MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

14 April 2025

Tēnā koe

Official Information Act request

Thank you for your email of 28 January 2025, requesting information about contracts with Otakou Health Ltd.

I have considered your request under the Official Information Act 1982 (the Act) and have set out my response to each part of your request below.

I have attached to this letter **Appendix One** which shows a table of contracts the Ministry has with Otakou Health Ltd covering the period FY2023 – FY2029.

Please note that the Ministry does not routinely evaluate individual providers such as Otakou Health Ltd. Where you have requested evaluation reports in your questions this is refused under section 18(g) of the Act as the information you have requested is not held by the Ministry and I have no grounds to believe that the information is either held by or closely connected to the functions of another department, Minister of the Crown or organisation.

In most cases, providers are required to report on delivery against each of the services contracted. The purpose of this reporting is to provide the Ministry with assurance that the funding is being used in accordance with contract deliverables. This is particularly relevant where providers may be contracted to deliver specific activities or deliverables. Where reports are required and are held by the Ministry in relation to the contracts in question, these have been provided in **Appendix Two** in order to be helpful.

You will note that some information in these reports regarding individuals is withheld under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

Additional details you have requested in relation to individual contracts are outlined further below.

> *Precursor question: Subsequent to the response last May, has MSD issued any more awards to Otakou Health Ltd, and if so, please list and explain what has been funded, including numbers of staff, and required reporting and evaluation.*

Yes, the Ministry has contracted Otakou Health Ltd for three further contracts as follows:

Contract 331987/332641 – Family Violence Whānau Support Services

This funding is for the delivery of long-term healing and recovery for whānau affected by violence to create strong resilient communities, where whānau are supported to live violence free and to eliminate violence for the next generation.

Contract 331987/332641 – Other response for people experiencing family violence

This funding provides direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has or is at risk of occurring; create longer term change needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective innovative joined up ways to meet family/whānau and community need; reduce service fragmentation duplication and gaps in frontline services.

Contract 332495 – Post Resettlement Refugee and Migrant Support Services

To provide support for former refugee individuals/families to help them adapt to New Zealand society through a variety of relevant activities and services that enhance the protective factors thereby preventing family violence and supporting good settlement outcomes.

Please find attached in **Appendix Two** the six reports from Otakou Health Ltd for these contracts.

> *1. Contract number NATO2202854 Community connection service covid 19*
>
> *Please expand on your descriptor of "positioning of FTE and discretionary fund"? How many FTEs and what proportion of the 463k grant was additionally for discretionary purposes and why?*
>
> *Please provide evaluation criteria the charity had to monitor and report on to demonstrate a) delivery and b) impact?*
>
> *Please share with us the results of the evaluation?*

The Community Connection Service contract included funding for two FTE positions to deliver the service and administer discretionary funding to address immediate hardship for people using the service when all other options of financial support have been exhausted. The payment in F2023 of $462,690 was for the service period of 1 January 2022 to 30 June 2023 for two FTE ($290,000), and discretionary funding of $172,860. These amounts were based on the Ministry's cost model for the Community Connection Service.

Providers contracted to deliver the Community Connection service were required to report referral and interactive data into the Ministry's SORT reporting tool.

You may also be interested in the Care in the Community evaluation completed on the Ministry's response. The link to the evaluation is here: https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/care-in-the-community-covid-19-welfare-response-evaluation/index.html.

2. Contract number STHN2300044 MCA - Employment Placement or Assistance Initiative

Please expand on your descriptor of "overheads for MSD resource at Te Kaika". Was this because a MSD employee was positioned in the Te Kaika building and if so where and are they still there? And if so why is this not an ongoing grant for 24 and 24 and 26?

This contract covered expenses, i.e. room rental and general office supply/equipment expenses for a Ministry Case Manager based at Te Kāika prior to the hub opening. This is not ongoing as the South Dunedin Service Centre (now Te Kāika Service Centre) has relocated to the hub and is covered through the property team/formal lease agreement.

3. Contract number STHN2201437 - NI food support services (covid 19)

Please explain what this was for?

Please provide evaluation criteria the charity had to monitor and report on to demonstrate a) delivery and b) impact?

Please share with us the results of the evaluation?

COVID 19 Protection Framework - Food Support was for community food providers who had capability and capacity to provide food parcels or ready-made meals to households for individuals and whānau who are directed to self-isolate due to COVID-19. Funded providers were allocated $100 per food parcel and asked to report weekly on the number of food parcels delivered. Otakou Health Ltd were allocated funding to supply 200 food parcels to individuals and whānau self-isolating due to COVID-19.

Please note, food parcel allocation was based on Kore Hiakai - Zero Hunger Collective's standard food parcel measure which specifies that a standard food parcel should provide for four people, three meals a day for four days at 80% of NZ nutritional standards. Providers could adjust number or size of food parcels accordingly, depending on the size of the whānau and length of time the food support needs to last for. For example, a whānau with eight members self-isolating for two weeks could require up to eight parcels, while a single person might only require one.

4. Contract numbers STHN2102093 and 2200648 - MCA employment services response covid 19

Please explain what these grants funded (particularly how many staff)?

Please provide evaluation criteria the charity had to monitor and report on to demonstrate a) delivery and b) impact?

Please share with us the results of the evaluation?

The contract STHN 2102093 was a Regional Commissioner iwi grant, and the funding of $100,000 contributed to developing, through codesign, prototypes for implementing Integrated Services for the South Dunedin community, at the Te Kaika wellbeing hub. This iwi lead co-design included OHL, Oranga Tamariki, SDHB and the Ministry. Funding also covered overheads such as rental and general office supply/equipment expenses, but no FTE was directly funded. There was no formal evaluation however as the work programme was delivered as the Ministry met with

the provider fortnightly throughout the period and was satisfied with these regular updates.

The contract STHN 2200648 was for a health and wellbeing programme paid for under the National MCA innovation fund for a one-off project. The cohort for this pilot programme was Māori and Pasifika – Job Seeker Support Health Condition, Injury or Disability benefit (JS HCID) clients with diabetes. The programme was facilitated by a dietician and utilised Te Kāika's Health coach, Health Improvement Practitioners, and gym facilities.

Total spend at the end of the contract was $109,719.90. The approved funding was to cover the programme coordinator/coach, specialised course content, overheads for 20 clients (power, cleaning, kai) and participant programme costs (including bus fare, gym shoes, pool passes etc). Of the 26 people referred to the programme, 17 completed the programme and were considered successful. This programme ceased at the end of the contract date.

> *5. Contract numbers 331894 (which seems to be 2 grants of 180k each) and 332495 (refugee funding)*
>
> *Please explain in more detail what each of these 3 grants funded (particularly, how many staff to do what)?*
>
> *Please provide evaluation criteria the charity had to monitor and report on to demonstrate a) delivery and b) impact?*
>
> *Please share with us the results of the evaluations from 2023 and 2024 if available?*

E Tu Whānau violence prevention grant funding to Otakou Health Ltd supports activities that ensure discussion and action with Middle Eastern Groups in the Lakes Queenstown District that engender the active application of the E Tū Whānau values. There are no specific contractual requirements concerning employment of staff (i.e no FTE's included in contract).

Post Settlement Support Services grant funding to Otakou Health Ltd supports the Middle Eastern Integration Programme for refugee individuals and families, helping them adapt to New Zealand society through a variety of activities and services outlined in the Integration Plan.

Note: Contract number 332495 represented a renewal of the earlier contract number 331894, for a further period of two years and nine months (being from 1 October 2023 until 30 June 2026). This reflected a change in scope, and reduction in funding, from the previous contract, including:

- Administration
- Facilitation
- Psychosocial support where required (counsellors, budgeters, ESOL)
- Networking / community engagement.

There are no specific contractual requirements concerning employment of staff (i.e. no FTEs included in contract).

6. Contract number 331987 (family violence support services, seems to be 2 grants totally more than 400k per annum))

Please explain what this grant funded in 2023 and in subsequent years (particularly, how many staff per year and anything else?)

Please provide evaluation criteria the charity had to monitor and report on to demonstrate a) delivery and b) impact?

Please share with us the results of the evaluation for 2023 and 2024 if available?

Family Violence Whānau Support Services provide long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation. As noted in the table in **Appendix One**, the Ministry currently fund delivery of this service via 1.5 FTEs.

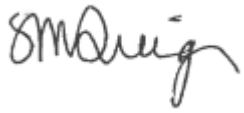
Other responses for people experiencing family violence are direct services to whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring. They aim to create longer term change needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services. The Ministry currently funds delivery of this service via 1.75 FTEs.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

pp. 

Anna Graham
General Manager
Ministerial and Executive Services

MINISTRY OF SOCIAL DEVELOPMENT
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Appendix One

The following table provides an outline of contracts, service descriptions and Full Time Equivalent Worker (FTE) where the service is funded by FTE:

Contract Number	Service Type	Service Description	Full Time Equivalent Worker
STHN2102093	Employment Services Response (COVID-19)	Te Kaika - One off grant	
STHN2200648		Te Kaika - Waka to Wellbeing Programme	
STHN2300044	Employment Placement or Assistance Initiative	Over heads for MSD resource at Te Kaika	
STHN2201437	COVID 19 Protection Framework - Food Support	Food support for people self-isolating under the COVID-19 Protection Framework	NIL
NATO2202854	Community Connection Service	Funding for Full Time Equivalent positions to deliver the service and administer discretionary funding to address immediate hardship when all other options of financial support have been exhausted.	2

331987	Other responses for people experiencing family violence	Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective, innovative joined up ways to	1.75
332641			

		meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	

331987	Family Violence Whānau Support Services	For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	1.5
332641			

331894	E Tu Whānau violence prevention grants	To undertake activities that ensure discussion and action with Middle Eastern Groups in the Lakes Queenstown District that engender the active application of the E Tu Whānau values.	NIL
332495	Post Settlement Support Services for Refugee and Migrant Communities	To provide support for former refugee individuals / families to help them adapt to New Zealand society through a variety of relevant activities and services that enhance the protective factors thereby preventing family violence and supporting good settlement outcomes.	

He Waka Nui – Te Kaika, Full report.

1. **Highlights and achievements, progress**

- 17 MSD clients enrolled in He Waka Nui
- 88% completed the programme
- 11% did not complete the programme due to either withdrawing from the programme or unable to be contacted
- 5% are still in contact with APM employment services to search for employment
- 12% of clients progressed in their driver's license, either moving to a restricted or full license
- 41% of clients were referred to dietetic services and successfully participated in nutrition interventions to either improve their weight, reduce their diabetic measures, or improve their overall health

2. **Outcomes for clients (details of who and progress)**

Dietetic consult summary – He Waka Nui

Over the course of the He Waka Nui programme, seven clients decided to engage in dietetic services. Below is a summary of their time with me as a dietitian.

- Unfortunately, none of the clients involved in the programme were eligible to enrol in the Direct study (diabetes remission clinical trial). However, one client (Memory), despite not meeting full eligibility criteria, was able to trial the weight loss product used in the Direct study.
- s9(2)(a) **:** When I met s9(2)(a) , he was already on a journey to better himself by focusing more on his health. He was struggling with high body weight and diabetic control. He had previously been working with the medical team at Te Kāika and managed to decrease his diabetic HbA1c level from 118mmol/mol down to 63mmol/mol in just seven months. When he began dietetic consults he weighed approximately 198kg. We worked together through meeting fortnightly to monthly to adjust his diet and lifestyle choices. This included trialing a very low-calorie product for three months. By the end of the programme, he had reduced his weight to 180kg and his diabetic HbA1c level to 52mmol/mol. The multidisciplinary team is very proud of s9(2)(a) achievements. I continue to support s9(2)(a) with occasional follow-up consults to this day.
- s9(2)(a) **:** I met with s9(2)(a) twice for an initial and follow-up dietetic consult. She was struggling with high body weight and diabetic control. She improved her diabetic HbA1c reading from 85mmol/mol to 79 in four months. Although we couldn't see improvements in her weight, she grew a more positive mindset around her health and gained some important nutrition knowledge in the progress. s9(2)(a) declined more dietetic consults due to an increase in medical appointments that were of higher priority for s9(2)(a) at this time.
- s9(2)(a) has a complex background and often struggles with his mental health. He has been given support through our medical and wellbeing team here at Te Kāika well before my role started, however, s9(2)(a) was interested in learning more about nutrition, so we scheduled an appointment. Throughout this consult, we discussed some adjustments he could make to his diet and a follow-up consult was booked. However, before this date, he reached out to me for support as he continued to struggle with his mental health. I referred him to appropriate services here within Te Kāika and discharged him from my dietetic services. It was no longer appropriate to continue to see s9(2)(a) as his needs fell outside of my scope of practice as a registered dietitian.
- s9(2)(a) is a confident young lady who showed interest in improving her health to be a good role model for her three children. We met for an initial dietetic consult, and she

discussed her appreciation for learning and understanding more about her body and health. s9(2)(a) was booked for a follow-up consult, however, did not attend these, and I was not able to contact her. She reconnected with s9(2)(a) and asked for another dietetic consult, however, did not attend this either, or I was not able to contact her.

- s9(2)(a) was motivated to improve her health, so she was able to increase her success in finding employment. We met for three consults. Over this time, we focused less on decreasing her weight, and more on how she felt. s9(2)(a) found confidence within herself and despite not wanting to be weighed, stated that she felt lighter and more comfortable in her clothes due to the changes made. Raylene cancelled her fourth consult with me as she was satisfied with the work we had done together, and she continued to work with s9(2)(a) to find employment.
- s9(2)(a) was excited about the opportunity to work on her nutrition as she was wanting an increase in confidence by losing some weight after having children. We made some positive changes to her diet and lifestyle during the initial appointment, and she was excited to come back for a follow-up consult However, she did not attend her next appointment and I wasn't able to contact her. I had left her a message to contact me if she was still wanting dietetic support. I did not hear from her.
- s9(2)(a) suffered poor health over the duration of the programme. I recommended dietetic counselling due to these health issues (long COVID symptoms, high blood pressure, high body weight, stoma pain) and hearing her discuss some unsupported dietary patterns in the past. She did not want a dietetic consult though and continued to decline these opportunities. Nearing the end of June, s9(2)(a) changed her mind and was booked to see me through s9(2)(a). During this initial consult, there were many topics that were covered – stoma health, blood pressure, and high cholesterol. However, the most predominant topic that we discussed was to use extreme caution when gathering nutrition information from the internet. It became apparent to me that she was not aware of 'influencers' and their (often incorrect and damaging) health messages. Despite approaching this topic with kindness and empathy, s9(2)(a) was certain she knew how to find the best information through YouTube. This was not supported by me as a dietitian. I welcomed s9(2)(a) to reconnect with me if she wanted support in the future, however, she was not scheduled for a follow-up at this time. I did refer her to our pharmacist for a review of her medications, with consent from s9(2)(a).

3. Financial status including details of expenditure of the funding and programme costs for clients.

Have purchased some items for current participants to help with transportation (to and from appts), new running shoes (to help lose weight prior to looking for employment), and a Moana pool swim pass to help with mental wellbeing and weight loss for a participant. We are looking into driving lessons and full license tests for two participants.

Many of our clients are working towards their driver's license and have been going for pre-test lessons with s9(2)(a) from Drive Safe Dunedin who has informed us that a number of these participants are ready to sit their tests. We have clients who are desperately wanting to improve their health which they have been doing successfully through consistent nutrition appointments with s9(2)(a) and by making use of the gym at Te Kaika with guided support from s9(2)(a) One of our participants has also finished making their CV and is coming in next week so we are able to review it together. Although we still have 0 exits off the

programme, we have several clients in the process of heading into employment or study which has not yet been officially completed.

By working through prerequisites for work they have gained more confidence in themselves as they feel more prepared to go back to the workforce. s9(2)(a) has also helped several our clients get themselves to a good place, Healthwise with help of s9(2)(a) and s9(2) over at the gym. Collaboratively they have successfully got one of the clients to lose a significant amount of weight and move down into a pre-diabetic stage. Through this programme we have been able to introduce our clients to a number of different services that are either extension of Te Kaika or in the wider community that they didn't know were available before starting with He Waka Nui, they are confident in accessing these services, if need be, on their own.

s9(2)(a)								
		He Waka Nui	505721292		Frames Footwear	$93.92	Yes	Running shoes
		He Waka Nui	503628897		Dunedin City Council	$4.35	Yes	New bus card
		He Waka Nui	503628897		Dunedin City Council	$43.48	Yes	Top up of bus card
		He Waka Nui	503617318		Dunedin City Council	$17.25	Yes	Top up of existing bus card
		He Waka Nui	361894771		Dunedin City Council	$43.48	Yes	Top up of existing bus card
		He Waka Nui	361894771		Moana Pool	$36.35	Yes	Another 12 concession swims
				One quarterly report				
		He Waka Nui	505721292		Rebel Sport	$21.74	Yes	Workout Socks
		He Waka Nui	36016986		Dunedin City Council	$21.74	Yes	New bus cards
		He Waka Nui	366027108		Dunedin City Council	$21.74	Yes	Bus card top up
		He Waka Nui	364259139		Dunedin City Council	$47.83	Yes	Bus card & top up
		He Waka Nui	364259139		Dunedin City Council	$36.43	Yes	St Clair Swim Pass
		He Waka Nui	453571287		Drive Safe Drive	$69.57	Yes	Driving lesson #1
		He Waka Nui	453571287		Drive Safe Drive	$69.57	Yes	Driving lesson #2
		He Waka Nui	453571287		Drive Safe Drive	$69.57	Yes	Driving lesson #3
		He Waka Nui	392348167		Drive Safe Drive	$69.57	Yes	Driving lesson #1
		He Waka Nui	361894771		Whitcholls	$22.60	Yes	Road Code
		He Waka Nui	394632387		Drive Safe Drive	$69.57	Yes	Driving lesson #1
		He Waka Nui	410711994		Drive Safe Drive	$69.57	Yes	Driving lesson #1
		He Waka Nui	415059133		BP Petrol	$52.17	Yes	BP Fuel Voucher
				Full report				
		He Waka Nui	36016986		Drive Safe Drive	$347.83	Yes	Driving lessons x5
		He Waka Nui	505721292		Frames Footwear	$113.00	Yes	Gym shoes
		He Waka Nui	364259139		Dunedin City Council	$44.26	Yes	Top up of bus card
		He Waka Nui	364259139		Whitcholls	$4.33	Yes	Notebook
		He Waka Nui	367174929		NZTA	$ 95.22	Yes	Full Licence Test
		He Waka Nui	364259139		The Athlete's Foot	$234.77	Yes	New walking shoes
			excluded due to no GST receipt					
		He Waka Nui	415059133		NZTA	$ 117.22		Restricted Driver's Test

The funding of $120,000 was approved for a programme co-ordinator/coach, specialised course content, contribution to overheads with 20 clients on-site (power, cleaning, kai), and participant programme costs.

Result of University of Otago research project

4. None of the MSD clients ended up being part of the Uni study as they weren't eligible, however, one of the clients did trial the product & ended up losing some weight – this was included in my dietetic summary. The university study is an ongoing study till 2023 currently at Te Kaika Dunedin and Oamaru.

5. Good news stories (with permission) from individuals.

s9(2)(a)

- s9(2)(a) has been focusing on his health & wellbeing over the last couple of months. He is on a journey to lose weight and feel good by attending the gym regularly here with s9(2)(a) and has also been seeing me for regular nutrition consults. He needed new running shoes as previously he had been borrowing some from our gym each time he came, and he been struggling with foot pain from this. We were able to get s9(2)(a) some fitted shoes from Frames which he now wears every day to the gym. He is a motivated and enthusiastic client and has been doing great with his journey so far losing at least 20 kg since I first met him late last year. He has been trialing a weight loss product for his nutrition – the 1:1 Cambridge Weight Plan products. These are very low-calorie meal replacements that help people to lose weight. The product is being used in the Te Kaika Direct Study (Diabetes Remission Clinical Trial – info sheet & booklet attached) and s9(2)(a) was more than happy to trial the product and has seen great results so far. We continue to work with s9(2)(a) to improve his health & wellbeing before reinvestigating employment options with him within the next couple of months.

s9(2)(a)

- s9(2)(a) came to us with a need to improve her health & wellbeing also. She started nutrition consults to help her lose weight & therefore reduce pain in her body from this weight. s9(2)(a) focus was returning to regular eating patterns throughout the day after years of irregular food intake to save money for her children. She has done a fantastic job of improving her food intake and therefore has lost weight due to her healthier relationship with food. She is focusing on feeling healthy rather than the number on the scale and has already achieved great success within a month. I'm excited to see s9(2)(a) for her follow up nutrition appointment to continue to help her improve her health before looking for employment options.

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E Tū Whānau Provider Returns Report

Name of Whānau/Hapū/Iwi/Organisation:	Otakou Health Limited
Contract number:	331894
Name (person completing this report):	s9(2)(a)
Position:	s9(2)(a), Te Kaika Social Services
Date:	March 2024
Signed by:	s9(2)(a)

Provider Report and Deliverables (Appendix 9)

Please report below on the achievement of deliverables for your initiative/s, for this reporting period. Please refer to Appendix 3 of your contract to ensure you have the correct details.

Reporting measures / Deliverables (copy this from Appendix 3 under deliverables of the contract)	**Supporting Activity** (include how you achieved the deliverables)	**Unit type** (include the type of unit that you are reporting by)	**Actual Unit** (the actual number of units involved)	**Reporting period**
E.g., To plan and facilitate wānanga with the local community promoting the E Tū Whānau values about reducing family harm	*E.g., wānanga, event (festival etc), activity, workshop, project, other(s)*	*E.g., individuals, events, sessions, whānau, groups, projects*	*E.g., 50 individuals*	*E.g., July 2022 - June 2023*
To undertake activities that ensure discussion and action with Middle Eastern Groups in the Lakes Queenstown District that engender the active application of the E Tū Whānau values.		**X**	**X**	2022-2023
To provide support for the Middle Eastern Integration Programme for refugee families and to help them adapt to New Zealand society				

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E Tū Whānau Progress Report

How much progress have you made for the outcome area/s that your E Tū Whānau mahi focuses on?

What is the focus of your mahi? Please tick the **main** E Tū Whānau outcome area (or areas) of your mahi:

	✔
• Hapori/Community development & mobilisation	X
• Whānau strength and wellbeing	X
• Tāne ora / Wāhine ora (wellbeing for men /women)	X
• Rangatahi/Youth development	

Please report your progress on the pages that are relevant to your mahi.

You only need to report on the outcome area/s that you have ticked above.

Feel free to send through any supporting information (files, photos, etc) to *ETWFunding@msd.govt.nz*

Note: *If your contract states that an invoice is due on 20th July, this can also be sent in with your 10th July report. After 20th July, the ETW Funding team will follow up any outstanding invoices.*

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ATTENTION ***Please complete this section only if you have said this outcome area is your main focus, otherwise leave blank and move to the next page.***

Hapori/Community development & mobilisation

Outcome	**Progress** Please tick the answer below that best applies ✔		
	Progress is slow	**Progress is steady**	**Progress is accelerating**
Leadership – hapori/communities are inspired and mobilised by strong, authentic leaders		**X**	
Support – hapori/communities have networks, resources, and the connections that they need		**X**	
Community action – hapori/community members are actively engaged and united on their journey of change		**X**	

Help us understand your progress. Why did you describe the outcomes this way? *(What happened? What did you do?)*

As we enter our third year what has changed are our organisational reporting lines as Arai Te Uru Whare Hauora have now merged with Te Kaika, but the highlights of this project remain the same seeing clients getting the assistance they needed.

Many migrants that fall between the gaps are not being able to access support through services such as MSD or ACC because of visa issues.

With the end of COVID we are starting to see a return to normality with one of my first clients returning to Queenstown after having been made to leave at the start of the lockdowns due to losing employment this client is now back in the country and working for the same company that had to lay her off in the first place.

What were your priorities for hapori/community development and mobilisation? *(What did you want to do?)*

- Employment opportunities
- Healthy Homes
- Education Scholarships
- Kai support

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What helped and what did not help you make progress?

Lack of support from a variety of government agencies

- MSD
- Kainga Ora

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ATTENTION ***Please complete this section only if you have said this outcome area is your main focus, otherwise leave blank and move to the next page.***

Whānau strength and wellbeing

Outcome	Progress Please tick the answer below that best applies ✔		
	Progress is slow	Progress is steady	Progress is accelerating
Whānau strength – whānau have strong values and practices that keep them safe, united, and resilient		X	
Whānau connections – whānau are connected to their culture, their community, society, origins, and the natural world		X	
Whānau success – whānau are succeeding in their goals (eg with their health and wellbeing, education, economic independence and other goals)		X	

Help us understand your progress. Why did you describe the outcomes this way? *(What happened? What did you do?)*

With the end of COVID we are starting to see a return to normality.

COVID interrupted many plans that whānau had in place and many lost their jobs and their accomodation as a result.

The variance between the service measures funded and delivered is hindered by this as I am spending a lot of time trying to help migrants find suitable housing.

The support offered to buffer some of these issues have resulted in many whānau having to relocate to be able to support their whānau.

What were your priorities for whānau strength and wellbeing? *(What did you want to do?)*

Ensuring that whānau were supported to make informed decisions in a timely manner.

Whānau are supported, educated and informed in a culturally appropriate way that builds Te Mana Kaha o te Whānau and helps eliminate violence.

What helped and what did not help you make progress?

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Migrants arrive in New Zealand mainly on work visa and looking to build a new life. Queenstown has offered more than other regions prior to Covid. The migrant population in Queenstown continued to grow as did the economic growth. Following Covid, an estimated 9000 people from the Queenstown area needed work, over 3000 returned to their home country. Queenstown and Lakes district has a Migrant population unable or unwilling to access support or advice.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Please complete this section only if you have said this outcome area is your main focus, otherwise leave blank and move to the next page.

Tāne ora / Wāhine ora (wellbeing for men / wellbeing for women)

Outcome	**Progress** Please tick the answer below that best applies ✔		
	Progress is slow	**Progress is steady**	**Progress is accelerating**
Tāne/wāhine (men/women) have clear goals and a commitment to achieve transformative change for themselves (and their whānau)	**X**		
Tāne/wāhine (men/women) have confidence, capability, and appropriate support for their journey of change	**X**		
Tāne/wāhine (men/women) have strong relationships with their culture, identity, and with their whānau members		**X**	
Tāne/wāhine (men/women) live the E Tū Whānau values and practice a culture of non-violence		**X**	

Help us understand your progress. Why did you describe the outcomes this way? *(What happened? What did you do?)*

Our project scope and implementation of a comprehensive and culturally relevant support service for the Middle Eastern Community and Migrant Community in Central Otago has been impacted by COVID.

Since COVID appeared on our shores, the country has undergone major economic, health, wellbeing, and political changes. The impact on our country and in Central Otago has created unemployment and closures of businesses with the flow on effect being devastating on families and communities.

What were your priorities for tāne ora / wāhine ora (wellbeing for men / wellbeing for women)? *(What did you want to do?)*

We are committed to strengthening Whānau and building capability in the elimination of violence within their sphere of influence.

We are kaupapa-driven with a whole-of-whānau approach that is based on tikanga.

We continue to be committed to the principles, philosophies, and values of E Tu Whānau

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

We will remain consistent in their approach, as well as having the potential to be responsible for sustainable change over the long-term

Community-driven projects that are inclusive in that community.

We will work within a framework that is strengths-based with an evidence base to show the approach is working in the way it's intended.

We have worked collaboratively with other providers, local initiatives, government services and programmes where appropriate to provide the necessary support for whānau and our communities.

What helped and what did not help you make progress?

Changes in funding models has slowed down progress across the Social Services sector.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

ATTENTION ***Please complete this section only if you have said this outcome area is your main focus, otherwise leave blank and move to the next page.***

Rangatahi/Youth development

Outcome	**Progress** Please tick the answer below that best applies ✔		
	Progress is slow	**Progress is steady**	**Progress is accelerating**
Rangatahi/youth kahukura (leaders) are confident and capable of leading transformative change in their whānau and hapori/community		**X**	
Rangatahi/youth are actively engaged in whānau wellbeing and violence prevention kaupapa in their hapori		**X**	
Rangatahi/youth have strong connections across communities and generations		**X**	
Rangatahi/youth live with a clear sense of identity, place, and belonging		**X**	

Help us understand your progress. Why did you describe the outcomes this way? *(What happened? What did you do?)*

The complexity of settling into a different lifestyle especially following an economic downturn, can be overwhelming, making decision making difficult - especially when access to government agencies is limited due to current restrictions. Isolation can sometimes become the only way to survive the changes, making it hard for services to engage as they sit under the radar.

What were your priorities for rangatahi development / youth development? *(What did you want to do?)*

We wanted to build on effective, visible, and visionary leadership across all levels of Te Ao Māori founded on a shared commitment to Te Mana Kaha o te Whānau. This included a focus on nurturing Kahukura as leaders of positive change.

What helped and what did not help you make progress?

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Support from our wider team and Management alongside working collaboratively with other kaupapa Māori organisations and mainstream NGOs has assisted us to provide outcomes.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Overall feedback

We would love to get your thoughts on how things are going with your E Tū Whānau mahi to help us support you and the community.

What is going well?

Engagement with the community has slowed down significantly. Whānau are choosing to look for opportunities outside of the Central Otago region to be able to support themselves and their families financially.

Any challenges or changes?

nil

Is there anything we can support you with?

How is the community doing?

Anything else you want to share?

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

If there is anything else you would like to discuss, please reach out to your kaimahi or email us at ETWFunding@msd.govt.nz

E Tū Whānau Narrative report

Name of Whānau/Hapū/Iwi/Organisation: Otakou Health Limited

Contract number: 331894

This narrative report asks a number of questions to get a broader view of your E Tū Whānau mahi and how we can support you.

Outcomes and Impacts

If you had to change your planned activities from our original agreement, please tell us what changed and why.

nil

Explain how your mahi contributes to improved outcomes (for example by changing the thinking or behaviour of the people you work with).

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

What were the positive intended impacts of your work? For example, you might have intended to improve the safety of whānau and you are seeing less violence in your community.

What were the positive unintended impacts? You might have intended one thing but ended up achieving more – for example, you helped to divert rangatahi from the justice system or inspired someone to do further study.

Were there any negative impacts?

Kahukura and Leadership

Describe how the leadership of your group or organisation has developed during the life of this contract. Have you had any development opportunities? Have there been any changes in leadership?

Describe how you are supporting kahukura (leaders) in your community to develop and model leadership behaviours.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Partnerships and Networks

Please describe organisations who you have collaborated/ worked with for this initiative. These may include other community groups and organisations, services, and government agencies. *Did you develop any new partnerships? How strong are these relationships? How well have you worked together with your partners?*

Describe your relationship with E Tū Whānau kaimahi. How is the relationship going, in your view? Has anything changed? What can we do to be a better partner?

We have had many changes occur within our organisation due to amalgamation and change of senior leadership. As a result we have had to reshuffle many of our relationship leads. E Tu Whanau has been very supportive and continues to be available to support us when needed.

Organisational Development

Overall, what progress are you making to realise your organisational vision, and what more can we do to support you? *Are there any other activities to achieve your organisational vision that you need support in?*

The support that we receive from E Tu Whānau has been instrumental in our organisation being able to deliver supports to our communities.

Without E Tu Whānau we wouldn't be able to support some areas.

Resources and Supports

How useful are our E Tū Whānau resources (booklets, posters, toolkits, etc)? How do you use E Tū Whānau resources in your mahi/work? How could we improve our existing resources?

We distribute the resources through the navigators who ensure that the whānau that need the resource's have access.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

What new resources would be effective for you or in your community? Why?

Overall

We love your work. What have you learned that you could share with other communities who are involved in the E Tū Whānau kaupapa?

We learned that when partnering with government agencies and NGOs we are able to provide services across in a way that provides direct outcomes.

Please send through any other supporting or additional materials to ETWFunding@msd.govt.nz - for example other reports, photos, stories, and videos links

If there is anything else you would like to discuss, please contact your kaimahi or email us at ETWFunding@msd.govt.nz

Narrative section: To be completed – 10 July 2023
Please provide the following information:

An explanation of the variance (if any) between the service measures funded and the service measures delivered.

Shortly after we back to work after the new year holiday, earlier this year, we had to work from home, because of Covid Red traffic light.
After s9(2)(a), my middle eastern support worker colleague, had to go back to Palestine, I started to work full time with the middle eastern families and individuals.

I was shorthanded with the things I could help my clients with, specially that we are not allowed to meet with them in person, face to face, unless of an emergency.

I called them every week asking how they are doing in such hard times, helping with things that could be sorted through emails or phone calls like calling Immigration, MSD, CAB, Community Law, Well South, ELP, Red Cross, Disability Advocacy, OYWT, Transnational, Police, Emerge Aotearoa, ACC, Presbyterian Support, property managers and Salvation army to provide food parcel support for families, dropping the food parcels and vouchers, helping a client to apply to buy the Kainga Ora house he is living in with his family, Applying for Nz citizenship applications. Besides the online meetings with the Former Refugee Steering Group, ELP, well south, staff meetings, Afghanistan Humanitarian Crisis Help.

Meanwhile, I made a ***Self-Isolation Plan*** for my clients, translate it for different Languages and sent it to them, spoke to my active clients on the phone to explain the plan and how it works.

Once we moved to the Covid Orange traffic light, I started engaging with new clients and reaching out for the former refugee communities as well as some online and offline meetings with the mainstream agencies and services provider.

I established a relationship and network with different organisations through attending ***workshops, trainings and participate in opportunities*** to educate and arise awareness for mainstream agencies and NGOS on best practice of former refugees and migrant community.

Due to some issues with food parcels delivered to clients from the food bank and covid food parcel support as the parcels does not meat the Halal food diet for the middle eastern families, I spoke to my contact in Dunedin food banks and planned a time to meet the team and explain to them what the Halal diet is throw a presentation and a nice discussion it was very good and they were happy about it and I feel that it impact the families in a positive way were they are now receiving food parcel that meet the Halal diet.

A workplace reached out to me by phone call as they had some issues with their employee who are from the former refugees community, after meeting the management for the employer and the former refugee staff, I realized it was more of a miscommunication based on cultural differences, so, I proposed to the management to meet and explain to them more about the middle eastern working culture and talk to my client about the kiwi culture.

So far, I am working with 32 existing and 12 new client\family.
Discharged 9 client / family.

What were some of the challenges that you faced with this project?

There are some challenges I crossed, where some of them where manageable like the collection of the information and trust gaining and communication, but these are gained and build with time, and that could take some time because of the former refugee journey they have been through, and the way of living in their country where they couldn't trust authority and officials. For example, their lack trust in vaccine that the NZ government was encouraging people to get, but eventually after few months, they got vaccinated.

During the Covid Red Traffic Light, accessing interpreter for video meetings and phone calls was OK, but it is still not easy for the family for each time to have a different interpreter, it would be much better if there is always the same interpreter that the family would get used to and trust instead, however I'm finding a big challenge sometimes when we need to translate texts, posters and hui's advertisements for our activities, to share it with our Afghani community, interpreters do not do translating text.

But now even we are in Covid Orange Traffic Light, it is getting harder, Dunedin hospital interpreters are not doing face to face meetings at the moment, which make communications with Farsi speaking families during home visits very hard.

Outcomes and reflections

What were the outcome/ results – intended and unintended?

The results are encouraging overall, I can see some positive outcomes between the former refugee families, from my contact with them and the home visits, they spoke to me about how their life has changed since they come to NZ and how they outcome some of the challenges, were they build a sense of belonging to Dunedin and NZ.

They feel more secure and supported because of our services that doesn't have a time limit, where a client feels free to contact us whenever they need help, even after few weeks or months from the last time they seek our help.

The families/ individuals increased a knowledge and communication with community services, so they know which organisation to reach, and the action needs to be taken to aid their needs, sometimes. The main issue is still the Language barrier.

one case, a woman was very anxious to be part of a group activity, the trauma and anxiety was stopping in her way to go out the house (her safe place), and enjoying things that are good for her, with the help she received from well south and our support, she is now encouraged to be part of group activities and gym. She has now some understanding about her anxiety and how to deal with it and engaging with the community.

Are there any learnings from the activities that you would like to share?

As mentioned before because middle eastern people do not trust officials and due the cultural differences, some clients might take a bad advice from a friend, thinking that is the only way they can be heard as a way to solve their problems and seeking more support, just be aware that there is two side of their stories for sure and don't judge immediately, and learn about who else is supporting this family from other organisations and what kind of work and support are they receiving from all different places and build a contact with these supporters, for a best result of supporting our whanau and also not duplicating the work, it takes time for middle eastern families

to build a trust, to open up and accept you and accept that you are there only to help, and building collaboration is very important.

How has the project contributed to improved attitudes and behaviours?

Only when we gain their trust, they can be honest about their true needs and we can help from there, and then they start wrap around our services. They then open up to us and start talking about difficulties and challenges they are facing like managing their finance with the current raise of cost of living and the house rental.

Generally speaking, most of them are suspicious of our intentions at first, they fear that we are collecting information about them and their family to make a reports about them that would talk very bad about them and that will cause a problem with the NZ government and they will be send back to their country or they will lost some of their rights here in NZ or even making their living worst and difficult.

This project improved some attitude in a positive way, like for example:
One case, I was working with this family, and I can tell that there is something happening in that house that is not totally right, but they keep denying and saying that all is good, after few months they open to me and spoke about a family harm been happening and told me the stories behind the police reports, and about their suicidal child. I was there for them supporting and explaining the differences in the law between the country they come from and NZ, and how it is the best way to deal with it and learn about the NZ law. Even in the end the mother accepts it the idea to do a family violence training and supporting her kids in the right way. They have the wrong idea about seeking mental health, they believed it is silly and only good for crazy people.
But then after talking and explaining for many times, eventually they were open to try counselling.

Personal development:

-Training series with All together autism / 6 hours total, through 3 sessions per 3 days, online.

-The integrated practitioner Accelerator programme / 6 hours a day once a week, for 15 weeks, face to face.

-Workshop for mental health / 7.30 hours, one day, face to face.

-Workshop for mental health / 6 hours in total, three sessions per two days, online.

-Suicide prevention training DCAFV / 5 hours, one day, face to face.

-Tikanga workshop / 3 hours, one day, face to face.

-Family violence Training workshop / 5 hours , one day, face to face.

Appendix 9 – Provider Report and Performance Measures

Ōtākou Health Limited Report Form for Period 01 July 2022 to 30 June 2023

Reports to be returned to National_Contracts_Admin_Hub@msd.govt.nz

Report Due Date/s
10 October 2022
05 December 2022
10 April 2023
10 July 2023

Signed by: s9(2)(a)

Date:

Name: s9(2)(a)

Position: s9(2)(a) – Te Kaika Social Services

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2022 to 30 September 2022	01 July 2022 to 30 November 2022	01 July 2022 to 31 March 2023	01 July 2022 to 30 June 2023
For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	Total number of FTE workers	1.5	1.5	1.5	1.5	
	Total number of families/whānau (clients) who accessed the services	Report actual		50	72	
	Narrative report	Report actual		50	20	
Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change	Total number of FTEs	1.75		1.75	1.75	
	Of the clients who started the service, record the number who closed	Report actual		50	12	
	Of the total referrals received, record the number of clients who started service	Report actual		50	72	

needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whanau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	Total number of new clients referred.	Report actual		50	20	
	Of the clients who closed, record the number who provided formal client satisfaction feedback	Report actual		50	12	
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual		50	12	

Appendix 9 – Provider Report and Performance Measures

Ōtākou Health Limited Report Form for Period 01 July 2022 to 30 June 2023

Reports to be returned to National_Contracts_Admin_Hub@msd.govt.nz

Report Due Date/s
10 October 2022
05 December 2022
10 April 2023
10 July 2023

Signed by: s9(2)(a)

Date: 17th July 2023

Name: s9(2)(a)

Position: s9(2)(a)

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2022 to 30 September 2022	01 July 2022 to 30 November 2022	01 July 2022 to 31 March 2023	01 July 2022 to 30 June 2023
For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	Total number of FTE workers	1.5				1.5
	Total number of families/whānau (clients) who accessed the services	Report actual				60
	Narrative report	Report actual				50
Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change	Total number of FTEs	1.75				1.75
	Of the clients who started the service, record the number who closed	Report actual				40
	Of the total referrals received, record the number of clients who started service	Report actual				60

needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whanau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	Total number of new clients referred.	Report actual				20
	Of the clients who closed, record the number who provided formal client satisfaction feedback	Report actual				40
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual				40

Provider Narrative Report – to support the data

What is the "story behind the data"? (e.g. environmental factors impacting on client results including issues, gaps, overlaps and trends).

<u>Details from our 0.5 kaimahi</u>

"I am in my second year in this role. I am working with around 10 families. I am helping some of the young people get jobs and look at further study options."

<u>Update regarding 1 FTE</u>

We would like to acknowledge the incredible work of our previous full-time employee. It has been incredibly challenging to find someone with the same level of expertise in the region to fulfil this role. Unfortunately, we found a perfect candidate a few months ago however they chose a role in another region. Another candidate is due to start shortly and we are very excited by this.

What are your areas for improvement towards achieving better results for clients (continuous improvement)?

Provider Narrative Report – to support the data
I am continuously looking into ways to improve and get better outcomes for my whanau. I am constantly networking and learning about opportunities in ou communities that would benefit my whanau and their changing needs. Professionally - I am always seeking relevant training opportunities to upskill and increase my knowledge and expertise within the community. Networking and attending social events is essential.
Who are your partners that help you achieve results, and what joint activities have you participated in? My biggest supporters and allies are my colleagues at Te Kaika. Working for Te Kaika I am able to call on others to provide wrap around services for my whanau. I am also able to call on my outside networks such as Otago Youth Wellness, all the high schools in the Dunedin area, London House, Ministry of Education, interpreters, Ministry of Social Development, and the Police.
What combination of services do you think is most effective for your clients (if applicable)? Every whanau is different, and their needs vary. Having good relationships with the schools and young people's whanau and wider community create protective factors and safe spaces.
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage. My biggest strength is my ability to build relationships and make people feel safe and welcome (whanaungatanga and manākitanga). The young people I work with can be challenging due to the complexities of their lives and the trauma that they have experienced. Yet again I cannot emphasis enough the importance of creating a place of safety and a commitment to well-being /hauora. The hard-to-reach clients I try to reach out to in various ways such as texts, calls or home visits. I just send a quick text or call to check in and remind them I am here for them. No pressure or expectations.

Provider Narrative Report – to support the data
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered. As you can see we currently have a vacancy for the fulltime position 1FTE. We are very grateful to our current 0.5 FTE Kaimahi and the relationships and reputation they have established with the Middle Eastern Community.

Guidance notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and service evaluations.

In providing the narrative, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community e g. knowledge, skills, attitude, behaviour and life circumstances.

Appendix 10 – Provider Report and Performance Measures

Ōtākou Health Limited Report Form for Period 01 July 2023 to 30 June 2024

Reports to be returned to **national_contracts_admin_hub@msd.govt.nz**

Report Due Dates
10 October 2023
05 December 2023
10 April 2024
10 July 2024

Signed by: s9(2)(a)
Date: 10th October 2023
Name: s9(2)(a)
Position: s9(2)(a)

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2023 to 30 September 2023	01 July 2023 to 30 November 2023	01 July 2023 to 31 March 2024	01 July 2023 to 30 June 2024
For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	Total number of FTE workers	1.5	1	1		
	Total number of families/whānau (clients) who accessed the services	Report actual	8	7		
	Narrative report	Report actual		Attached/ provided		
Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change needed to prevent family violence from recurring; help	Total number of FTEs	1.75	1	9		
	Of the clients who started the service, record the number who closed	Report actual	72	84		
	Of the total referrals received, record the number of clients who started service	Report actual	40	48		
	Total number of new clients referred.	Report actual	78	86		

families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	Of the clients who closed, record the number who provided formal client satisfaction feedback	Report actual	0	0		
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual	0	0		

Provider Narrative Report – to support the data
What is the "story behind the data"? (eg, environmental factors impacting on client results including issues, gaps, overlaps and trends). I have been in the whanau resilience role for three months and during this time I have been networking with other agencies and involved in meet and greets with community providers who may refer into the services. I have been working in collaboration with the whanau navigators, visiting homes where domestic violence is known and offering support into whanau resilience space. I have begun supporting a whanau through Te Kaika services, enrolling into health care, AOD Te whare, engaging with psychologist and whanau resilience. It has been a privilege to walk beside her and see the korowai of Te Kaika services be wrapped around her and her whanau. She recently posted on fb a big thankyou to Te Whare I feel like a new woman. This wahine self-referred as a result of attending her FGC. She is a mother of four children and is hapu. She has experienced state care involvement since a child and has spent lengthy periods of incarceration, causing separation and loss of whanau. Intergenerational trauma has contributed to her not being connected to whanau, hapu, Iwi and her marae. Currently her plans are to engage with our whanau connector and continue the healing process.
What are your areas for improvement towards achieving better results for clients (continuous improvement)? I am working towards understanding more about the design process of whanau resilience and how to work effectively towards the five pou as resources at this stage are limited. I am also working towards collaborating with those who are delivering whanau resilience.
Who are your partners that help you achieve results, and what joint activities have you participated in? Attending Whangaia Pa Harakeke Oranga Tamariki FGCs and whanau hui A3K meet and greet Te Roopu Tautoko Ki Te Tonga whanau engagement Lawyers and court support Wrap around services within Te Kaika attending MDT and social services referral hui Emerge Aotearoa

What combination of services do you think is most effective for your clients (if applicable) Collaborations within Te Kaika have been not only effective for whanau but also assisting me to be able to reach out for advice and support to further engage with whanau proactively. Incorporating the work of other agencies for a collaborative approach
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage. Recently a wahine has walked through our doors who describes herself and her whanau as hard to reach. She currently has no services involved, due mainly to her experiences of being misrepresented and having no trust in the systems. I had heard from within community that this wahine may need support to leave her partner and have visited regularly over the past month. During this time we have engaged in korero about Te Kaika and what they offer with no expectations of her. I was pleasantly surprised when she walked in. She was greeted by kaimahi and connections were made instantly ensuring a safe space for her to enter. Unfortunately she has been bailed out of Dunedin but can take with her the knowledge of knowing we are here if she returns.
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered. As I have not been in the role long I am building towards the volumes contracted and at present I am engaging three more whanau in to the service.

Guidance notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and service evaluations.

In providing the narrative, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community eg, knowledge, skills, attitude, behaviour and life circumstances

Provider Narrative Report to support the data
What is the "story behind the data"? (eg, environmental factors impacting on client results including issues, gaps, overlaps and trends). This is a report on observations in the Family Harm space since March 2023. Reported incidents via the whangaia family harm police table have seen more families move from North Island to Dunedin. Added stress of moving, finding employment, new schools and families settling into a new environment, family harm incidents have continued one example, is a whanau that moved from Auckland with a high family harm footprint, police callouts were around 15 in a few months. Furthermore, with very little information of their historical family harm and Oranga Tamariki involvement these families have also not engaged with social services when given the opportunity. This has the potential of being a higher risk as they are new to the area and sometimes have not enrolled into primary health services, or

found it difficult due to the lack of new enrolment intake vacancies in primary healthcare services.
Ongoing need of essential items because of the wider societal issues such as, low wages and low housing stock ensure lack of funds coming into the household, high rents etc…is a persistent issue for whanau. Financial stress, relationship breakdowns, substance use, and housing are familiar issues that contribute to family harm incidents.
Other observations is the need for high mental health support in the community. There seems to be a lack of services in Dunedin that can support adults with lifelong mental health care such as, schizophrenia. More independent living with mental health support is needed for young adults in Dunedin. The burden is often left with whanau to try and navigate their ch ldren when they become adults and conflict can lead to serious family harm incidents.
Another noticeable escalation in family harm incidents have been between parent and child. There seems to be a wider problem with rangatahi engaging consistently in the school environment, this seems to be a long-term negative impact of COVID lockdown and isolation.
A requirement for services and workers to understand the co-existing nature of mental health, addiction and trauma sees social services in the community requiring more clinically experienced workers that is not easily sought after and sustained in an already overshelmed workforce.
Additionally, there is an increase in offenders sentenced to home detention, bailed to home etc.. this again has added stress in the family harm space with minimal protection for victims such as, protection orders which are often breached.

What are your areas for improvement towards achieving better results for clients (continuous improvement)?
Having a single point of contact from Te Kaika with Whangaia Table has been ideal. The addition of a Whanau Resilience kaimahi could add to a regular attendance at the TPM family harm table on Tuesday's focusing on rangatahi. The addition of Te Whare Addiction Services has had its teething issues with an understanding of what referrals are accepted and/or not. Mental Health was removed from the support and the understanding was Te Whare supported mild to severe mental health and addiction needs in the wider community.
The need to exercise more safety around cold calling and/or home visits is a welcome addition however, trying to get support with two staff members to attend a first home visit is not always available and access to cars is stressed, perhaps this is where the Whanau Resilience kaimahi can attend with the Family Harm Social Worker
The hub requires a more accessible Social Worker to oversee and case manage complex, high risk whanau involved with Whanau Ora Navigators and others, this is not always available.

Who are your partners that help you achieve results, and what joint activities have you participated in?
Networking and engaging with other services is vital to the Family Harm Social Worker role. The Whangaia table Coordinators, Otepoti Dunedin Whanau Refuge, and FHIT Police have been an essential support for my role. The table has access to other services such as, MSD, Te Whatu Ora, Probation, Oranga Tamariki and other social services. Vital information is accessed easily that allow the family harm social worker to act on whanau needs immediately. Engagement with Otago Youth Wellness, Barnardos, WellSouth, Kainga Ora, Emerge, A3K, Salvation Army have also helped with family therapy needs, food parcels, housing. A3K and FHIT police have been able to assist me in attending cold calls when necessary. The wider Te Kaika social services, AOD and primary healthcare have been essential in offering a potential access a one-stop service.

What combination of services do you think is most effective for your clients (if applicable)? It is hard to separate the need for MSD, Kainga Ora and Primary healthcare. This is because as identified earlier financial stress is a consistent issue in family harm incidents. The continued need for good therapy and counselling is also effective in addressing trauma, accessing ACC, addiction and mental health. Also, protective services such as, Police, Corrections and Oranga Tamariki contacts have been beneficial in escalating ROC, welfare checks, concerns and advocating for whanau. Much like the purpose of whangaia table, working together and ensuring that there is transparent communication and that there is on y one primary lead with families makes for more effective support for families and decrease in family harm callouts.
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage. Timely cold calling is still an effective tool when trying to engage with 'hard to reach' clients. Also, information accessed from other services such as, Probation, Police, MSD on the whereabouts and movements of whanau has been helpful. A business card and/or pamphlet would be a good strategy, if available, to leave a contact and also a "sorry I missed you, I will be in touch later". Addressing immediate needs such as, food parcels is a good foot in the door to engagement with whanau. Also, having a good grasp and understanding of social supports available in the community makes for a solid conversation where case management planning and confidence with engagement. My clinical and counselling experience has been helpful when engaging with clients because I can identify trauma, substance use and how counselling/therapy can help.
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered. Volumes are probably exceeded beyond contractual requirements. The whanau that are case managed by the Family Harm Social Worker role are highly complex in needs that involve, mental health and substance use, court processes, parenting order processes, Oranga Tamariki involvement, emergency housing and financial requirements.

Our Family Harm Social Worker left Te Kāika in mid-August. This is their report that they completed in early August 2023. We are in the process of hiring a new kaimahi to fulfil this contract. At Te Kāika we have been able to continue to support whānau affected by whānau violence through our other services but we hope to employ someone very soon into vacant position.

Appendix 10 – Provider Report and Performance Measures

Ōtākou Health Limited Report Form for Period 01 July 2023 to 30 June 2024

Reports to be returned to **national_contracts_admin_hub@msd.govt.nz**

Report Due Dates
10 October 2023
05 December 2023
10 April 2024
10 July 2024

Signed by: s9(2)(a)

Date: 5th December 2023

Name: s9(2)(a)

Position: s9(2)(a)

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2023 to 30 September 2023	01 July 2023 to 30 November 2023	01 July 2023 to 31 March 2024	01 July 2023 to 30 June 2024
For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	Total number of FTE workers	1.5	1	1		
	Total number of families/whānau (clients) who accessed the services	Report actual	8	7		
	Narrative report	Report actual		Attached/provided		
Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change needed to prevent family violence from recurring;	Total number of FTEs	1.75	1	1		
	Of the clients who started the service, record the number who closed	Report actual	72	84		
	Of the total referrals received, record the number of clients who started service	Report actual	40	48		

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2023 to 30 September 2023	01 July 2023 to 30 November 2023	01 July 2023 to 31 March 2024	01 July 2023 to 30 June 2024
help families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	Total number of new clients referred.	Report actual	78	86		
	Of the clients who closed, record the number who provided formal client satisfaction feedback	Report actual	0	0		
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual	0	0		

Provider Narrative Report – to support the data
What is the "story behind the data"? (eg, environmental factors impacting on client results including issues, gaps, overlaps and trends). I have been in the whanau resilience role for three months and during this time I have been networking with other agencies and involved in meet and greets with community providers who may refer into the services. I have been working in collaboration with the whanau navigators, visiting homes where domestic violence is known and offering support into whanau resilience space. I have begun supporting a whanau through Te Kaika services, enrolling into health care, AOD Te whare, engaging with psychologist and whanau resilience. It has been a privilege to walk beside her and see the korowai of Te Kaika services be wrapped around her and her whanau. She recently posted on fb a big thankyou to Te Whare I feel like a new woman. This wahine self-referred as a result of attending her FGC. She is a mother of four children and is hapu. She has experienced state care involvement since a child and has spent lengthy periods of incarceration, causing separation and loss of whanau. Intergenerational trauma has contributed to her not being connected to whanau, hapu, Iwi and her marae. Currently her plans are to engage with our whanau connector and continue the healing process.
What are your areas for improvement towards achieving better results for clients (continuous improvement)? I am working towards understanding more about the design process of whanau resilience and how to work effectively towards the five pou as resources at this stage are limited. I am also working towards collaborating with those who are delivering whanau resilience.
Who are your partners that help you achieve results, and what joint activities have you participated in? Attending Whangaia Pa Harakeke Oranga Tamariki FGCs and whanau hui A3K meet and greet Te Roopu Tautoko Ki Te Tonga whanau engagement Lawyers and court support Wrap around services within Te Kaika attending MDT and social services referral hui Emerge Aotearoa
What combination of services do you think is most effective for your clients (if applicable)

Provider Narrative Report – to support the data
Collaborations within Te Kaika have been not only effective for whanau but also assisting me to be able to reach out for advice and support to further engage with whanau proactively. Incorporating the work of other agencies for a collaborative approach
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage. Recently a wahine has walked through our doors who describes herself and her whanau as hard to reach. She currently has no services involved, due mainly to her experiences of being misrepresented and having no trust in the systems. I had heard from within community that this wahine may need support to leave her partner and have visited regularly over the past month. During this time we have engaged in korero about Te Kaika and what they offer with no expectations of her. I was pleasantly surprised when she walked in. She was greeted by kaimahi and connections were made instantly ensuring a safe space for her to enter. Unfortunately she has been bailed out of Dunedin but can take with her the knowledge of knowing we are here if she returns.
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered. As I have not been in the role long I am building towards the volumes contracted and at present I am engaging three more whanau in to the service.

Guidance notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and service evaluations.

In providing the narrative, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community eg, knowledge, skills, attitude, behaviour and life circumstances.

Appendix 10 – Provider Report and Performance Measures

Ōtākou Health Limited Report Form for Period 01 July 2023 to 30 June 2024

Reports to be returned to **national_contracts_admin_hub@msd.govt.nz**

Report Due Dates
10 October 2023
05 December 2023
10 April 2024
10 July 2024

Signed by: s9(2)(a)
Date: 10/04/24
Name: s9(2)(a)
s9(2)(a)
Position: s9(2)

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2023 to 30 September 2023	01 July 2023 to 30 November 2023	01 July 2023 to 31 March 2024	01 July 2023 to 30 June 2024
For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	Total number of FTE workers	1.5	1.5	1.5	1.5	1.5
	Total number of families/whānau (clients) who accessed the services	Report actual			10	
	Narrative report	Report actual	1	1	1	

Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	Total number of FTEs	1.75	1.75	1.75	1.75	
	Of the clients who started the service, record the number who closed	Report actual			2	
	Of the total referrals received, record the number of clients who started service	Report actual			4	
	Total number of new clients referred.	Report actual		7	4	
	Of the clients who closed, record the number who provided formal client satisfaction feedback	Report actual		0	0	
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual		0	0	

Provider Narrative Report – to support the data
What is the "story behind the data"? (eg, environmental factors impacting on client results including issues, gaps, overlaps and trends). I have been in the whanau resilience role for three months and during this time I have been networking with other agencies and involved in meet and greets with community providers who may refer into the services. I have been working in collaboration with the whanau navigators, visiting homes where domestic violence is known and offering support into whanau resilience space. I have begun supporting a whanau through Te Kaika services, enrolling into health care, AOD Te whare, engaging with psychologist and whanau resilience. It has been a privilege to walk beside her and see the korowai of Te Kaika services be wrapped around her and her whanau. She recently posted on fb a big thankyou to Te Whare I feel like a new woman. This wahine self-referred as a result of attending her FGC. She is a mother of four children and is hapu. She has experienced state care involvement since a child and has spent lengthy periods of incarceration, causing separation and loss of whanau. Intergenerational trauma has contributed to her not being connected to whanau, hapu, Iwi and her marae. Currently her plans are to engage with our whanau connector and continue the healing process.
What are your areas for improvement towards achieving better results for clients (continuous improvement)?

I am working towards understanding more about the design process of whanau resilience and how to work effectively towards the five pou as resources at this stage are limited. I am also working towards co laborating with those who are delivering whanau resilience.
Who are your partners that help you achieve results, and what joint activities have you participated in? Attending Whangaia Pa Harakeke Oranga Tamariki FGCs and whanau hui A3K meet and greet Te Roopu Tautoko Ki Te Tonga whanau engagement Lawyers and court support Wrap around services within Te Kaika attending MDT and social services referral hui Emerge Aotearoa
What combination of services do you think is most effective for your clients (if applicable) Collaborations within Te Kaika have been not only effective for whanau but also assisting me to be able to reach out for advice and support to further engage with whanau proactively. Incorporating the work of other agencies for a collaborative approach
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage. Recently a wahine has walked through our doors who describes herself and her whanau as hard to reach. She currently has no services involved, due mainly to her experiences of being misrepresented and having no trust in the systems. I had heard from within community that this wahine may need support to leave her partner and have visited regularly over the past month. During this time we have engaged in korero about Te Kaika and what they offer with no expectations of her. I was pleasantly surprised when she walked in. She was greeted by kaimahi and connections were made instantly ensuring a safe space for her to enter. Unfortunately she has been bailed out of Dunedin but can take with her the knowledge of knowing we are here if she returns.
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered. As I have not been in the role long I am building towards the volumes contracted and at present I am engaging three more whanau in to the service.

Guidance notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and service evaluations.

In providing the narrative, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community eg, knowledge, skills, attitude, behaviour and life circumstances.

Appendix 10 – Provider Report and Performance Measures

Ōtākou Health Limited Report Form for Period 01 July 2023 to 30 June 2024

Reports to be returned to **national_contracts_admin_hub@msd.govt.nz**

Report Due Dates
10 October 2023
05 December 2023
10 April 2024
10 July 2024

Signed by: s9(2)( )
Date:
Name: s9(2)(a)
s9(2)(a)
Position: s9(2)

Description of Service	Performance Measures (during the reporting period)	Quantity of Service	01 July 2023 to 30 September 2023	01 July 2023 to 30 November 2023	01 July 2023 to 31 March 2024	01 July 2023 to 30 June 2024
For the delivery of long-term healing and recovery for whānau affected by violence to create strong, resilient communities where whānau are supported to live violence free and to eliminate violence for the next generation.	Total number of FTE workers	1.5				1.5
	Total number of families/whānau (clients) who accessed the services	Report actual				11
	Narrative report	Report actual				1

Direct services to families/whānau that restore safety and wellbeing/mauri ora where family violence has, or is at risk of occurring; create longer term change needed to prevent family violence from recurring; help families and whānau access additional services needed and draw on wider whānau and community to achieve longer term change; focus on effective, innovative joined up ways to meet family/whānau and community need; reduce service fragmentation, duplication and gaps in frontline services.	Total number of FTEs	1.75				1.75
	Of the clients who started the service, record the number who closed	Report actual				3
	Of the total referrals received, record the number of clients who started service	Report actual				18
	Total number of new clients referred.	Report actual				9
	Of the clients who closed, record the number who provided formal client satisfaction feedback	Report actual				0
	Of the clients who provided client satisfaction feedback, record the number who reported that they were satisfied or very satisfied with the service	Report actual				0

Provider Narrative Report – to support the data
What is the "story behind the data"? (eg, environmental factors impacting on client results including issues, gaps, overlaps and trends). Currently supporting a wahine who has been assaulted whilst ex- partner has been on bail conditions not to associate. This wahine was assaulted a year ago and her ex-partner pleaded not guilty to charges thus allowing him out on bail. This wahine is still suffering from the effects of the previous assault and left with concussion and PTSD. As a result she does not have faith in the justice system. We have supported her to police and courts. Working with MSD to find suitable accommodation, Accessing medical care and referrals to outside service providers. We continue to check in weekly as she once again is living in fear for her safety and is uncertain of her future. I have just started in the Family Harm role alongside Whanau Resilience, my start date was 21 April 2024. I represent the family harm table. To date I have received 7 referrals to Family Harm. One of which was referred from our Clinic Team, after being assaulted by a family member.

This Wahine and her children were left with nowhere to live. MSD helped to house her, and she was admitted to Transitional housing. As I once worked for the provider it was easy to maintain the client/social worker relationship and join with the provider to give the best support possible. My client is still in transitional housing but is doing well and is stronger each time I get to visit. KERRI OLIVER FAMILY HARM SOCIAL WORKER.
What are your areas for improvement towards achieving better results for clients (continuous improvement)? Continuous training and collaboration with other providers.
Who are your partners that help you achieve results, and what joint activities have Family Harm Police MSD Te Kaika medical centre Te Kaika Family Harm ORCASA Emerge housing Gore/Balclutha Woman's Refuge.
What combination of services do you think is most effective for your clients (if applicable) Within Te Kaika wrap around services whanau are able to access medical appts, MSD, drug n alcohol addictions and social services. This can happen quite quickly as we are all operating from the same building. Domestic violence can be seen as high priority depending on the circumstances
Provide examples of strategies or practices used to encourage 'hard to reach' clients to engage.

Currently supporting a hard to reach whanau who is more often than not unreachable to most services. However, has given permission to allow us to cold call. Other providers contact us if they have not engaged, and we relay this to whanau if there are concerns. The whanau have slowly been reaching out over this time and we continue to build a relationship at the pace of the whanau.
Provide an explanation of the variances (if any) between the volumes contracted and volumes delivered. Volumes contracted is the volume being delivered

Guidance notes:

This information could be sourced through client (or agencies) feedback forms, provider assessments and service evaluations.

In providing the narrative, consider the following:

- Background and presenting problems
- The types of support given to bring about change
- The changes or differences made by the client or community eg, knowledge, skills, attitude, behaviour and life circumstances.