stated they did not return for follow up because they could not afford it. Other whānau have historical issues accessing financial support with Work and Income NZ and will no longer request financial support.
- There has been an issue associated with clients who have passed away and the service contacting clients regarding their annual health check and current health status. It is not until the health check letter has been received by whānau that we learn a client has passed, especially those who we have not been able to contact. This is an issue that we will work to resolve with the National Secretariat.
- Due to an increase in the numbers attending Te Roopu Awhi Mai Awhi Atu Programme, we are having to review transport to the programme. With the van now being at full capacity, we will in the new year be looking at options to cater for others wishing to attend programme days.
- Health literacy and financial issues continue to be an issue for some clients and their whānau. We still have clients and whānau who continue to struggle to pay for the necessities fo life, more so those men who support their extended whānau.



The Bay of Plenty Facilitation Service has grown over the annual period. We have seen improvements and service provision through both day programmes and support from integration of internal services. We have received positive feedback from the Ministry of Health in relation to the changes made to support clients. We will continue to focus on increasing attendee numbers for both clients and their whānau. Promotion of the Bay of Plenty Facilitation Service will also be a key focus.

We acknowledge former sawmill workers and their whānau members who have passed away this year.

# Te Apaaparau o Uepoto

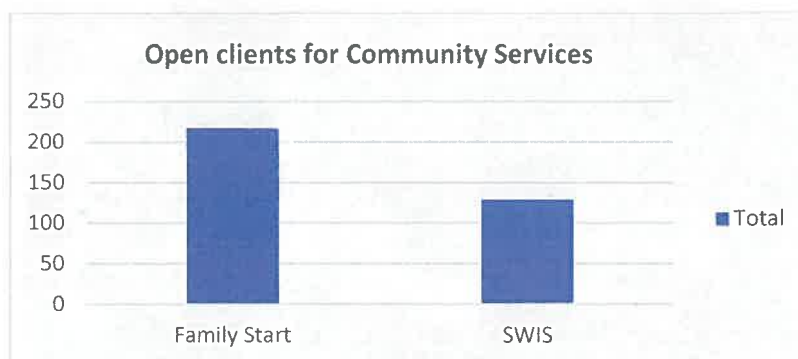
## OVERVIEW: FAMILY START AND SOCIAL WORKERS IN SCHOOLS

In April 2018 Te Tohu o Te Ora o Ngati Awa was fully assessed as meeting the social service standards for accreditation. Nine of ten accreditation standards were tested as fully meeting accreditation standards. No critical or required actions had been identified during the assessment.

During this period with recent legislation changes to the Vulnerable Children’s Act focus has been on reviewing and embedding our Child Protection Policy into the organisation. In April 2017 a working group was established to undertake a comprehensive review of our Child Protection Policy and Procedures. The working group co-ordinated by our Policy and Audit Controller included frontline staff, Supervisors and Managers. The review was completed in July 2017 and our child protection policy, creates a solid foundation that provides a safe environment for children, staff and the organisation as a whole by clearly defining what action is required in order to keep children safe, and ensuring a consistency of practice and behaviour so that all staff follow the same process.

To demonstrate the organisations commitment to protecting tamariki and ensuring that staff are competent and confident in their ability to identify those children who may be at risk a minimum training requirement for all staff working with tamariki is that they complete the one-day – Identifying and Responding to Vulnerability and Child Abuse and then complete the Certificate in Child Protection Studies an NZQA accredited 5 day course designed to provide a comprehensive overview of child protection issues in NZ.

For the year 1 July 2017 to 30 June 2018, 217 whānau accessed Family Start while 129 whānau accessed Social Workers in Schools.

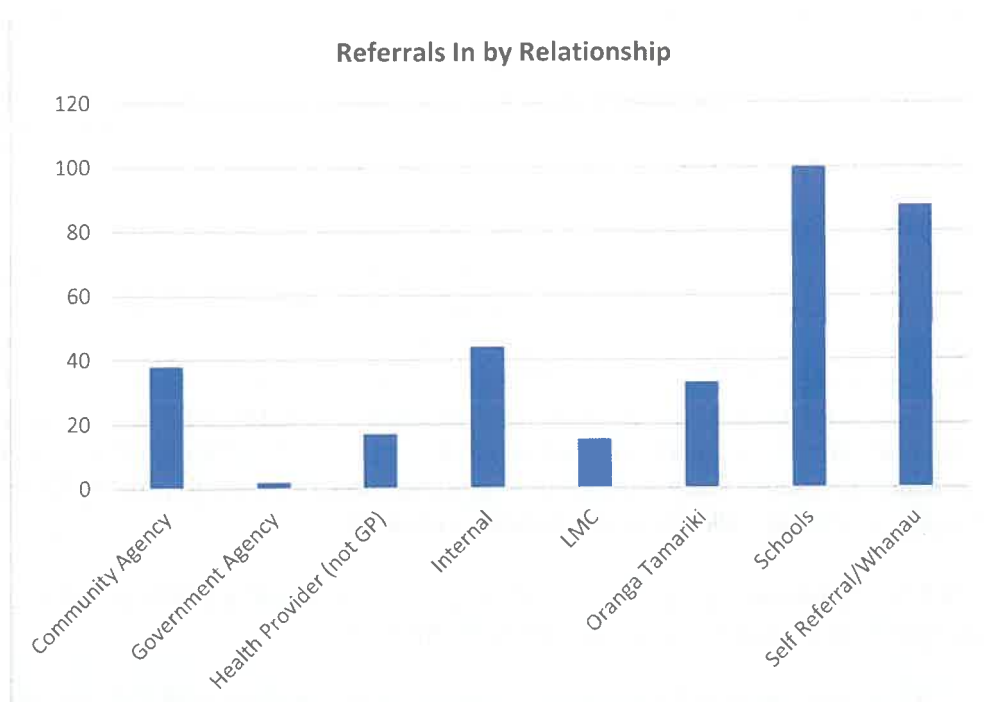


The main reasons for exits from Family Start and Social Workers in Schools are detailed in the table below.

Reason	Number
Client declined service	17
Client did not engage	15
Client did not meet eligibility criteria	10
Client disengaged from intervention(s) and wished to exit - (Partial Goals Met)	4
Client moved from area / relocated	40
Deceased	1
Lost contact with client	6
Successful exit agreed by client & case worker	82
Transferred to external alternative lead agency	19
<b>Grand Total</b>	<b>194</b>

Of those who exited, the largest number 42% were due to successful exit agreed by client and case worker. Clients who relocated to another area made up 21% of all exits, with those transferred to external alternative lead agency comprising 10% of the total exits. There were some clients who declined to access services and these made up 9% of the exits, while 8% were exited due to non-engagement with our services. The remaining reasons are shown in the above table.

There are a large number of referrals to Family Start and Social Workers in Schools. As the graph below shows, schools and self/whānau referrals are the largest sources of referrals to these services. This period saw a number of referrals from other services Te Tohu o Te Ora o Ngāti Awa delivers. Community Agencies and Oranga Tamariki have also referred to the service.



## FAMILY START

The Family Start service continues to be provided in the Whakatane district including Matata, Edgecumbe and Te Teko. The service contract was extended from a one year to three year term. During this period:

- The Family Start team maintained a full complement of staff for the period. Current staffing includes 1 fulltime Supervisor and 7.5 fulltime Family Start Kaiawhina to service a volume of 110 whānau.
- 219 referrals were received. There was an increase in the number of referrals with complex needs identified including family violence, relative poverty, substance abuse, mental illness, gang influence, unemployment, lack of employment, history of care and protection, grief, plus many more. On their own, these issues are enough to place considerable stress on whānau and tamariki, add them together and the results are compounded. Housing needs continued to be a salient factor with many whānau Family Start are working with and aligns with other services and national trends.
- A trend increasing among whānau is the use of methamphetamine and family harm. Identifying appropriate training for staff to attend or gain skills, knowledge in this area has been a need and focus.
- Managing contracted KPI's against monitoring quality practice is a challenge, the drive to achieve improved whānau outcomes can be compromised when incentives being offered by the funder is output driven.

- Family Start workforce criteria changed after 1 October 2018 where providers have to employ qualified social workers.
- The establishment of the Rangiatea (Teen Parent Unit) on Te Pahitaua site provides the ability to wrap-a-round services to support young hapū māmā to continue their education whilst having access to services such as Family Start to support with positive parenting practices, early childhood and well child services.

## **SOCIAL WORKERS IN SCHOOLS (SWIS)**

SWIS continued to provide services to its core schools which included Allandale, James Street, Te Teko, Whakatane Intermediate, Edgecumbe, Paroa, Murupara Area, St Joseph's Matata, and Te Mahoe. This year:

- 129 tamariki were referred. Most referrals were for behavioural concerns, the majority were male with anger being the main referral reason. Once assessments have taken place, anger is being viewed as a symptom of wider issues affecting the tamariki and their whānau.

With the majority of cases we worked with, there were multiple issues present affecting the tamariki and whānau; these issues are complex, long running and not "one off" occurrences. The education system consistently takes punitive measures against tamariki who exhibit anger and/or behavioural issues which resulted in placing another stressor on the whānau. Whānau are often resistant to this, as they have also placed negative labels on their tamariki and are reluctant to acknowledge the issues within the whānau that have resulted in the referral. The reluctance of the whānau can result in interventions running longer than they should, with SWIS's focus being to build the resilience of the tamariki/rangatahi.

- SWIS have developed programmes with other services including CAYAD and Voyagers to meet some of the needs our tamariki present with.

In August 2017, Colleen Honeycombe one of our longest serving SWIS completing 17 years with the organisation resigned from her position. The organisation thanks Colleen for her contribution to the organisation, schools and whānau she worked with in the Murupara, Kaingaroa, Minginui and Te Whaiti communities.

Current staffing is 4 fulltime Social Workers. During the period we received two resignations and undertook three recruitment processes to fill the vacancies. Service delivery has continued with minimal impact, schools have been supportive in prioritising referrals to the service. Recruitment and retention of qualified social workers has been one of the biggest challenges facing not only our organisation but other non-government social services providers. The following factors have contributed to the challenges experienced:

- SWIS providers in Eastern Bay of Plenty vying for same pool of people.
- Not being able to meet salary expectations.
- NGO study awards no longer available to providers to support employees studying towards a qualification in a social work degree.
- Changes in 2018 to the social work degree which saw it increase from a 3 to 4 year study programme.
- The upcoming change proposed in the Social Workers Registration Bill which will make registration mandatory for all social workers.

## **IWI SOCIAL SERVICES**

We continue to provide Care and Protection Services, Supported Bail, Whānau Wellbeing services and Emergency Housing under Iwi Social Services.

There have been some successful outcomes for tamariki in Care and Protection, and those who have come through our Emergency Housing service. We are fortunate to have caregivers who provide excellent care and focus on the wellbeing of the tamariki in our care, and the wellbeing of whānau in Emergency Housing.

Supported Bail has also seen some positive outcomes for young people who have been referred to this service.

Iwi Social Services has worked with other services the organisation provides, such as Family Start, Social Workers in Schools and Te Waipuna Ariki O Matangireia, to ensure the needs of the whānau are met and positive outcomes are achieved. The Health Team make themselves available to support our whānau in crisis and needing support with any health issues. The service is also supported by the Administration Team who do what needs to be done to support the service and whānau using the service.

Our Social Worker has worked with management this year to set up care and protection, and other contracts. This has required a strategic approach at times and it has been great learning being involved in working with management.

There is some work to do in terms of data collection and Assessment and Service Coordination is putting in the time and effort to support our Social Worker to get there.

## **CARE AND PROTECTION**

Te Tohu o Te Ora o Ngāti Awa has had five tamariki from two whānau in full time care since 2016. With the support of our caregiver and a transition plan, two of the tamariki went back into permanent care with their mum in December. The tamariki were extremely excited about going back to their mum. Unfortunately, their mum let them down again and started selling and using drugs. The tamariki reported this to their Social Worker and they were immediately uplifted and brought back into our care. An investigation was completed, and it was found that the tamariki were not safe. Oranga Tamariki are now using the home for life programme to find permanent placement for the tamariki. The tamariki will remain with us until a placement is found.

The other three tamariki were also going to be in our care long term but their parents followed the plan set at Family Group Conference and after almost two years in our care, two of the tamariki returned to their mum and one went to live with dad. A respite care plan for these tamariki to come to us one weekend per month for three months was put in place and agreed to by Oranga Tamariki and the lawyer for children.

## **SUPPORTED BAIL**

This year we worked with four clients. While the contracted volume is eight, we have no control over this, as it is dependent on referral through the Youth Justice system. For a client to be referred to supported bail, the Youth Justice Social Worker has to get the Police, the Young Person and their whānau, and the Court to agree to a referral to this system.

This year four taiohi were referred to Supported Bail. Three tāne and one wahine were supported through this service. Outcomes for clients on Supported Bail included:

- None of the clients had been in school for a minimum of 6 months to maximum of 2 years. With the support of our Supported Bail Mentor, two taiohi were reintroduced to school and two were enrolled at and attended Te Oho Mai.
- While Supported Bail is short term placement, usually a maximum of six weeks, one taiohi had their time with the service extended to 12 weeks by the Court in agreement with Oranga Tamariki. This taiohi was successfully reintroduced to school after being out of the system for 12 months.
- Positive interaction with other taiohi and whānau.

## EMERGENCY HOUSING

Te Tohu o Te Ora o Ngāti Awa has two homes available for emergency housing. With the housing issue that exists in our community, we had a steady intake of whānau into Emergency Housing.

One home has a live in caregiver. This home is used for solo mama and their tamariki. This home has the capacity to take two whānau at any one time. Our caregiver while focused on motivating māmā to change also supported māmā in our home with:

- Seeking permanent accommodation
- Ensuring tamariki attend ECE and school
- Teaching them basic skills such as keeping a house clean, cooking meals, preparing lunches for tamariki, etc
- Shopping on a budget
- Providing them with good advice on where to find support to help them address issues

This has worked well with whānau leaving in a good position and being able to get on and do things once they leave the house. For young māmā, leaving the home with good basic life skills has been an achievement. Evidence of the achievements is that the whare is kept in good condition and it is kept clean, tamariki attend ECE or school and whānau are preparing meals.

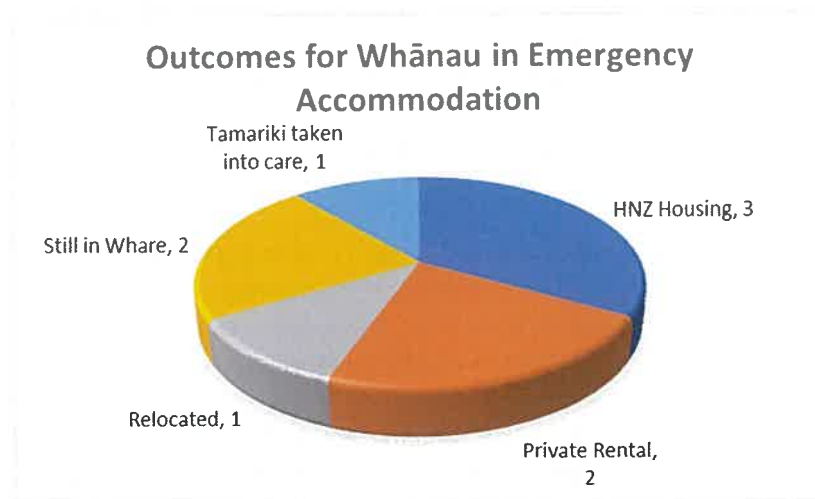
This year as per the graph below, a total of nine whānau were taken into emergency accommodation. Whare 1 which has the caregiver, had six whānau housed while whare 2 supported three whānau in emergency accommodation.





In terms of whare 1, four māmā were under the age of 30. All six whānau had family harm incidents with their partners. Three whānau were housed in whare 2. All three whānau applied for extensions in the whare due to there being no housing available in our community.

The outcomes for whānau in our whare is shown in the graph below. As can be seen five whānau obtained housing, with three getting homes through HNZ and two gaining private rentals. One whānau relocated to Auckland to live with whānau. One whānau was still in one of our whare while one whānau had their tamariki taken into care.



### Achievements

The achievements for this service were that 67% of the whānau who used this service found alternative housing in a climate where there is a housing shortage. While relocating to live with whānau may not be the ideal, it provides housing for whānau and they are supported while living there.

Despite everything happening for the whānau, tamariki were registered with a Well Child provider, Plunket or Tamariki Ora which ensured their growth and development was monitored through the well child checks.

Whānau are prepared to work with other services and were also all with Family Start. This ensured additional support was provided for their tamariki and the whānau, and that their needs were more effectively addressed.

### Trends

The majority of whānau coming into emergency accommodation experienced family harm. 77% of those whānau who used this service experienced family harm. One whānau had their tamariki removed from their care by Oranga Tamariki after a Family Group Conference due to continued family harm and drugs. Despite the support provided, whānau are responsible for making or showing they are making changes to address their needs.

### Challenges

The challenges faced by the service were:

- Lack of housing in our community
- Two parent whānau find it more difficult to be housed than a solo māmā
- The more tamariki there are in a whānau can make finding housing more difficult for example a two parent whānau with four or more tamariki is harder to house than a whānau with two tamariki
- Family harm is still a major issue in our community which needs to be addressed
- Whānau are still presenting with a myriad of needs or issues and trying to address all of these is difficult given the priorities whānau place on each need or issue

## WHĀNAU WELLBEING

This year there has been a mix of clients supported by the service. Most have required support in regards housing and with advocacy with Oranga Tamariki. Issues we have dealt with this year have included:

- Supporting kaumatua who attend the Te Oranga Kaumātua programme who experience elder abuse. We have supported kaumatua who have been threatened and been robbed. It is sad dealing with these issues as kaumatua especially kuia still have nightmares about what they went through. Ongoing support continues to be provided due to loss of confidence as a result of the abuse.

We also supported the perpetrators of the abuse. However, they stopped engaging with the service once bail conditions ended.

- Advocating for caregivers with three tamariki placed into their care by the Auckland Office of Oranga Tamariki under the home for life initiative. There were a number of issues which should have been dealt with. While there was an instant reaction to our requests for change from Oranga Tamariki, this should have happened earlier.
- Advocating for a mum whose six tamariki are in the care of Oranga Tamariki in Invercargill. With the support of our Alcohol & Drug Counsellor the client was not sent to jail and has made some good changes. She has a long way to go before she will have physical contact with her tamariki however through the work we have done she has been granted supervised phone contact with her tamariki. She has been extremely grateful for this because she had not spoken to her tamariki for 12 months.
- Family harm remains one of the main contributing factors to people accessing this service.
- Case consults with staff who are working with the same whānau are carried out because we believe intervention visits to whānau of family harm incidents is a priority and it works.
- Our Social Worker has been working to improve reporting in Exess (client management system) so that we are able to get better information from our client management system.

The following areas for improvement have been identified which will contribute towards whānau achieving better results:

- Empowering whānau to set goals and work towards achieving those goals. We have found that some whānau tend to have a sense of entitlement that we get paid to run around for them. We 100% support whānau who are in crisis to resolve their crisis. However, once that crisis has been worked through and addressed, they need to start working out how to solve the next problem and the next with our support and them doing the work.
- In working with one whānau who Family Start were also working with, it was found that they had 15 people (including children) living in one home. Four of those whānau applied for food parcels in the same week (not through our services) and they were granted.

Exess allows us to see if whānau have had a food grant so doubling up on services accessing food parcels should not happen through our organisation. However, unless

whānau tell us, we do not know if our clients use other support services which could help them to get their parcels.

In terms of this case, the improvement would be involving all the whānau in discussions at the beginning and discussing the issues that exist by so many people living in the client's home and all accessing things like food parcels. It would also be of value to do a household budget which enables everyone to identify how they contribute and why they are all applying for food grants. This would help them improve their overall management of their budget and improve their understanding of what their real needs are.

- There is excellent collaboration between services, the Police, Oranga Tamariki, Probation Services, Women's Refuge and NGO's in Whakatane. These are key services that we are required to work with in order to ensure positive outcomes are made for our whanau. Other services we work with to ensure our whānau make progress and positive outcomes are achieved include Work and Income NZ, Housing NZ, Family Start, Social Workers in Schools, Alcohol and Drug Services, Early Childhood Education Providers, and Te Tohu o Te Ora O Ngāti Awa Health Services.

In working with other services, multi disciplinary team meetings are held to focus on preventing client overload, discuss issues and brainstorm solutions and to consider joint programmes.

In terms of encouraging hard to reach whānau to engage, we have found a planned approach is required and internally where a number of services are involved, multi disciplinary team meetings work. Building and maintaining an open and trusting relationship with support services, government agencies and whānau helps to ensure we engage with these whānau. A "no surprise" approach which ensures honesty by us when working with the whānau and that they are kept fully informed works too. They may not always like what they hear, however, there are no surprises and the whānau know everything we are doing.

As with other services, there are a myriad of issues whānau present with. The complexity of the issues requires a collaborative and integrated approach. Providing a holistic service to whānau underpinned by Te Pou Mataaho and the achievement of ultimate whānau wellbeing is the approach used in delivering services for our staff working in Te Apaaparau o Uepoto

# Education Services

## TE WAIPUNA ARIKI O MATANGIREIA



Te Waipuna Ariki o Matangireia provided the opportunity for tamariki and whānau to participate in an early childhood centre which fosters a learning programme that strongly supports Māori participation in education. We have focused on strengthening relationships to produce a learning programme that has meaning to and is valued by whānau and their tamariki.

### Highlights and Achievements

The opening of the Te Rangiata Teen Parent Unit gave us the opportunity to support young mothers and their whānau. Providing a staff member in the unit allowed the students to be close to their pēpi while still in a classroom setting. Transport provided by Te Waipuna Ariki O Matangireia further showed our commitment to the unit. We continued with our support by transitioning pēpi once they reach 6 months of age into the centre. Our involvement with the unit is very rewarding as we follow the growth of not only pēpi but also of their māmā who are striving to complete their education.

An increase in our license created an opportunity for staff to extend hours of work as well as enrolling more tamariki into the Centre. Te Waipuna Ariki O Matangireia continues to monitor enrolments to ensure we maintain a targeted number.

The Incredible Years Positive Parenting Programme (IYP) provided two of our teaching staff the opportunity to co-deliver the contents of the programme alongside the IYP Coordinator. The value of the training for staff was an increase in their knowledge in behaviour management and being able to work alongside whānau to discuss strategies that may help with the reinforcement of positive behaviours within the home and the centre. This provided a professional development opportunity to staff and it is evident that some of the learnings have been applied in the Centre.

Te Waipuna Ariki O Matangireia is now recognised as a 'Breast Feeding Friendly Environment.' Working alongside Toi Te Ora and fulfilling the requirements for accreditation enabled the Centre to acquire a national certificate as one of many ECE services throughout Aotearoa who provide a setting where breastfeeding outside of the home is normalised. We have seen an increase of mothers taking a break from work to come in, feed their babies then return to the workplace or place of study. Staff and mothers are able to also share information about the pēpi during this time.



The introduction of whānau hui, held once a term gave whānau and staff opportunities to discuss issues or concerns, develop areas for improvement and share ideas that contributed

to the learning programme and the wellbeing of the tamariki. This information evening produced events such as our whānau working bee, Xmas party and Matariki celebrations. Other benefits were for whānau and staff to get to know each other, strengthening their relationships.



The introduction of the application Class DOJO provided a means of improving communication with whānau. This application enables the sharing of learnings stories, advising what events and activities are happening in the Centre and provides information to whānau that they need to be aware of. While there is room for improvement, introducing an online application to communicate with whānau was a highlight.

### **Challenges**

Indoor/Outdoor access for the under 2's has been a challenge due to location of their classroom. Teaching staff and management have worked together to find a solution for the tamariki to have free access to the outdoor area. An increase in staffing is a strategy that has allowed toddlers more outside time. We are continuing to work on construction plans for improvements in the near future.

Maintaining good communications with all whānau is still challenging despite some of the strategies implemented. We have introduced various ways to keep communication lines open including:

- Class DOJO (online app)
- Newsletters
- Phone calls
- Centre activities and events
- Open door policy
- Individual contact

Te Waipuna Ariki O Matangireia continue to seek ways of improving communication.

### **Networking and Relationships**

Te Tohu o Te Ora o Ngāti Awa continued to support the Centre. The Health Team provided advice and resources to share with whānau to ensure information is reaching parents. Throughout the year we have called upon their services when in doubt about a sick child or when a child is injured. The nurses are there without hesitation and give some valuable information and recommendations to give parents. We appreciate their continued support to the Centre and our whānau.

Tamariki Ora continued to support the Centre and has provided their service in the Centre. Many of our tamariki are under this service so working alongside them and whānau is valuable for us to ensure the wellbeing of the tamaiti is being supported. We have many tamariki in the Centre who have new siblings at home being monitored by the service and every so often their māmā would come in and introduce the new baby to the Centre tamariki who absolutely adore the pēpi. Our relationship with Tamariki Ora also keeps the bond between whānau, tamariki and services open and transparent. It also helped ensure our tamariki receive all their well child core checks.

Te Waipuna Ariki O Matangireia supported the Family Start service by providing care for tamariki registered with their service. We often have tamariki registered with Family Start enrolled with the Centre. We endeavour to work together to ensure the tamariki have daily access to the Centre by providing transport to pick up and drop off. Our van services play an integral part of our programme. Keeping our communications open with Family Start improves our delivery to tamariki and whānau registered with both services.

Our relationship with Te Kura o Te Pāroa continues to strengthen. We receive monthly newsletters from the kura and also receive any other panui they distributed. We continued to receive support from the school by obtaining information for transition into the new entrants' class. Over the past year our tamariki have attended Matariki celebrations at the kura, whakatau for new tamariki, and kapa haka performances.

Te Waipuna Ariki O Matangireia has also been involved in programmes run by Toi te Ora Public Health. We have participated in the Sun Smart, Healthy Eating, and Healthy Teeth programmes. As mentioned earlier we have also been involved in the Breastfeeding in Safe Environments initiative. These programmes have not only delivered free resources but also given tamariki the empowerment to pass along this new knowledge to their whānau. We have received positive feedback from whānau and there appears to be an increase in whānau awareness around health and wellbeing.

We also continued to have the vision and hearing before school checks in the Centre. These checks are done by trained vision and hearing technicians and supported by the staff. The checks are an important part of transitioning to school for our tamariki. The results from the checks give parents and whānau information that could be useful for further learning and development of their tamaiti.

### **Professional Development**

Throughout the year Professional Development was attended by some staff where available and relevant. The skills and new knowledge they received was brought back and shared with the team.

The material that was learnt during these workshops was applied to the different areas of our planning programme including outcomes for tamariki and improving staff performance. There is new information being offered to teachers by different organisations throughout the year therefore upskilling and being kept up to date with Ministry regulations is important.

Some of the workshops we have attended were:

- Te Pou Mataaho

- Child Matters Certificate in Child Protection
- First Aid
- The Big Day Out: Administration
- Asthma Awareness
- Planning and Evaluation
- Incredible Years
- APT training
- Teacher Registration
- Bridging the Gap - ECE and school
- Funding: Management and Administration
- Staff appraisals

Te Waipuna Ariki o Matangireia will continue to provide care and education for tamariki that celebrates our Māori culture, values and tikanga. We are surrounded by the fruits of our tīpuna and lwi and we endeavour to pass on these values to our tamariki.



*“He taonga te mokopuna, kia whaangaia, kia tipu kia rea”  
A child is a treasure, to be nurtured, to grow, to flourish.*

## **INCREDIBLE YEARS POSITIVE PARENTING PROGRAMME**

The Incredible Years Positive Parenting Programme (IYP) is for parents or caregivers of tamariki aged 3–8. It provides parents and caregivers with skills to better manage children with behavioural problems, and to create a home environment that is conducive to positive social and educational outcomes. The programme is run over 14 weeks and catch up sessions were provided to those participants who missed sessions.

The IYP programme has excellent outcomes which are confirmed by participants, their whānau and other services or organisations participants work with. There are numerous highlights and achievements from each programme. These included:

- Parents and caregivers from all walks of life completing the programme. This year participants have included tāne and wāhine, hapū māmā, parents whose tamariki were in the care of their partners, parents that had been abused when they were younger, solo parents, working parents and caregivers, some with whānau support and others without support, some who were taking action to keep their tamariki or mokopuna, some who had health issues such as cancer, some who had mental health issues and those who had been brought up in homes where alcohol, drugs, family violence were a normal part of their lives. Despite the background, 11 of the 16 parents and caregivers who registered for IYP completed the programme.



2018 IYP Programme One Participants with Facilitators

- The commitment of participants to get to sessions. Participants turned up at each session despite the issues they were facing. One participant even though she had waited, declined a specialist appointment because it clashed with IYP and had the appointment rescheduled on another day.

Another who had two of her tamariki taken from her by their father to live in Australia, struggled with mental health issues. She engaged a lawyer to help her get her tamariki back. Despite being admitted to hospital, she got herself to the programme and went back to the hospital afterwards. Even though there was a lot happening in her life, she only missed one session.

One participant missed two sessions due to emotional upset after finding out one of his children had been sexually assaulted. He continued with the programme after spending time with his parents. Another issue for this participant was loss of access to another of his tamariki.

A participant who came back to New Zealand with her tamariki to care for her sick father, had to look for and find work half way through the programme. She found work and was supported for one week to attend IYP. She missed three sessions which is still an awesome achievement. Her mother passed away the week of graduation. She was buried on the day before graduation and this participant still attended graduation.

- Participants, if they missed a programme were keen to complete their make up sessions.
- The recruitment of two additional facilitators has been a real highlight. IYP requires two facilitators at each session. We are fortunate Te Waipuna Ariki O Matangireia see the value of some of their staff facilitating the programme and agreed to two staff supporting the programme. This was seen as professional development and the skills and knowledge were able to be applied back in the Centre.



## Challenges

IYP has had a lot of highlights and achievements. However there have been challenges too. These include:

- Participants have a lot of issues happening in their lives. Balancing all the other things happening in their lives can be difficult. At times, attending the programme is not a priority.
- Participants not having support especially when tamariki are sick is a challenge.
- Health issues impact on participants in terms of attendance at each session and participation in the programme. Participants try to manage this and this year participants have been committed which is evident by their attendance.
- Retention of facilitators has been an issue. We were fortunate that Te Waipuna Ariki o Matangireia saw value in some of their staff being trained in IYP and supporting this as professional development.

IYP continues to have awesome outcomes for whānau. It is evident from participant feedback that they continue to get value out of the programme and that behaviours in the home improved as parents and caregivers learnt to manage behaviours of their tamariki.

## *No reira*

On behalf of the Management Team we thank our koroua and kuia who continue to strengthen the organisation by giving their time and knowledge to support Te Tohu O Te Ora O Ngati Awa, our whanau, hapu and Iwi of Ngati Awa and the work that we do. I acknowledge the funders who are listed in our financial report for their continued support of our organisation.

I thank our Board for their continued strength and leadership and our staff for their continued dedication and commitment to Te Tohu O Te Ora O Ngati Awa, the whanau we work with everyday, and the hapu and Iwi of Ngati Awa.

*Kāti ake i konei whāia te roanga ake o ngā korero pānuitia i tēnei pūrongo-a-tau. Noho ora mai koutou katoa. Hei kona.*

Enid Ratahi-Pryor Q.S.O  
**Te Pou Turuki o Matangireia**  
June 2019



A vertical blue bar on the left side of the page, with a green arrow pointing right from its center.

Ngāti Awa Social and Health Services Group  
Te Tohu o Te Ora o Ngāti Awa

Financial Statements for the Year Ended 30 June  
2018

A decorative graphic of several thin, curved lines in shades of blue and black, resembling grass or reeds, located in the bottom left corner.

Deloitte Rotorua

Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

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## Directory

<b>Consolidated Entities</b>	Ngāti Awa Social and Health Services Trust Te Pahitaua Adventure SolutionNZ Limited
<b>Registered Office</b>	Corner Thornton & Golf Links Roads Whakatane 3120
<b>Board of Trustees</b>	Hemana Eruera – Chairperson Paul Brown Joseph Pryor Hawiki Ranapia Ramai Haua-Carroll
<b>Chief Executive Officer</b>	Enid Ratahi-Pryor
<b>Accountant</b>	Deloitte Rotorua 2/1176 Amohau Street ROTORUA
<b>Solicitor</b>	Koning Webster Lawyers 1/34 Gravatt Road PAPAMOA
<b>Auditor</b>	Cookson Forbes and Associates 96 Waioweka Road Opotiki
<b>Tax Type</b>	Exempt from Income Tax
<b>Charities Registration No.</b>	CC29465 – Trust CC35402 - Company

## **INDEPENDENT AUDITORS REPORT**

To the Trustees and Beneficiaries of Ngati Awa Social Health Services Trust Group

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### **Opinion**

We have audited the financial statements of Ngati Awa Social Health Services Trust Group (the Group) on pages 7 to 18, which comprise the consolidated statement of financial position as at 30 June 2018, and the consolidated statement of comprehensive revenue & expenses, the consolidated statement of changes in net assets and consolidated statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Group as at 30 June 2018, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime (Not-For-Profit) (Tier 2 PBE).

### **Basis for Opinion**

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditors Responsibilities for the Audit of the Financial Statements section of our report. We are independent of TWA Health & Social Services Ltd in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than in our capacity as auditor we have no relationship with, or interests in, Ngati Awa Social Health Services Trust Group.

### **Use of this Independent Auditor's Report**

This report is made solely to the Trustees and Beneficiaries of the Group as a body. Our audit work has been undertaken so that we might state to the Trustees and Beneficiaries those matters we are required to state to them in the independent Auditors report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trustees and Beneficiaries as a body for our audit work, this report, or any of the opinions we have formed.

### **Trustees Responsibility for the Financial Statements**

The Trustees are responsible on behalf of the Company for the preparation and fair presentation of the financial statements in accordance with Tier 2 PBE, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

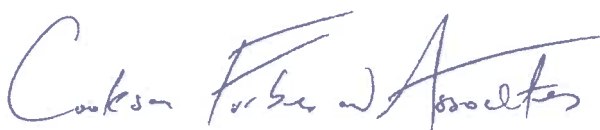
In preparing the financial statements, the Directors are responsible on behalf of the Group for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

**Auditors Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at <https://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/>



Chartered Accountants  
96 Waioweka Road  
OPOTIKI

11<sup>th</sup> December 2018

## Approval of Financial Statements

The Trustees are pleased to present the approved consolidated Financial Statements, including the historical financial statements, for the year ended 30 June 2018, comprising the controlling entity (Ngāti Awa Social and Health Services Trust) and its controlled entity (Te Pahitaua Adventure SolutionZ Limited).

### APPROVED

For and on behalf of the Trustees



Trustee

Date: 20/12/2018



Trustee

Date: 20/12/2018



Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

## Consolidated Statement of Comprehensive Revenue and Expenses

	Notes	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
<b>Revenue from exchange transactions</b>					
Sales		302,931	319,508	221,121	168,761
Government Grants	3	3,294,482	3,389,377	3,294,482	3,389,377
Rent Received		111,184	22,700	52,684	22,700
Other Revenue		37,071	72,711	37,069	72,579
<b>Total Revenue</b>		<b>3,745,667</b>	<b>3,804,297</b>	<b>3,605,356</b>	<b>3,653,417</b>
<b>Expenses</b>					
Operating Expenses		713,007	798,804	797,159	1,159,835
Administration Expenses	4	251,369	345,790	233,442	280,348
Wages and Directors Remuneration		2,640,860	2,982,689	2,543,634	2,687,207
Depreciation Expense		98,864	102,512	85,916	88,469
Finance Costs		70,844	41,720	2,066	3,477
<b>Total Expenses</b>		<b>3,774,944</b>	<b>4,271,514</b>	<b>3,662,216</b>	<b>4,219,335</b>
<b>Total Surplus/(Deficit) for the year</b>		<b>(29,277)</b>	<b>(467,218)</b>	<b>(56,860)</b>	<b>(565,918)</b>
<b>Other Comprehensive Revenue</b>					
Gain on Revaluation of Property		-	1,407,644	-	-
<b>Total Comprehensive Revenue</b>		<b>(29,277)</b>	<b>940,426</b>	<b>(56,860)</b>	<b>(565,918)</b>

*AC* CF  
Audit

*AC*

Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

## Consolidated Statement of Changes in Net Assets

### Group

	Accumulated comprehensive revenue and expense	Reserves	Total
Opening balance 1 July 2017	2,258,517	1,613,003	3,871,520
Surplus/(deficit) for the year	(29,277)	-	(29,277)
Other comprehensive income	-	-	-
<b>Closing equity 30 June 2018</b>	<b>2,229,240</b>	<b>1,613,003</b>	<b>3,842,243</b>
Opening balance 1 July 2016	2,725,735	205,359	2,931,094
Surplus/(deficit) for the year	(467,218)	-	(467,218)
Other comprehensive income	-	1,407,644	1,407,644
<b>Closing equity 30 June 2017</b>	<b>2,258,517</b>	<b>1,613,003</b>	<b>3,871,520</b>

### Parent

	Accumulated comprehensive revenue and expense	Reserves	Total
Opening balance 1 July 2017	2,313,898	-	2,313,898
Surplus/deficit for the year	(56,860)	-	(56,860)
Other comprehensive income	-	-	-
<b>Closing equity 30 June 2018</b>	<b>2,257,038</b>	<b>-</b>	<b>2,257,038</b>
Opening balance 1 July 2016	2,879,817	-	2,879,817
Surplus/deficit for the year	(565,919)	-	(565,919)
Other comprehensive income	-	-	-
<b>Closing equity 30 June 2017</b>	<b>2,313,898</b>	<b>-</b>	<b>2,313,898</b>

  
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Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

## Consolidated Statement of Financial Position

	Notes	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
<b>Current assets</b>					
Cash and Cash Equivalents	5	13,066	2,131	12,371	258
Receivables from Exchange Transactions		312,819	305,923	350,332	303,228
Other Current Assets		3,875	3,835	2,903	2,863
<b>Total Current Assets</b>		<b>329,761</b>	<b>311,890</b>	<b>365,606</b>	<b>306,349</b>
<b>Non-Current assets</b>					
Property, Plant and Equipment	6	5,713,828	5,695,388	2,032,745	2,071,763
Investments		1,052	1,052	1,688,407	1,688,407
<b>Total Non-Current Assets</b>		<b>5,714,880</b>	<b>5,696,440</b>	<b>3,721,152</b>	<b>3,760,170</b>
<b>Total Assets</b>		<b>6,044,641</b>	<b>4,600,686</b>	<b>4,086,757</b>	<b>4,066,519</b>
<b>Current liabilities</b>					
Bank Overdraft	5	6,967	449,586	-	440,393
Accounts Payable	7	497,933	607,014	1,829,720	1,254,543
Contract Income in Advance		-	52,223	-	52,223
Borrowings	8	39,370	39,370	-	-
Other Current Liabilities		2,818	8,280	-	5,463
<b>Total Current Liabilities</b>		<b>547,087</b>	<b>1,156,473</b>	<b>1,829,720</b>	<b>1,752,622</b>
<b>Non-current liabilities</b>					
Borrowings	8	1,594,370	919,396	-	-
<b>Total Liabilities</b>		<b>2,141,457</b>	<b>2,075,869</b>	<b>1,829,720</b>	<b>1,752,622</b>
<b>Net Assets</b>		<b>3,903,184</b>	<b>3,932,461</b>	<b>2,257,037</b>	<b>2,313,897</b>
<b>Equity</b>					
Equity		3,903,184	3,932,461	2,257,037	2,313,897
<b>Total Equity</b>		<b>3,903,184</b>	<b>3,932,461</b>	<b>2,257,037</b>	<b>2,313,897</b>

  
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Audit

Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

## Consolidated Cash Flow Statement

	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
<b>Cash flows from operating activities</b>				
Cash received from exchange transactions	3,688,800	4,180,315	3,508,281	3,707,583
Cash paid to suppliers	(1,093,623)	(1,375,128)	(1,089,100)	(1,120,629)
Cash paid to employees	(2,653,223)	(2,859,164)	(2,574,063)	(2,591,133)
Net GST	17,588	(54,008)	5,352	(39,192)
<b>Net cash from operating activities</b>	<b>(40,458)</b>	<b>(107,985)</b>	<b>(149,530)</b>	<b>(43,371)</b>
<b>Cash flows from investing activities</b>				
Property, plant and equipment	(117,305)	(610,186)	(46,898)	(212,768)
<b>Net cash flows from investing activities</b>	<b>(117,305)</b>	<b>(610,187)</b>	<b>(46,898)</b>	<b>(204,632)</b>
<b>Cash flows from financing activities</b>				
Borrowings	611,317	403,755	648,934	-
<b>Net cash flows from financing activities</b>	<b>611,317</b>	<b>613,547</b>	<b>648,934</b>	<b>-</b>
Net increase/(decrease)	453,555	(314,417)	452,505	(248,003)
Opening cash and cash equivalents	(447,455)	(133,038)	(440,134)	(192,131)
<b>Closing cash and cash equivalents</b>	<b>6,100</b>	<b>(447,455)</b>	<b>12,371</b>	<b>(440,134)</b>

  
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## Consolidated Notes to Financial Statements

### 1. Statement of Accounting Policies

#### Reporting Entity

Ngāti Awa Social and Health Services Trust is a trust domiciled in New Zealand and is a registered charitable organisation under the Charities Act 2005, created by Deed of Trust dated 15 November 1998.

These consolidated Financial Statements for the year ended 30 June 2018 comprise the controlling entity (Ngāti Awa Social and Health Services Trust) and its controlled entities (Te Pahitaua Adventure SolutionNZ) together referred to as the "Group" and individually as "Group entities".

#### Basis of Preparation

#### Statement of Compliance

The Financial Statements for the Group have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with the Public Benefit Entity Accounting Standards Reduced Disclosure Regime ("PBE Standards RDR") as appropriate for Tier 2 not-for-profit public benefit entities, for which all reduced disclosure regime exemptions have been adopted.

The Board has elected to report in accordance with Tier 2 Not-For-Profit PBE Accounting Standards on the basis that the entity is not publically accountable and has annual expenditure less than \$30million. In doing so, the Trust has taken advantage of all applicable Reduced-Disclosure-Regime disclosure concessions.

#### Measurement Basis

The consolidated Financial Statements have been prepared on the historical cost basis except for assets and liabilities that have been measured at fair value. The accrual basis of accounting has been used unless otherwise stated and the Financial Statements have been prepared on a going concern basis.

#### Functional and Presentation Currency

These financial statements are presented in New Zealand dollars (NZD), which is the Controlling Entity's functional and Group's presentation currency. There has been no change in functional currency of the group during the year.

#### Use of Estimates and Judgements

The preparation of financial statements requires management to make judgments, estimates and assumptions that effect the application of accounting policies and the reported amounts of assets, liabilities,

income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

In particular, information about significant areas of estimation uncertainty and critical judgments in applying accounting policies that have the most significant effect on the amount recognised in the Financial Statements are disclosed where applicable in the relevant notes to the Financial Statements.

Judgements made by management in the application of the PBE Standards RDR that have significant effects on the Financial Statements and estimates with a significant risk of material adjustments in the next year are disclosed, where applicable, in the notes to the Financial Statements.

### 2. Significant Accounting Policies

The significant accounting policies adopted by the Group are set out below and except for the changes noted below have been consistently applied to all periods presented in these Financial Statements.

#### Basis of Consolidation

The consolidated Financial Statements incorporate the Financial Statements of the Group and entities (including structured entities) controlled by the Group. Control is achieved when the Group:

- has power over the investee;
- is exposed, or has rights, to variable returns from its involvement with the investee; and
- has the ability to use its power to affect its returns.

The Group reassesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control listed above.

When the Group has less than a majority of the voting rights of an investee, it has power over the investee when the voting rights are sufficient to give it the practical ability to direct the relevant activities of the investee unilaterally. The Group considers all relevant facts and circumstances in assessing whether or not the Group's voting rights in an investee are sufficient to give it power, including:

- the size of the Group's holding of voting rights relative to the size and dispersion of holdings of the other vote holders;

Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

- potential voting rights held by the Group , other vote holders or other parties;
- rights arising from other contractual arrangements; and
- any additional facts and circumstances that indicate that the Group has, or does not have, the current ability to direct the relevant activities at the time that decisions need to be made, including voting patterns at previous shareholders' meetings.

Consolidation of a subsidiary begins when the Group obtains control over the subsidiary and ceases when the Group loses control of the subsidiary. Specifically, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated Statement of Comprehensive Revenue and Expense and other Comprehensive Revenue and Expense from the date the Group gains control until the date when the Group ceases to control the subsidiary.

Profit or loss and each component of other Comprehensive Revenue and Expense are attributed to the owners of the Group and to the non-controlling interests. Total Comprehensive Revenue and Expense of subsidiaries is attributed to the owners of the Group and to the non-controlling interests even if this results in the non-controlling interests having a deficit balance.

When necessary, adjustments are made to the Financial Statements of subsidiaries to bring their accounting policies into line with the Group's accounting policies.

All intra-Group assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

### Revenue

Revenue is measured at the fair value of the consideration received. Revenue is recognised when the significant risks and rewards of ownership have been transferred to the buyer and when the right to receive payment is established.

### Revenue from Non-Exchange Transactions

#### Grants

Grants revenue includes grants given by other charitable organisations, philanthropic organisations and businesses. Grant revenue is recognised when the condition(s) attached to the grant have been complied with. Where there are unfulfilled conditions attaching to the grant, the amount relating to the unfulfilled condition is recognised as a liability and released to revenue as the conditions are fulfilled.

### Revenue from Exchange Transactions

#### Government Contracts Revenue

Government contract revenue is recognised as revenue when they become receivable unless there is an obligation to return the funds if conditions of the Contract are not met. If there is such an obligation the revenue is initially recorded as a liability on the Statement of Financial Position, and is recognised as revenue as the conditions of the contract are satisfied.

#### Finance Income

Finance income comprises interest income on funds invested. Interest income from a financial asset is recognised when it is probable that the economic benefits will flow to the Group and the amount of income can be measured reliably. Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount on initial recognition.

Finance expenses comprise impairment losses, losses arising from transactions denominated in currencies other than the Group 's functional currency, and interest recognised on Financial assets (except for trade payables).

Dividend income from investments is recognised when the shareholder's right to receive payment has been established (provided that it is probable that the economic benefits will flow to the Group and the amount of income can be measured reliably).

### Employee entitlements

A liability for annual leave is accrued and recognised in the Statement of Financial Position. The liability is equal to the present value of the estimated future cash outflows as a result of employee services provided at balance date.

### Financial Instruments

#### Non-derivative financial instruments

Non-derivative financial instruments comprise investments in equity securities accounted for as available for sale financial assets, trade receivables, cash and cash equivalents, short term borrowings and trade payables.

Non-derivative financial instruments are recognised initially at fair value plus, for instruments not at fair value through Statement of Comprehensive Revenue and Expense, any directly attributable transaction costs.

Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

Subsequent to initial recognition non-derivative financial instruments are measured as described below.

A financial instrument is recognised if the Group becomes a party to the contractual provisions of the instrument. Financial assets are derecognised if the Group's contractual rights to the cash flows from the financial assets expire or if the Group transfers the financial asset to another party without retaining control or substantially removing all the risks and rewards of the asset. Purchases and sales of financial assets are accounted for at trade date i.e. the date that the Group commits itself to purchase or sell the asset. Financial liabilities are derecognised if the Group's obligations specified in the contract expire or are discharged or cancelled.

Cash and cash equivalents comprise cash balances and call deposits. Bank overdrafts that are repayable on demand and form an integral part of the Group's cash management are included as a component of cash and cash equivalents for the purpose of the Statement of cash flows.

#### Trade Receivables

Trade receivables classified as other non-derivative financial instruments are stated at amortised cost using the effective interest method, less any impairment losses for amounts that have a significant risk of non-collection. When a receivable is identified as being non-collectible it is expensed immediately in profit and loss.

#### Trade Payables

Trade payables are classified as other non-derivative financial instruments and are stated at amortised cost.

#### Property, Plant and Equipment

##### Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditures that are directly attributable to the acquisition of the asset.

The cost of any self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

#### Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Group and its cost can be measured reliably. The costs of the day to day servicing of property, plant and equipment are recognised in the Statement of Comprehensive Revenue and Expenses as incurred.

#### Depreciation

Depreciation is charged at rates that reflect the estimated consumption of economic benefits and useful lives of the assets. All rates are using the diminishing value method. Depreciation is charged to the Statement of Comprehensive Revenue and Expense. Land is not depreciated. The rates for each class of fixed assets are:

Asset Class	Rate
Land & Buildings	0% - 25%
Plant & Equipment	6% - 50%
Furniture & Fittings	10% - 40%
Motor Vehicles	13% - 30%
Computer Equipment	16% - 60%

#### Leased Assets

Leases in terms of which the Group assumes substantially all of the risks and rewards of ownership are classified as finance leases. Upon initial recognition the leased asset is measured at an amount equal to the lower of its fair value and the present value of the minimum lease payments. Subsequent to initial recognition, the asset is accounted for in accordance with the accounting policy applicable to that asset.

Other leases are operating leases and the leased assets are not recognised in the Group's balance sheet.

#### Impairment

The carrying amounts of the Group's assets are reviewed at each balance sheet date to determine whether there is any objective evidence of impairment. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount; Impairment losses directly reduce the carrying amount of assets and are recognised in the Statement of Comprehensive Revenue and Expense.

#### Impairment of property, plant and equipment, intangibles and subsidiaries

The carrying amounts of the property, plant and equipment and intangibles are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists then the assets recoverable amount is estimated.

Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

An impairment loss is recognised if the carrying amount of an asset or its cash-generating unit is the greater of its value in use and its fair value less cost to sell. A cash-generating unit is the smallest identifiable asset group that generates cash flows that are largely independent from other assets and groups. Impairment losses are recognised in the Statement of Comprehensive Revenue and Expense. Impairment losses recognised in respect of cash-generating units are allocated first to reduce the carrying amount of any goodwill allocated to the units and then to reduce the carrying amount of the other assets in the unit (group of units) on a pro rata basis.

An impairment loss in respect of goodwill is not reversed. In respect of other assets, impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined net of depreciation or amortisation if no impairment loss had been recognised.

#### **Borrowing Costs**

Borrowing costs directly attributable to the acquisition, construction or production of qualifying assets, which are assets that necessarily take a substantial period of time to get ready for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

Investment income earned on the temporary investment of specific borrowings pending their expenditure on qualifying assets is deducted from the borrowing costs eligible for capitalisation. All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

#### **Determination of Fair Value**

A number of the Group's accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Where applicable, further information about the assumptions made in determining fair values is disclosed in the notes specific to that asset or liability.

#### **Goods and Services Tax**

Revenue, expenses, assets and liabilities are recognised net of the amount of goods and services tax (GST) except:

- where the amount of GST incurred is not recovered from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- For receivables and payables which are recognised inclusive of GST. (The net amount of GST recoverable from or payable to the taxation authority is included as part of receivables or payables).

#### **Internal Charges**

Internal charges are included within the contra accounts as both revenue and expenses to reflect the economic use of resources. These are eliminated, where appropriate, on consolidation.

#### **Changes in accounting policies**

There have been no changes in accounting policies during the year.

  
CF  
Audit



Ngāti Awa Social and Health Services Trust Group  
For the Year Ended 30 June 2018

3. Government Grants

	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
Ministry of Health	1,309,162	1,361,989	1,309,162	1,361,989
Ministry of Social Development	1,032,287	1,060,473	1,032,287	1,060,473
Ministry for Vulnerable Children – Oranga Tamariki	216,414	205,388	216,414	205,388
Ministry of Education	736,619	761,527	736,619	761,527
<b>Total Government Grants</b>	<b>3,294,482</b>	<b>3,389,377</b>	<b>3,294,482</b>	<b>3,389,377</b>

4. Administration Expenses

	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
Accounting and Secretarial	48,718	92,181	38,711	68,084
ACC Levies	6,552	12,534	3,969	11,054
Audit Fees	1,574	6,599	1,574	4,140
Bank Fees	2,481	3,163	1,091	1,033
Koha	13,164	19,339	13,164	19,339
Legal Fees	8,092	11,387	6,516	11,387
Office Equipment Lease	-	10,020	-	10,020
Office Administration Expenses	21,142	23,095	20,201	19,852
Power and Heating	43,351	47,800	41,866	32,088
Printing, Stationery and Postage	34,263	52,156	34,329	49,057
Security	18,806	19,786	18,894	10,961
Trustees Expenses	9,954	8,564	9,954	8,564
Telephone and Communications	43,271	39,167	43,171	34,769
<b>Total Administration Expenses</b>	<b>251,369</b>	<b>345,790</b>	<b>233,442</b>	<b>280,348</b>

5. Cash and Cash Equivalents

	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
Petty Cash and Equivalents	1,228	887	533	192
Cash at Bank	11,838	1,244	11,838	67
Bank Overdraft	(6,967)	(449,586)	-	(440,393)
<b>Net Cash and Cash Equivalents</b>	<b>6,100</b>	<b>(447,455)</b>	<b>12,371</b>	<b>(440,135)</b>

  
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6. Property, Plant and Equipment

**Group**

Cost or Valuation

	Land & Buildings	Plant & Equipment	Furniture & Fittings	Motor Vehicles	Computer Software	Total
Balance at 1 July 2017	6,042,044	847,401	386,063	462,776	139,941	7,878,225
Additions	70,407	45,888	1,010	-	-	117,306
Disposals	-	-	-	(124,808)	-	(124,808)
<b>Balance at 30 June 2018</b>	<b>6,112,451</b>	<b>893,289</b>	<b>387,073</b>	<b>337,968</b>	<b>139,941</b>	<b>7,870,723</b>

Accumulated Depreciation and Impairment

	Land & Buildings	Plant & Equipment	Furniture & Fittings	Motor Vehicles	Computer Software	Total
Balance at 1 July 2017	726,240	730,897	245,151	390,086	90,463	2,182,837
Depreciation	22,786	37,130	17,506	17,564	3,879	98,865
Disposals	-	-	-	(124,808)	-	(124,808)
<b>Balance at 30 June 2018</b>	<b>749,026</b>	<b>768,027</b>	<b>262,657</b>	<b>282,842</b>	<b>94,342</b>	<b>2,156,894</b>

Net Book Value

	Land & Buildings	Plant & Equipment	Furniture & Fittings	Motor Vehicles	Computer Software	Total
As at 1 July 2016	3,790,636	136,795	199,941	44,359	54,772	4,226,503
As at 30 June 2017	5,315,804	116,504	140,912	72,690	49,478	5,695,388
<b>As at 30 June 2018</b>	<b>5,363,425</b>	<b>125,262</b>	<b>124,417</b>	<b>55,126</b>	<b>45,599</b>	<b>5,713,828</b>

**Parent**

Cost or Valuation

	Land & Buildings	Plant & Equipment	Furniture & Fittings	Motor Vehicles	Computer Software	Total
Balance at 1 July 2017	2,114,916	780,124	330,864	462,776	139,941	3,828,621
Additions	-	45,888	1,010	-	-	46,899
Disposals	-	-	-	(124,808)	-	(124,808)
<b>Balance at 30 June 2018</b>	<b>2,114,916</b>	<b>826,012</b>	<b>331,874</b>	<b>337,968</b>	<b>139,941</b>	<b>3,750,712</b>

Accumulated Depreciation and Impairment

	Land & Buildings	Plant & Equipment	Furniture & Fittings	Motor Vehicles	Computer Software	Total
Balance at 1 July 2017	400,112	682,213	193,984	390,086	90,463	1,756,858
Depreciation	16,027	31,372	16,714	17,564	3,879	85,916
Disposals	-	-	-	(124,808)	-	(124,808)
<b>Balance at 30 June 2018</b>	<b>416,139</b>	<b>713,945</b>	<b>210,698</b>	<b>282,842</b>	<b>94,342</b>	<b>1,717,966</b>

Net Book Value

	Land & Buildings	Plant & Equipment	Furniture & Fittings	Motor Vehicles	Computer Software	Total
As at 1 July 2016	1,666,574	80,211	144,742	44,359	54,772	1,990,658
As at 30 June 2017	1,714,804	97,911	136,880	72,690	49,478	2,071,763
<b>As at 30 June 2018</b>	<b>1,698,777</b>	<b>112,068</b>	<b>121,176</b>	<b>55,126</b>	<b>45,599</b>	<b>2,032,746</b>

  
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7. Accounts Payable

	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
Trade Payables	48,607	170,101	1,492,465	892,211
Accrued Employee Benefits	336,537	348,899	282,317	321,673
Accrued Expenses	7,187	-	-	-
GST Payable	105,602	88,014	46,012	40,660
<b>Total Accounts Payable</b>	<b>497,933</b>	<b>607,014</b>	<b>1,829,729</b>	<b>1,254,543</b>

8. Categories of Financial Assets and Liabilities

The carrying amounts of financial instruments presented in the statement of financial position relate to the following categories of assets and liabilities.

	Notes	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
<b>Financial assets</b>					
<b>Financial assets available for sale</b>					
Shares		1,052	1,052	1,688,407	1,688,407
<b>Loans and receivables</b>					
Cash and Cash Equivalents	6	13,066	2,131	12,371	258
Accounts Receivable		312,819	305,923	350,332	303,228
Prepayments		3,875	3,835	2,903	2,863
Loan		-	-	1,687,255	1,687,255
<b>Financial liabilities</b>					
<b>At amortised cost</b>					
Bank Overdraft	6	6,967	449,586	-	440,393
Accounts Payable	8	497,933	607,014	1,829,720	1,254,543
Contract Income in Advance		-	52,223	-	52,223
Borrowings	10	1,633,740	958,766	-	-

9. Borrowings

	Group 2018 \$NZ	Group 2017 \$NZ	Parent 2018 \$NZ	Parent 2017 \$NZ
ASB Commercial Lending 1	239,700	259,448	-	-
ASB Commercial Lending 2	239,700	259,448	-	-
ASB Commercial Lending 3	454,364	439,869	-	-
ASB Commercial Lending 23	699,975	-	-	-
<b>Total Borrowings</b>	<b>1,633,740</b>	<b>958,766</b>	<b>-</b>	<b>-</b>
Current Borrowings	39,370	39,370	-	-
Non-current Borrowings	1,594,370	919,396	-	-
<b>Total Borrowings</b>	<b>1,633,740</b>	<b>958,766</b>	<b>-</b>	<b>-</b>

  
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10. Related Parties

During the year, the Trust entered into transactions with Te Pahitaua Adventure SolutionZ Limited and at year end a number of balances are outstanding between the two entities. A summary of transactions and balances is below:

Payee		2018	2017
		\$NZ	\$NZ
<b>Revenue and Expense</b>			
Rental and Venue Hire	Te Pahitaua Adventure Solutions	118,812	-
Management Fees	Te Pahitaua Adventure Solutions	-	64,246
<b>Assets and Liabilities</b>			
Trade Receivables / Payables	Ngāti Awa Social and Health Services	92,090	1,642
Loan	Ngāti Awa Social and Health Services	1,687,255	1,687,255
Loan	Te Pahitaua Adventure Solutions	1,520,630	777,540

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body which is comprised of the Board of Trustees/Directors and the Chief Executive Officer, which constitutes the governing bodies within the Trust Group. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, is as follows:

	Group 2018	Group 2017	Parent 2018	Parent 2017
	\$NZ	\$NZ	\$NZ	\$NZ
Total Remuneration	128,536	144,763	12,650	17,523
Number of Persons (FTE)	1.4	1.4	1.4	1.4

Remuneration and Compensation Provided to Close Family

During the reporting period, total remuneration and compensation of \$84,826 (2017: \$68,825) was provided by the Trust to employees who are close family members of key management personnel.

11. Operating Leases

Non-cancellable operating lease rentals are payable as follows:

	Group 2018	Group 2017	Parent 2018	Parent 2017
	\$NZ	\$NZ	\$NZ	\$NZ
Less than one year	30,644	95,738	30,644	95,738
Between one and five years	96,926	44,966	96,926	44,966
More than five years	-	-	-	-

12. Contingent Assets and Liabilities

The Trustees are not aware of any contingent assets or liabilities at balance date (2017: nil).

13. Capital and Other Commitments

At balance date, there were no known material capital or other commitments to disclose (2017: nil).

14. Events subsequent to balance date

There were no material events subsequent to balance date to disclose (2017: nil).

  
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