



# WHAIMUA

**SOCIAL RETURN ON INVESTMENT  
REPORT**

TE ARAWA WHĀNAU ORA COLLECTIVE & KOROWAI AROHA HEALTH TRUST



#### Whaimua - Social Return on Investment Report

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Wai-Atamai is a Social Innovation Hub at Te Whānau o Waipareira that works to facilitate the measurement and implementation of change programs across New Zealand, and international communities. Wai-Atamai offers a range of tailored solutions, led by experts in the field of social impact analysis, social innovation, and research and evaluation.

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**TE ARAWA WHĀNAU ORA COLLECTIVE  
& KOROWAI AROHA HEALTH TRUST**

# OUR TOHU

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The logo is designed by Kevin Pahina.  
He was a Paewhiriwhiri with the Korowai Aroha, Tāne Takitu Ake programme and is currently with Te Arawa Whānau Ora as a Health Coach.

**Green** represents Tāne the origin of the first breath.

**Grey** represents Tāwhirimātea the source of continuous breath.

**Purple** represents Rongo the source of positive health.

The bottom flat line represents Papatuānuku.

The top of the triangle represents Ranginui.

The children are still within the embrace.

The individual lines represent Whānau, Hapū and Iwi

Te Arawa e....e Te Arawa e....e

Ko te whakaariki

Ko te whakaariki

Tukua mai ki a piri

Tukua mai ki a tata

Kia eke mai

Ki runga ki te paepae poto

A Houmaitawhiti



# NGĀ MIHI ACKNOWLEDGEMENTS

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*E ngā mana, e ngā reo, e ngā karanga  
maha, tēnā koutou katoa,*



This Social Return on Investment research was carried out amidst the COVID-19 pandemic. Despite the various challenges posed, this research was successfully completed with the determination and unwavering support from many people. Our sincere thanks and acknowledgement to the whānau for their trust and sharing their journeys to help us understand the Whaimua programme. We would like to acknowledge the Waiatamai SROI Team for providing insights and guidance in unpacking the programme through SROI approach. We appreciate the support provided by the many other stakeholders involved in this project who engaged and contributed enthusiastically. The contribution of each individual, group, organisation and association in this project is valued. Last, but not least, we wish to thank the Whaimua team who worked with all the stakeholders, especially whānau to make Whaimua happen.

We are humbled to document the journey of the programme and its impact on whānau. We hope this report will support a greater understanding of the value of the Whaimua Programme and its model of care. It will help inform programme design, processes and policy to tackle long-term conditions like respiratory illnesses through a social value and equity lens.

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*Ehara tāku toa i te toa takitahi engari he toa takitini.  
Success is not the work of one but the work of many.*

# FOREWORD

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*Hutia te rito o te harakeke*

*Kei hea te kōmako e kō*

*Mea mai ki ahau*

*He aha te mea nui o te ao?*

*Māku e ki atu*

*He tangata he tangata he tangata*

*Tihei mauri ora, ki a tātou te hunga ora, i te whai ao i te ao Marama.*

E Mala, nei rā ngā mihi o te ngākau ki a koe. Nāu tēnei kaupapa i whakapoupou mai i tōna tīmatanga. Nāu tēnei kaupapa i poipoi, nāu tēnei kaupapa i whakaara ake ki runga. Ko tā te kaupapa nei he hāpai i tō tātau iwi Māori kia whai hua ai i roto i tēnei ao hurihuri. Mei kore ake ko koe ki te ihu o te waka, kua kore pea e kōkiritia. He wahine manaaki i te tangata, he wahine pūmau ki ngā mātāpono Māori, he wahine tau ki te ao hauora anō hoki. Ko koe te whakatinanatanga o te kōrero “nā te Māori, mō te Māori”. E Mala, kua oti i a koe te whakatauiria mai i ngā mahi hei whai atu mā mātau. Ka haere tonu ngā mahi me te whāinga nui kia angitū te eke rite nei ki tāu i whakatutuki ai. Hoki atu rā, e te Māreikura, hoki, hoki, whakangaro atu rā.

Te Arawa Whānau Ora and Korowai Aroha Trust lost a very important Māreikura at the beginning of 2020. Ngaroma (Mala) Grant, previous CEO of Te Arawa Whānau Ora and Trustee and Chairperson of Korowai Aroha Trust, passed away in February 2020. This document acknowledges the huge input Ngaroma contributed to the Whaimua programme. She was instrumental in establishing and overseeing the implementation, always checking in to see how it was evolving and more importantly how the whānau were doing. We trust that she would be pleased with the outcome.

We also acknowledge the dynamic nature of the environments in which our whānau live, and our need to be responsive to these changes.

We know from both data and experience that if we provide strong health support for whānau in their homes and help bridge health and social services we can support whānau to improve their wellness in the future.

We look to a future of generational well-being and prosperity.

**Hariata Vercoe**  
CEO, Korowai Aroha Trust

# EXECUTIVE SUMMARY

Respiratory illnesses contribute a large part of New Zealand's total disease burden and are the third leading cause of death. Respiratory illnesses also represent one of the most significant healthcare disparities in the country. The high concentration of respiratory disease in Lakes District Health Board (DHB); in Māori and Pacific peoples; and the most socio-economically deprived neighbourhoods highlighted the need for targeted programmes that effectively reduce the severe ethnic and socio-economic inequalities in respiratory disease but also overall rates of respiratory disease.

To this end, in 2018, Te Arawa Whānau Ora Collective, led by Korowai Aroha Health Centre partnered with a group of organisations from different sectors to work together through an agreed common agenda and the systematic alignment of efforts. This led to the development of a Collective Impact Initiative – called Whaimua.

## WHAIMUA

The Whaimua Collective Impact Initiative is a comprehensive kaupapa Māori respiratory management programme delivered since 2018. It is funded by the Whānau Ora Commissioning Agency via Te Arawa Whānau Ora and consists of strategic partnerships between:

- Korowai Aroha Health Centre,
- Lakes District Health Board (DHB),
- Te Roopu a Iwi o Te Arawa Charitable Trust,
- Sustainability Options,
- Rotorua Area Primary Health Services,
- Rotorua Pharmacies,
- Rotorua Hospital,
- Asthma New Zealand,
- Asthma & Respiratory Foundation New Zealand.

Whaimua aims to improve whānau quality of life by addressing the management of long-term conditions relating to respiratory disease using a kaupapa Māori whānau-centred approach. It is underpinned by Te Whare Tapa Whā model of holistic health and integrates the Whānau Ora approach to design and deliver services to support whānau.

The programme receives annual funding of \$300,000 per year that includes direct cash investment, volunteer and supervision time, staff cost, whānau pūtea, and other resources. Whaimua is delivered by a team of Community Respiratory Nurse Specialists (Senior Registered Nurses), Paeārahi (Whānau Ora Navigators), Project Manager and a Data Analyst.

### WHĀNAU COHORT

- 62 whānau residing within the Rotorua region mostly from high deprivation areas. (including 175 whānau members)
- Māori or Pasifika peoples but open to all ethnic groups
- Uncontrolled long-term respiratory conditions (either diagnosed Asthma, Chronic Obstructive Pulmonary Disease, bronchiectasis, or anxiety-related breathing disorders)
- Affected by multiple conditions such as obesity and diabetes, and high risk social factors
- High users of healthcare such as Emergency Departments or inpatient care in secondary health facilities.

Whaimua provides holistic care by connecting with whānau, providing assessments, clinical care and referrals, and advocating for and engaging whānau with appropriate support services from relevant sectors (such as social, employment, education, housing, and justice).

*“Whaimua is community led and driven, and importantly, the ownership sits with whānau at the centre. So, they're part of that development and design. Central to this programme is that it's constantly co-designed around the whānau and it's adapted and moved around whānau needs. It's not just a one-off event. It's constantly refined with the whānau being part of that refining process. So, you don't just get an initial burst and then a programme.”*

- CEO, Korowai Aroha Trust

## ACTIVITIES

The programme consist of following broad components and activities:

- **Whakawhanaungatanga**- Really connecting with and getting to know the patient and whānau.
- **Whānau Ora Support**- This includes assessing and supporting whānau with accessing services and resources to address the wider determinants of health affecting their wellbeing. For example supporting whānau to access employment opportunities, coordinate access to warm, affordable and stable housing. Provide support to access funding to assist with firewood, power bills for home heating, home insulation, transport assistance, St Johns Ambulance Memberships, nutritious food, and warm clothing and appropriate footwear.
- **Clinical Support and Care**- Including health assessments, self-management plans, regular check-ups and consultations, and working along with DHBs and General Practitioners (GPs) assisting with early interventions, treatment and follow-up.
- **Tōku Oranga workshops**- Ten-week pulmonary rehabilitation programme consisting of clinical assesments; (for example, the six-minute walk test, Chronic Obstructive Pulmonary Disease Test (CAT), Asthma Control Test (ACT) Score, and Hospital Anxiety and Depression Scale (HADS)); health literacy education sessions; and gym exercise sessions to improve lung capacity and overall management of respiratory conditions.

- **Management and Referrals**- Undertaking case management with whānau, regular home visits and check-ins to support with any issues.
- **Educational Workshops or “Kōrero Bites”**- Workshops run by community experts on different topics (for example nutrition, social entitlements, healthy homes, financial literacy) that are of interest to whānau.
- **Other activities**- These include cultural and social acitivities like motivational speakers,walking groups (Monday and Saturday hikoi), Coffee groups , Tai chi and the Ekiden event (an annual fun team relay 42km run or walk held in Rotorua).

In addition to activities directed at the whānau and individual level, Whaimua consists of activities to support service performance at the systems and organisation level. These include workforce training and development, continued learning and ongoing development, programme design and implementation, network development, and data-driven quality process improvement and management.

*In July 2020, Te Arawa Whānau Ora engaged Wai-Atamai (Te Whānau o Waipareira Trust) to conduct an independent Social Return on Investment (SROI) analysis of the Whaimua programme and assess its impact.*



# METHODOLOGY

Social Return on Investment (SROI) is an internationally recognised approach regularly used to understand, measure and value the impact of a programme or organisation. The SROI framework is an evaluation tool which measures and accounts for the broader concept of ‘value’ and incorporates social, environmental and economic impacts. This report is a Forecast SROI analysis. It predicts and measures the social value created by the Whaimua programme for the current cohort over two years for the Financial Years FY2020 and FY2021. The analysis followed the SROI stages of:



This SROI analysis was informed by reviewing relevant documentation, case studies, literature, and through interviews and surveys with key stakeholders (including whānau, clinical nurses, Paeārahi and Managers). This study is limited to the outcomes of the Whaimua programme delivered by Korowai Aroha Health Centre. The outcomes were tested and verified, after which a financial value was attached to the significant changes experienced or outcomes. The stakeholders enabled to determine the value of the outcomes they experienced and thus compare them with conventional market investments. These values are forecasted for two years. Lastly, using financial filters, the SROI ratio calculated reflects the value of the outcomes to the value of the investment to establish the social impact of the Whaimua programme.

*“I used to have to use my inhaler and I felt alone and vulnerable, but then I felt comfortable because I was with people who had similar health issues and was in an atmosphere where I felt I belong”.*

- Whaimua whānau

*This report holds interest to the Government, Ministry of Health, District Health Boards, the healthcare workforce, non-profit and community organisations, researchers, investors and funders alike.*

# IMPACT OF WHAIMUA

The Social Return on Investment (SROI) analysis of Whaimua brings to light the unique social value generated by its approach and delivery. The significant changes experienced by the whānau include:

- *Better management of health condition*
- *Improved health*
- *Feeling Supported*
- *Improved mental wellbeing*
- *More independent*
- *Improved living conditions*
- *Increased engagement with services*
- *Better social life and networks*
- *Better whānau relationships.*

SROI analysis of the Whaimua programme provides evidence of the positive impact and value created by the programme on whānau – clinical and non-clinical. The analysis demonstrates that for **every dollar invested in the programme, 5.3 dollars of value is created.**

It highlights how the unique model of care yields substantial social and financial benefits for whānau, community and the government over the period.

## FORECAST VALUE CREATED

- **Investment - \$600,000 over 2 years (\$300,000 per year-includes direct cash investment, volunteer and supervision time, staff cost, whānau pūtea, and other resources.)**
- **\$3,206,569 of social value over 2 years generated by Whaimua**

This value accrues to the stakeholders based on the financial values attributed to the outcomes they experience (taking into account other factors and accounting filters). It is a conservative estimate and does not include the long-term benefits to whānau, and the value that will be created for the government and other state agencies as a result.

**FOR EACH \$1 OF VALUE INVESTED,  
A TOTAL OF \$5.3 OF VALUE IS CREATED.**



## IMPLICATIONS

Although SROI provides a ratio of return on investment, it is much more than a single figure. The SROI analysis of Whaimua affirms the evidence of a successful holistic approach – strongly validating Māori led solutions and Māori models of health and wellness.

Whaimua aims to broaden the understanding of practice and wellbeing, particularly for Māori to achieve better health and social outcomes. Whaimua aligns with Whakamaui: Māori Health Action Plan and vision of Pae Ora, to prioritise service development that contributes to Māori health and eliminates health inequities.

Whaimua requires a system-wide commitment and support to achieve sustainable equity outcomes at scale. This implies devolution of funding and cross-sector action to design and deliver integrated, timely, holistic whānau-centred services. It also involves accelerated capacity and capability development of a health workforce that reflects the Māori population, Māori values and Māori models of practice.

This report demonstrates Whaimua as a successful holistic model of care led by Māori leadership, workforce and mātauranga Māori. It aims to inform and lead to developing strategies for scaling Whaimua, designing and transferring the model features to other long-term conditions and contexts. To this end, it is timely to share the critical components of Whaimua model and its benefits, with other service providers and programmes, clinicians, Health organisations, funders and Government in New Zealand to invest, improve and redesign models of care for Māori and the wider population.

*“While the medical side of an intervention is critical, it's not the be-all, end-all. The vision for the future is that our medical programmes need to be aware of the whole person or the whole whānau needs. That the medical model needs to work with other social interventions to get more holistic wellbeing for our whānau. There's a much wider intervention needed if we're going to stop this tsunami of long-term conditions coming our way. Especially for our Māori whānau. ”*

-CEO, Te Arawa Whānau Ora



*“At Whaimua, it was actually about building up relationships within the people that were on the programme. It's actually making sure that the relationship we've built with them, is based on trust so that whoever we're offering them is going to give them a good service. I think that's been the benefit of the programme, is that we've got to know our participants really well. So you build up what we would call a trusting relationship, where they're more likely to share with you actually what is it that is really holding them back or what is it that may have set them off on this path of any long-term condition.*

*Because there were other similar people, they were actually starting to build up whanaungatanga. It actually created a social space for them as well. A safe space. They all shared that common ailment. It's almost like a brotherhood amongst the participants. So, they're still in contact with each other, even though their two-year programme has finished, they still have that contact with each other.*

CEO , Korowai Aroha Health Trust



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# ABOUT US

## THE COLLECTIVE - TE ARAWA WHĀNAU ORA

In June 2010, health and social service providers based in the Te Arawa rohe responded to the call to realise positive change for whānau through Whānau Ora. The Collective also currently supports Paeārahi<sup>1</sup> based in Murupara, Minginui and Mangakino. The Te Arawa Whānau Ora Charitable Trust (known as Te Arawa Whānau Ora Collective) was formalised on 26 June 2013.<sup>2</sup> It currently consists of the eight member organisations.

1. Aroha Mai Cancer Support Services-A support service for cancer sufferers and their families.
2. Korowai Aroha Health Centre- Whānau Ora provider providing a general practice service, rongoā Māori and community health services.
3. Maketu Health & Social Services- Maketu Health & Social Services' kaupapa is to develop, promote, purchase and provide culturally appropriate programmes and services that will enhance, through support and education, the health and welfare of the people of Maketu and the surrounding districts.
4. Te Papa Tākaro o Te Arawa Sports Trust- Te Papa Tākaro o Te Arawa encourages iwi development across the Te Arawa region through wellness and healthy lifestyle promotion, physical activity, kaupapa Te Arawa/Māori approaches, programmes and events.
5. Te Roopu a Iwi o Te Arawa Charitable Trust-Te Roopu a Iwi o Te Arawa Charitable Trust – also known as Maatua Whāngai – is an approved Iwi/ Māori Social Service provider that delivers a range of services and programmes to the community.
6. Te Runanga o Ngāti Pikiao- Te Runanga o Ngāti Pikiao aims to meet the needs of ngā uri o Ngāti Pikiao, the descendants of Ngāti Pikiao by providing three key service areas – training, health and social services.
7. Te Waiariki Pūtea Trust- Te Waiariki Pūtea Trust is a community organisation providing youth services & development, a variety of whānau-focused services and outdoor programmes.
8. Poutiri Trust - Poutiri Trust provides Kaupapa Māori Services in Te Puke

Te Runanga o Ngāti Whare and Ngāti Manawa Charitable Trust are also associates of Te Arawa Whānau Ora Collective.

Te Arawa Whānau Ora Collective is strongly grounded in kaupapa Māori worldview as represented through their respective histories, organisational names, and values. The seven providers (and three associates) base their association on their shared whakapapa connections and established community networks to whānau, hapū, iwi and marae through 56 trustees and over 280 staff across the Collective. Their mātāpono (organisational values) are based around respect, caring for and looking after each other. While they are uniquely Māori, and proudly Te Arawa, they readily support all people and all ethnicities within the community.

Te Arawa Whānau Ora Collective believes it is important that their services and approaches reflect the needs and aspirations of whānau by focusing on whānau greatness. Over the years, the collective has evolved to meet new challenges and experiences of whānau and continue to be committed collective members working together for the whānau and communities in Te Arawa.

<sup>1</sup> Whānau navigator and social worker who work alongside whānau to understand current needs, look at whānau strengths, develop a plan and navigate whānau into the appropriate services that best suit the whānau and meet goals within the plan.

<sup>2</sup> <https://tearawawhānauora.org.nz/our-collective/>

# INTRODUCTION

Whaimua is a respiratory management programme (funded by the Te Arawa Whānau Ora Collective) that was designed, developed and delivered by Korowai Aroha Health Centre to 62 whānau in the Rotorua region of New Zealand since 2018. In July 2020, Te Arawa Whānau Ora engaged Wai-Atamai (Te Whānau o Waipareira Trust) to conduct an independent Social Return on Investment (SROI) analysis of the Whaimua programme and assess its impact.

This report summarises the impact of Whaimua and the magnitude of whānau outcomes achieved and presents the value created by the Whaimua Programme using SROI methodology. This report evidences Whaimua as a new model of care that uses a holistic Whānau Ora approach to manage respiratory conditions and amplify overall whānau wellbeing. It demonstrates the programme efficacy and dynamics and its potential to achieve Pae Ora .

SROI is an important and valuable approach to improving the transparency and performance of programmes and organisations more broadly. This report intends to foster the application of SROI and its use as a tool to inform and improve the value of activities and investments made for whānau wellbeing.

This report holds interest to the Government, Ministry of Health, District Health Boards, the healthcare workforce, non-profit and community organisations, researchers, and investors and funders alike.

## METHODOLOGY AND APPROACH

The objective of this analysis was to understand and measure the impact of the Whaimua programme. This analysis follows the SROI methodology and takes a prudent approach to value the change for stakeholders of the programme.

SROI is an internationally recognised approach regularly used to understand measure and value the impact of a programme or organisation. The SROI framework is an evaluation tool which measures and accounts for the broader concept of 'value' and incorporates social, environmental and economic impacts. It is developed from social accounting and cost-benefit analysis and is underpinned by seven social value principles.

It considers a range of outcomes (intended and/or unintended changes) for all the stakeholders affected, while also considering who else may have contributed towards the change, duration of the change, adverse effects of the change, and what would have happened without the organisation and/or activity. The identified material outcomes are then monetised by different methods to progress the analysis towards understanding the impact. An SROI analysis generates a benefit to cost ratio for organisations to communicate the value-add of their activities to stakeholders.

## SCOPE OF ANALYSIS

This report is a Forecast SROI analysis, measuring the social value of the Whaimua programme to be generated over two-years for the financial years FY2020 and FY2021. It follows the SROI stages of:



This analysis was informed by reviewing relevant documentation, case studies, literature, and through interviews and surveys with key stakeholders (including whānau, Community Respiratory Nurse Specialists, Paeārahi and Senior Managers). On consultation with a steering committee, key stakeholders for this analysis were identified. They included - participants of the programme, Whaimua team, Te Arawa Whānau Ora Collective and Lakes DHB. Whānau and Whaimua team were engaged via Zoom interviews and surveys. These provided insights into the changes experienced by the whānau because of their involvement with the Whaimua programme.

*In broad terms, this report describes the kaupapa and approach of the Whaimua programme. It tells a powerful story of its impact and value created, and discusses the implications and actions that should be undertaken to further develop policy and practice to scale the depth and reach of the programme.*

## CONSIDERATIONS AND LIMITATIONS

Ethical considerations were addressed for the study. Ethical approval was obtained from the Waipareira Ethics Committee to ensure privacy, safety, transparency and cultural competency for this study. Due to restrictions and challenged posed by COVID 19, this analysis was limited to engagement with stakeholders online via interviews on 'Zoom'. In understanding and interpreting this SROI analysis, a number of important factors must be considered. This study is limited to the outcomes of the Whaimua programme delivered by Korowai Aroha Health Centre. Thus, the measures and values of change are subjective and adjusted to the perspectives and experiences of stakeholders of the Whaimua programme. The social return on investment figures for this project should not be compared with that of a different programme because the perceptions and resulting benefits to the beneficiaries of different projects will vary.

<sup>3</sup> Pae ora is a holistic concept that includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments)

<sup>4</sup> New Economics Foundation (NEF) (2004). Social Return on Investment: Valuing what matters. New Economics Foundation.



# BACKGROUND

Respiratory illnesses are a major public health problem in New Zealand . Respiratory illnesses include asthma, bronchiectasis, childhood bronchiolitis, childhood pneumonia, and Chronic Obstructive Pulmonary Disease (COPD). About one in six New Zealanders live with a respiratory illness, and this rate is increasing. Respiratory illnesses contribute a large part of New Zealand's total disease burden and are the third leading cause of death. They are a major burden on the health system leading to approximately 86,000 hospital admissions .

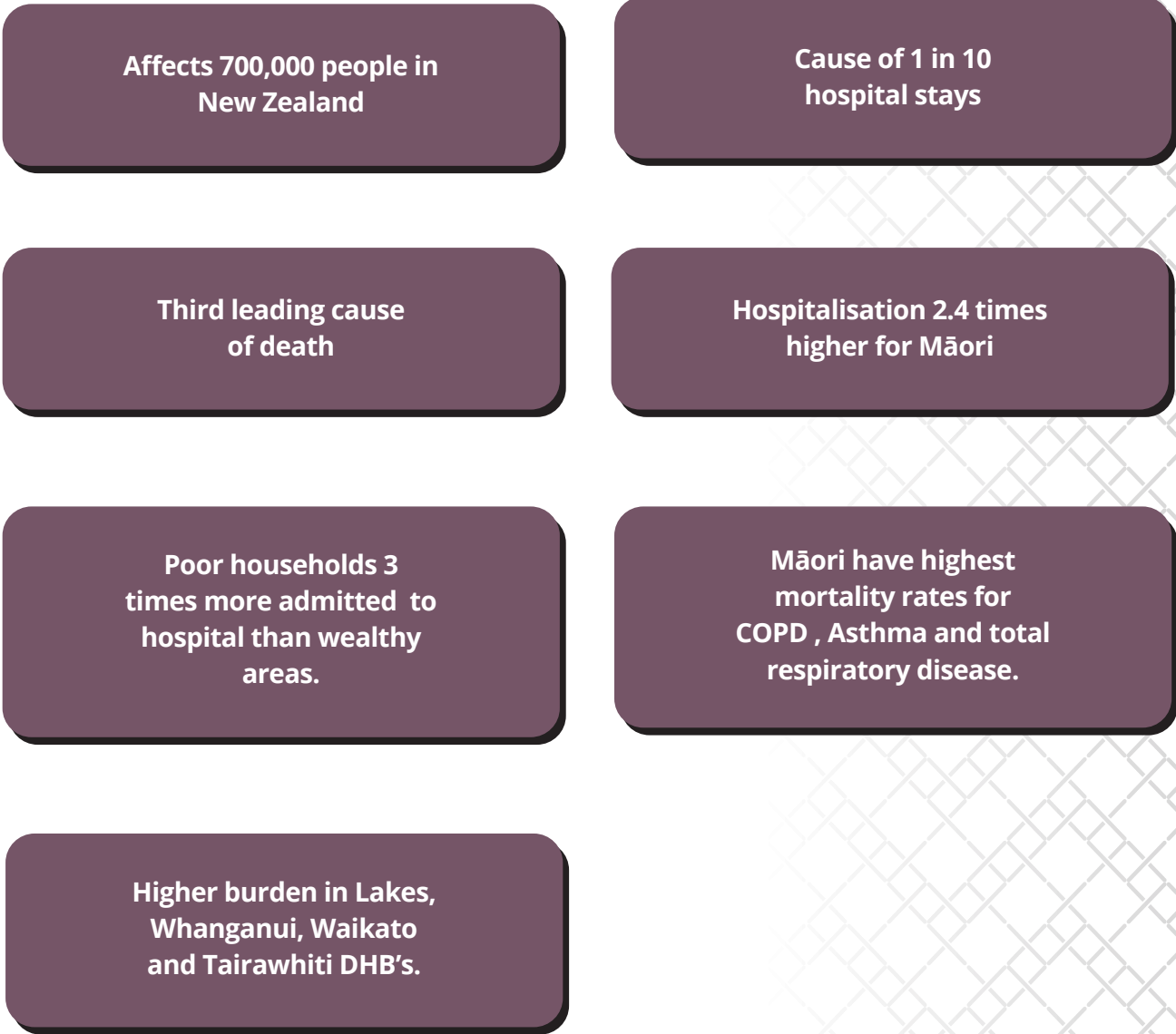
Respiratory illnesses also represent one of the most significant healthcare disparities in the country. People living in the most deprived households are admitted to hospital for respiratory illnesses over three times more often than people from the least deprived households. Across all age groups, hospitalisation rates are much higher for Pacific peoples (2.5 times higher) and Māori (2.4 times higher) than for other ethnic groups. Māori are more than five times more likely to die from COPD related causes than non-Māori, as well as being affected by COPD up to 20 years earlier. Māori have highest mortality rates for total respiratory disease, asthma and COPD.

There are also differences in hospitalisation across geographical regions, with the burden of respiratory disease seen higher in the centre of the North Island. Lakes, Whanganui, Waikato and Tairāwhiti District Health Boards (DHBs) have the highest total respiratory hospitalisation rates, and generally higher rates for other indicator conditions.

In July 2017, the Whare Ora programme identified many whānau with long-term respiratory conditions in the Te Arawa Whānau Ora Collective's rohe. The housing and health assessments showed that whānau were high users of secondary care, had multiple health and social risk factors and felt unsupported. The high concentration of respiratory disease in Lakes District Health Board (DHB); in Māori and Pacific peoples; and in the most socio-economically deprived neighbourhoods highlighted the need for targeted programmes that are effective in reducing not only the severe ethnic and socio-economic inequalities in respiratory disease, but also overall rates of respiratory disease.

To this end, Te Arawa Whānau Ora Collective, led by Korowai Aroha Health Centre, partnered with a group of organisations from different sectors to work together to solve this complex issue affecting the whānau within its community through an agreed common agenda and the systematic alignment of efforts. This led to development of a Collective Impact Initiative – called Whaimua.

## ASTHMA FOUNDATION NZ KEY STATISTICS<sup>6</sup>



<sup>5</sup> Richard Beasley, Lutz Beckert, James Fingleton, Robert J Hancox, Matire Harwood, Miriam Hurst, Stuart Jones, Susan Jones, Ciléin Kearns, David McNamara, Betty Poot, Jim Reid, Asthma and Respiratory Foundation NZ Adolescent and Adult Asthma Guidelines 2020: a quick reference guide, NZ Medical Journal, Vol 133 No 1517: 26 June 2020

<sup>6</sup> Asthma Foundation NZ

<sup>7</sup> Lucy Telfar Barnard, & Jane Zhang (2018). The impact of respiratory disease in New Zealand: 2018 update. Wellington: Asthma and Respiratory Foundation NZ.

<sup>8</sup> The Whare Ora Programme is a FREE initiative that supports whānau to create healthier homes that are warmer, drier, and safe. <https://www.waikatodhb.health.nz/your-health/wellbeing-in-the-waikato/whare-ora/>



# KOROWAI AROHA HEALTH CENTRE

Korowai Aroha Health Centre was established in 1992 by a group of Māori nurses who were all members of Te Kaunihera o Ngā Neehi Māori o Aotearoa and who believed that Māori needed to be in a position to provide for their own health needs. The nurses were concerned about the appalling statistics of Māori and the implications that the health reforms that were taking place in New Zealand at the time were having on Māori.

This group of health professionals saw the necessity to capitalise on their expertise, experience and motivation. Acquired qualifications to implement the Māori holistic perspective, taha wairua, whatumanawa, whanaungatanga, tautokohia, into health services, health education and promotional work. They wanted to provide a combination of services, including rongoā Māori, education and promotional work to Māori, to address the disparity in the status of health between Māori and Non-Māori.

In harmony with the Treaty of Waitangi and the concepts of Tino Rangatiratanga, taking into consideration Māori values and beliefs, Korowai Aroha surged into the provision of professional and quality health services to its targeted population and all others who wished to avail themselves of the service.

Korowai Aroha currently has a strong market orientation with a focus on the various stakeholders with whom it interacts. Stakeholders include clients (tūroro), customers (funders, businesses) and networks (iwi, health providers and other services including education and social services).



*Noelene is still ringing them to see how they are, checking in to see how they're going. We don't want to lose that momentum. And it is about just going back and making sure that they're still as well as they can be and making sure that if there's any other assistance that's needed we can provide. If, for instance, they may have slipped back – how can we help bring them back to the space that they were?*

*Going forward, at any time they could come back in to the programme and be reconnected. There's always an open door there to come back and reconnect."*

CEO , Korowai Aroha Health Trust



# THE WHAIMUA PROGRAMME

In 2018, Korowai Aroha Health Centre convened a group of organisations to address the growing burden of respiratory illnesses and the resultant health and social disparity for Māori whānau in the Rotorua region. These health and social inequities were in part exacerbated by their health conditions but also by disparities in the distribution of the wider social determinants of health. As a result, Whaimua was developed as a Whānau Ora Collective Impact Initiative with an agenda to improve whānau quality of life by addressing the management of long-term conditions relating to respiratory disease using a kaupapa Māori whānau-centred approach. The programme has been in operation since July 2018. The Collective Impact Initiative consists of the following organisations as partners:

PARTNER	ORGANISATIONAL SERVICES
Korowai Aroha Health Trust	General Practice (GP) within Te Arawa Whānau Ora providing clinical support to priority whānau (including a general practice service, Rongoā Māori, and community health services).
Lakes DHB Primary Mental Health Intervention Service (PRIMHIS)	PRIMHIS allows services to be delivered flexibly to the consumer, supporting the delivery of holistic care.
Rotorua Pharmacies	Support priority whānau to improve their level of understanding of medications.
Rotorua Hospital	Identify and supporting priority whānau including discharge to home.
Lakes DHB Respiratory Team	Support newly discharged priority whānau or those with a community health plan.
Rotorua Area Primary Health Services	Primary Health Organisation for people in Rotorua to turn to for information on all aspects of health care in the community.
Sustainability Options	Sustainability Options is an ‘altruistic business’ established with a core purpose: to work for the benefit of others with compassion and generosity. Community, Social and Environmental concerns are their key priorities.
Te Roopu a Iwi o Te Te Arawa Charitable Trust – also known as Maatua Whāngai	Iwi/Māori Social Service provider that delivers a range of services and programmes to the community.
Te Papa Takaro o Te Arawa	Encourages a healthier lifestyle for Māori of all ages through increased participation in appropriate sport, recreation and leisure activities.
Asthma New Zealand	Provides education, training and support to individuals and their families with asthma and COPD, in order that they may achieve their desired goals.
Asthma & Respiratory Foundation New Zealand	Is New Zealand’s not-for-profit sector authority on all respiratory conditions including asthma, bronchiectasis, childhood bronchiolitis, childhood pneumonia, COPD, lung cancer and Obstructive Sleep Apnoea.
Tāne Takitu Ake – Korowai Aroha	Providing effective support to Tāne to improve wellbeing so that they may realise and optimize their role in the whānau and the community.
Rotorua District Community Law Centre	Provides legal support, information, networking, advocacy, communication, and liaison services.
Rotorua Pacific Islands Development Charitable Trust	Whānau Ora family centred approach to strengthen the wellbeing & future of Pasifika families.

*‘Guiding you through your health journey by supporting you with the things that matter most to you’*

*In addition to the above mentioned partners, Whaimua has strategic partnerships to foster the programme and better support whānau and services. Some key stakeholders include:*

- 11 General Practices from Rotorua,
- Lakes Prime care after-hours service and Pharmacy,
- PHARMAC,
- St Johns Ambulance Services,
- Profiles Gym, Rotorua.

## INVESTMENT

Investment includes financial and non-financial resources - funding, resources and time inputs. Whaimua is funded by the Whānau Ora Commissioning Agency<sup>9</sup> through Te Arawa Whānau Ora as a Whānau Ora Collective Impact Initiative. The sum investment in the programme is \$300,000 annually. The expenditure includes discretionary expenses for FTEs and deliverables. It also includes Whānau Pūtea of \$60,000 for to assist whānau to achieve their goals and plans with resources like fees for GP and medical assistance, medications, food, housing supplies, transportation, and other whānau needs that support whānau with long-term change.

<sup>9</sup> Whānau Ora Commissioning Agency (WOCA) is responsible for commissioning initiatives that drive whānau health and wellbeing by building on the strengths and assets of Māori communities in the North Island; <https://whānau ora.nz/>



**Whaimua Team**

From left: Mariana Vercoe (Paeārahi), Roel Austria (Community Respiratory Nurse Specialist), Noelene Rapana (Project Manager/Community Respiratory Nurse Specialist), Jane Lane (Data Analyst), Hariata Vercoe (CEO, Korowai Aroha Trust). Absent John Rapana (Paeārahi)

## PROGRAMME APPROACH AND DESIGN

Whaimua is a comprehensive kaupapa Māori respiratory management programme that recognises the value of tikanga (Māori cultural values and practices) and mātauranga Māori (Māori worldview and Māori traditional knowledge). The programme is underpinned by Te Whare Tapa Whā model of holistic health and integrates the Whānau Ora approach in the design and delivery of services to support whānau. This approach cuts across multiple sectors, services, providers, and settings to enhance the quality of care and quality of life for people with complex, long-term respiratory conditions and their whānau. Whaimua is further informed by the overall aim of He Korowai Oranga which is, Pae Ora: Healthy futures for Māori.

*“Whaimua incorporates mātauranga Māori and it incorporates kaupapa Māori focus. So, tikanga, kawa, karakia, rongoā – all those aspects that talk to wellbeing. It takes the Whānau Ora wellbeing approach, which is not what you would normally get in a programme designed around a respiratory service in a respiratory centre and clinicians, needing more respiratory nurse specialists and the health literacy space. They are components, but they’re a part of what the key drivers are for change in this programme.”*

- CEO, Te Arawa Collective

Whaimua is ‘whānau centred and whānau driven’ integrated model of care. It provides quality clinical care and social support to address the wider determinants that impact on whānau wellbeing, that otherwise may not have been identified or offered in the standard medical model of care. It includes recognition of ‘mana motuhake’, patients and whānau are experts in their own right, and should have more control over their own wellbeing, and consequently, over the care they receive.

*“The gold is actually our practitioners, our Paeārahi, their personal investment. You’ve got to have the right people with the right skills and a heart for it. So, that’s the real investment. Because it’s not a 9-5 job. It’s one of those ones where the relationship becomes crucial, I guess, in actually making the difference.”*

- Community Respiratory Nurse Specialist

Whaimua is supported by Community Respiratory Nurse Specialists, Paeārahi (Navigators), Project Manager and Data Analyst; all personnel are skilled and passionate about supporting whānau in their journey.

The programme is delivered to a cohort of 62 whānau diagnosed with long-term respiratory conditions. Most of the whānau reside in highly deprived areas (NZDep Quintiles 4 and 5) within the Rotorua region. Whaimua engaged with the 62 whānau and their 175 family members through Whānau Ora to support holistic wellbeing.

### Whānau Cohort

- 62 whānau residing within the Rotorua region ( includes 175 whānau members)
- Māori or Pasifika peoples but open to all ethnic groups
- Uncontrolled long-term respiratory conditions (either diagnosed Asthma, COPD, bronchiectasis, or anxiety-related breathing disorders)
- Affected by multiple health conditions (such as obesity and diabetes) and high risk social factors
- High users of healthcare such as Emergency Departments or inpatient care in secondary health facilities.

<sup>10</sup> Te Whare Tapa Whā: Kaupapa Māori model of wellbeing. The four sides of the whare represent Mental/Emotional (Hinengaro), Physical (Tinana), Spiritual (Wairua) and Relationships/ Social (Whānau).

<sup>11</sup> Whānau Ora is a culturally-grounded, holistic approach to improving whānau wellbeing that puts whānau at the centre of decision making. The Whānau Ora approach focuses on the whānau as a whole, and addresses individual needs within the context of the whānau ; Durie, M., Cooper, R., Grennell, D., Snively, S., & Tuaine, N. (2009). Whānau Ora: Report of the Taskforce on Whānau -centred initiatives.





Before the Whaimua programme, Junie and her daughter, both had multiple ongoing hospital presentations for Asthma exacerbation. *“It was just the norm for us. It was just so cold, we got sick and couldn’t breathe”, Junie says.*

A home visit to Junie’s where revealed holes from her kitchen through the cladding to the outside and through the roof to the sky. *“It was freezing in winter”, Junie adds.* There was no insulation in the roof, just a roof shell and no heating.

Junie’s Paeārahi, John explains, *“When I met Junie I just listened and let her talk, whānau connect when they feel heard and know you actually care. I really felt for June because I thought how the heck is she going to be able to get this home up to even a minimum standard of living without any support? Unfortunately, this is a common scenario. Typically, we see those with uncontrolled respiratory illness living in sub-standard housing.”*

Junie and her daughter were both assessed, spirometry performed and supported with inhalers and self-management. However, the housing was still a major issue.

As part of the programme, whānau take part in ‘Kōrero bites’, education sessions that whānau are interested in learning. In this particular case, the session on Sustainability Options with Jo Wills was valuable. It talked about how to have a healthier home, perform free home assessments, and identify areas in the home that can be improved to make the home drier, creating healthier environments. A referral was made from the Paeārahi and an extensive assessment was performed. Te Arawa Whānau Ora was able to support June with ensuring the home was made airtight and putting in a ceiling, walls, gibling and was insulated.

*“We are so grateful” Junie exclaims. “We were so sick all the time, but they’ve fixed our home, and we also got a heat pump through Sustainability Options. Our home is warm, and I haven’t been back to the hospital at all”.*

- Junie, Whaimua Whānau

## ACTIVITIES

Whaimua provides holistic care by firstly connecting with whānau, then by providing health and social assessments, clinical care and referrals, advocating for and engaging whānau with appropriate support services from relevant sectors (such as, social, employment, education, housing, and justice). The programme consists of following broad components:

### WHAKAWHANAUNGATANGA

This is an ongoing process of connecting and building trust with participants and their whānau. This includes understanding, accepting and looking after one another through the development of a safe space and trusted relationships. As simple as it seems a trusting relationship with whānau, is a critical aspect for the success of the programme and whānau wellbeing, as it enables them to open up and share their journey, problems and aspirations, and hence to find solutions and positive pathways with them.

*“I think the benefit of the programme is that we’ve got to know our participants really well and so you build up what we would call a trusting relationship, where they’re more likely to share with you actually what is it that is really holding them back or what is it that maybe have set them off on this path of any long-term condition.”*

-Paeārahi, Whaimua

### WHĀNAU ORA SUPPORT

This is unique to the programme and is provided by the Paeārahi. It includes assessing and supporting whānau with services and resources to address wider determinants of health affecting their wellbeing. It consists of working alongside whānau to understand current needs, look at whānau strengths, develop a plan and navigate whānau into the appropriate services that best suit the whānau and meet goals within their whānau plans.

- Whānau Assessments - Carrying out whanau assessments and identifying resources and whanau social supports required to improve day to day living with chronic respiratory illness.
- Whānau plans – Developing and monitoring whānau ora plans that identifies whānau goals and pathways for long-term change and sustainability.
- Connecting whānau to other services and community resources to support the achievement of their whānau goals.

- Supporting whānau with employment, housing and other needs such as firewood for home heating, home insulation, curtains, transport assistance, St Johns Ambulance Membership, and warm clothing and appropriate footwear.
- Supporting whānau with access to other health services including rongoā Māori (Traditional Māori healing services), and debt repayments.
- Advocating for whānau.
- Supporting whānau with community engagement.

*“I thought I was just dealing with patients with respiratory problems. We find out later that the respiratory problem was just actually just the second or the third priority problem with their health. There were more bigger things that were going on in their lives that were not known to us before.”*

- Community Respiratory Nurse Specialist

## CLINICAL SUPPORT & CARE:

*“The attitude and the reception that we had in the community; I can sense was totally different from the reception that we had when I was in the hospital.”*

- Whaimua whānau

Whaimua provides whānau centric clinical support and care by Respiratory Nurse Specialists. It includes but is not limited to the following:

- Health and respiratory assessments including a review of inhalers, spirometry and other diagnostic testing including the ACE<sup>12</sup> score test
- Development of self-management respiratory plans and supporting whānau to self-manage
- Regular scheduled respiratory check ups and walk-in consultations
- Working with GPs, after-hours services and pharmacies to communicate and monitor progress of whānau health
- Assisting with early intervention and access to treatment including antibiotics and prednisone.
- Following-up whānau when they are unwell, during or after hospital admission within 72hours
- Smoking cessation
- Working with Lakes DHB to support whānau to receive best treatment when in hospital and following-up on discharge
- Tōku Oranga / Pulmonary Rehabilitation programme– Tōku Oranga is one of the highlights of the programme. It is a ten-week pulmonary rehabilitation programme which consists of clinical assessments (six-minute walk test, CAT/ACT Score and HADS ), health literacy sessions and exercises to improve lung capacity and overall management of respiratory conditions. Following the completion of the ten-week programme, whānau still receive support to continue their progress and not de-condition. Support people (whānau members) are encouraged to attend the programme.

*“We are seeing many whānau whom we serve have suffered from some type of trauma, with a long term condition being the symptom of that unresolved pain. The Whaimua model of care seeks to address this.”*

- Community Respiratory Nurse Specialist

*“It’s very personalised and you feel very comfortable. If I came in and there wasn’t an appointment available with the doctors or the nurses, I can text Noelene or Roel [nurses] and they would make time to see me even if I didn’t have an appointment booked. And they would help me with what I needed.”*

- Whaimua Whānau

## MANAGEMENT AND REFERRALS

This includes undertaking case management with whānau; and in ways that supports them to take charge of their health conditions and the social determinants of their wellbeing. Patients receive regular home visits and check-ins from Paeārahi and Community Respiratory Nurses to support with any clinical issues related to their conditions, and address any social or psychological issues. This helps inform the next steps. Nurses and Paeārahi can refer whānau to other relevant services and further support, and advocate for whānau as required.

## EDUCATIONAL WORKSHOPS- “Kōrero Bites”

These consists of workshops run by community experts on different topics that are of interest to whānau. Educational workshops topics included respiratory conditions, medications, warm and healthy homes, nutrition, growing your own kai (food), finances and budgeting, social entitlements, Te Whare Tapa Whā, leadership and Understanding your legal rights.

## OTHER ACTIVITIES

These include cultural and social activities like walking groups (Monday and Saturday mornings hikoi), Coffee groups , tai chi and the Ekiden<sup>15</sup> event.

*“Whaimua, it was actually about building up relationships within the people that were on the programme. So even though their two-year programme has finished, they still have that contact with each other. And of course, Noelene is still ringing them to see how they are, checking in to see how they’re going because we don’t want to lose that momentum. And it is about just going back and making sure that they’re still as well as they can be and making sure that if there’s any other assistance that’s needed.”*

- Paeārahi, Whaimua

*In addition to activities directed at the whānau and individual level, Whaimua consist of activities at the systems and organisation level as well. These include the provision of workforce training and development, programme design and implementation, network development, project management, service quality improvement and data management. It also consists of meeting with peers and sharing knowledge to GPs, Nurse Practitioners and Practice Nurses about NZ respiratory condition guidelines and collaborating with Asthma and Respiratory Foundation to deliver COPD best practice sessions. In addition, it works closely with the DHB to monitor and design best pathways for whānau wellbeing given their circumstances and clinical condition.*

<sup>12</sup> Adverse Childhood Experiences (ACE) study measures traumatic childhood experiences. With a score of 4 or more the likelihood of COPD increases

<sup>13</sup> CAT: COPD Assessment Test  
ACT: Asthma Control Test

<sup>14</sup> HADS: Hospital Anxiety and Depression Scale

<sup>15</sup> Ekiden is an annual fun team relay 42km run or walk held in Rotorua





Last year, 84-year-old Kathleen Tapsell didn't expect to make it to Christmas. Kathleen was diagnosed with COPD (Chronic Obstructive Pulmonary Disease) and was recommended to enrol on the Whaimua programme.

*"I'd been coughing for about three or four months – it was awful. It got so bad. When I first came, I didn't think they'd welcome me because I wasn't Māori. But I can't tell you how lovely it is to come to this place for my treatment."*

*"They're all very friendly and lovely and made me feel so much better. Noelene tried me on different puffers, and I've improved so much. I got so much from it – I feel stronger, and I'm going to keep up the exercises. When I first got to that gym, I thought, 'I can't even move these damn machines.' But in the end, I could, as well as ride the bike. The programme's made people get out and do things. You've got to really push yourself."*

*"I'm so glad I did it because I thought I was dying. I wasn't even making plans for last Christmas. I thought I'd be dead by then. I will keep making Christmas plans – unless I have a heart attack, which I hope I won't."*

- Kathleen Tapsell, Whaimua whānau

# IMPACT OF WHAIMUA

Whaimua is a holistic and unique model for the management of respiratory conditions. Whaimua consists of a series of activities to support whānau along their wellbeing journey. Understanding and measuring the outcomes that matter most to the stakeholders, validates the effectiveness and the impact of the programme to them. The Social Return on Investment (SROI) Analysis of Whaimua brings to light the unique social value generated by the programme's approach and delivery for whānau, communities and the funders. This section describes the outcomes experienced and valued by whānau on the programme.

## BETTER MANAGEMENT OF HEALTH CONDITIONS

The programme has improved whānau understanding of their respiratory and health conditions. They know about of their medications, and how and when to use what action to alleviate any distress. They have a respiratory management plan and are better able to work towards their goals. This is characterised by having better knowledge and better relationship with clinicians. This has resulted in better management of their health and decreased admissions in Emergency Departments (EDs) and hospitals.

*"I still have moments where that familiar panic starts but... I've got to calm myself as much as possible. Not ring anybody because I know what's going on and what to do."*

- Whaimua whānau

## IMPROVED HEALTH

Whānau have showed improvement in their respiratory conditions and can breathe better. Clinical indicators show improvement and, whānau feel fitter and report an improvement in overall health. Some of them have stopped or reduced smoking. They report less GP visits and shorter hospitalisations.

*"I take my hat off to them [Whaimua team]. Done magic for all of us. Yeah, I've nearly lost my life a couple of times due to COPD. Asthma/bronchitis."*

- Whaimua Whānau

## FEELING SUPPORTED

The programme gives a safe and trusted space for whānau to seek help and talk about anything. They feel supported by the Nurses and Paeārahi. Their support has been crucial and a guiding light for many. The Whaimua staff who mentored them were empathetic and supported them not only through the programme but also beyond. The whānau feel supported as the programme looked into the needs of the whole family and spent time with them to work together with them for their wellbeing - 'they genuinely care'.

***"They're there 24/7 for us. They are there in every emergency. Would the hospital have done it? Would the GP have done it? No, they wouldn't."***

- Whaimua Whānau

## IMPROVED MENTAL WELLBEING

Respiratory illness can lead to or exacerbate poor mental health. Low quality of life, limited activity, nature and symptoms of the disease cause deteriorating mobility and independence. Whānau have to ask for help and accept that this is their life now, that there are things they will never be able to do again or live much longer. Many are down, anxious and depressed. They do not go out, do not exercise, do not socialise and the situation gets worse. It is a vicious circle. Some whānau have past underlying trauma, which was not dealt with until they joined the Whaimua programme. The programme has provided hope and optimism in their lives. They feel confident and more resilient. They feel less stressed and have better mental wellbeing.

*“I was really terrified because I’ve suffered a lot with anxiety and depression in my life. I came in and the idea of joining a group was just absolutely beyond terrifying for me because I’m a very anxious person. Very shy person. So, it was a big leap of faith for me to do it. But, I’ll never regret it. It’s been awesome for me”*

- Whaimua Whānau

## MORE INDEPENDENT

Respiratory illness especially COPD are progressive and make it hard to breathe. People with respiratory illnesses may be short of breath when doing simple tasks like getting dressed, preparing a meal or taking a bath. Whaimua has improved whānau health and their ability to manage their illness. It has boosted their confidence and whānau are better able to do daily chores more comfortably. These daily chores include for example, buying groceries, gardening, cooking and even contacting and connecting to services when required. They feel more independent and can do daily activities without becoming absolutely exhausted.

*“I don’t have a battle of going upstairs to have a shower.”*

– Whaimua Whānau

## BETTER SOCIAL LIFE AND NETWORKS

The programme highlighted the isolation whānau were often facing. They felt limited by their respiratory condition, that they tended to isolate at home or just with their families. The Whaimua programme, programme, brought together similar people together under one roof. They felt reassured of not being alone and that there were others facing similar situations. They built relationships with others on the programme and were able to connect better with whānau and friends. Whaimua created a safe social space for the where they felt less isolated and alone and were able to do fun things and be more social.

*“Everything I did was by myself because my children were either working or at school, and my husband works full time. So, it’s made a huge difference in my life to have people around me.”*

- Whaimua Whānau

## BETTER WHĀNAU RELATIONSHIPS

Respiratory conditions can also be a burden on the people taking care of the patient. Support and better knowledge of the condition to whānau is critical to not only better clinical outcomes but social and psychological outcomes. The whānau centric approach of Whaimua enabled better understanding and ability to support, and improved relationships.

*“Both my daughters came to the noho marae that Whaimua organised. And that was our first time, our first experience of doing one of those. So, that was an awesome experience for us.”*

- Whaimua Whānau

## INCREASED ENGAGEMENT WITH SERVICES

Whanaungatanga, better relationships with Paeārahi and Nurses, and the whānau ora approach has allowed better engagement of whānau with health and social services. For example, EEC, health services, food banks, social services, etc. Whānau are referred and connected to other services when required. They are more aware and better able to seek help.

*“A lot of them have not engaged with their GP’s or not even picked up their medications from the pharmacy because they have other important things to spend their money on. They have to bring food on the table so they can’t afford even paying for their GP visit. In a way, I think that’s another way of how we broke down those barriers.”*

- Community Respiratory Nurse Specialist

## IMPROVED LIVING CONDITIONS

Whaimua addresses the importance of Whai Ora- healthy living environment, by assessments and workshops to build knowledge. As a result, whānau are more aware of what are good, healthy living conditions. They know where to go and how to use services and resources to improve living conditions - assessments, housing repairs, heating and insulation, mould and damp repairs, moving to better houses etc.

*“Thanks to Whaimua helping me with my heating in the house, we found out my house was damp, and so they supplied a dehumidifier which helped. And they helped me with the running costs of that because I couldn’t afford it.”*

-Whaimua Whānau





Rotorua Ekiden Marathon 2019



Russell, 59-year-old, went to Tauranga Hospital last year with breathing difficulties.

*"They put my shortness of breath down to asthma. I was quite taken aback. Every time I was short of breath, I'd take my inhaler, but it never came right until I came on this programme.*

*It's all about looking after yourself. I started doing everything I should've been doing and learned breathing techniques. Inhale, exhale. Even your posture plays a part, making sure your back's straight. ... and Roel, helped us with our breathing. We had special guest speakers who would talk about things to do with breathing.*

*Our gym work was beneficial and walking through the Redwoods with the group was real good. We just got together, said hello to everyone, and started walking. We didn't even realise how far we'd walked because we were talking. Me and my friend were walking and he looked at an app on his phone and said, Russell 'we've done 4kms!*

*Whaimua has given me an incentive to keep going. It's a blessing every day when I wake up. I wake up and think, 'choice I'm still alive.'*

*- Russell Cole, Whaimua Whānau*

# SROI RATIO

The changes experienced by the stakeholders were measured and verified via interviews, questionnaires, and by use of secondary data. The ability of SROI to monetise outcomes affords its distinction from many other impact frameworks. Using social value principles, appropriate and relevant financial proxies were derived for the material outcomes using different valuation techniques. It is essential to understand that the values are derived from the perceptions of the stakeholders and not from traditional financial models of predictive analysis. Accounting filters like attribution, deadweight, displacement and duration were applied to the valuation, and conservative estimates (or proxies) are included, to ensure the impact of the Whaimua programme is not overestimated.

The SROI ratio is calculated by dividing the net value of the outcomes by the net value of the inputs. However, before the calculation, the Impact Value is adjusted to reflect the Present Value by using a discount rate. This reflects the present-day value of benefits projected into the future.

FORECAST FOR TWO YEARS - FY2020, FY2021	
Total Value created	\$3,280,491
Total Present value (after discounting)	\$3,206,569
Investment Value	\$600,000 <sup>16</sup>
Net present value (present value minus investment)	\$2,606,569
Social Return on Investment	5.3

*The result of 5.3:1 indicates that for each \$1 of value invested, a total of \$5.3 of value is created.*

The result demonstrates a highly significant value created as a result of Whaimua and is based on the application of the principles of the SROI framework.<sup>17</sup>

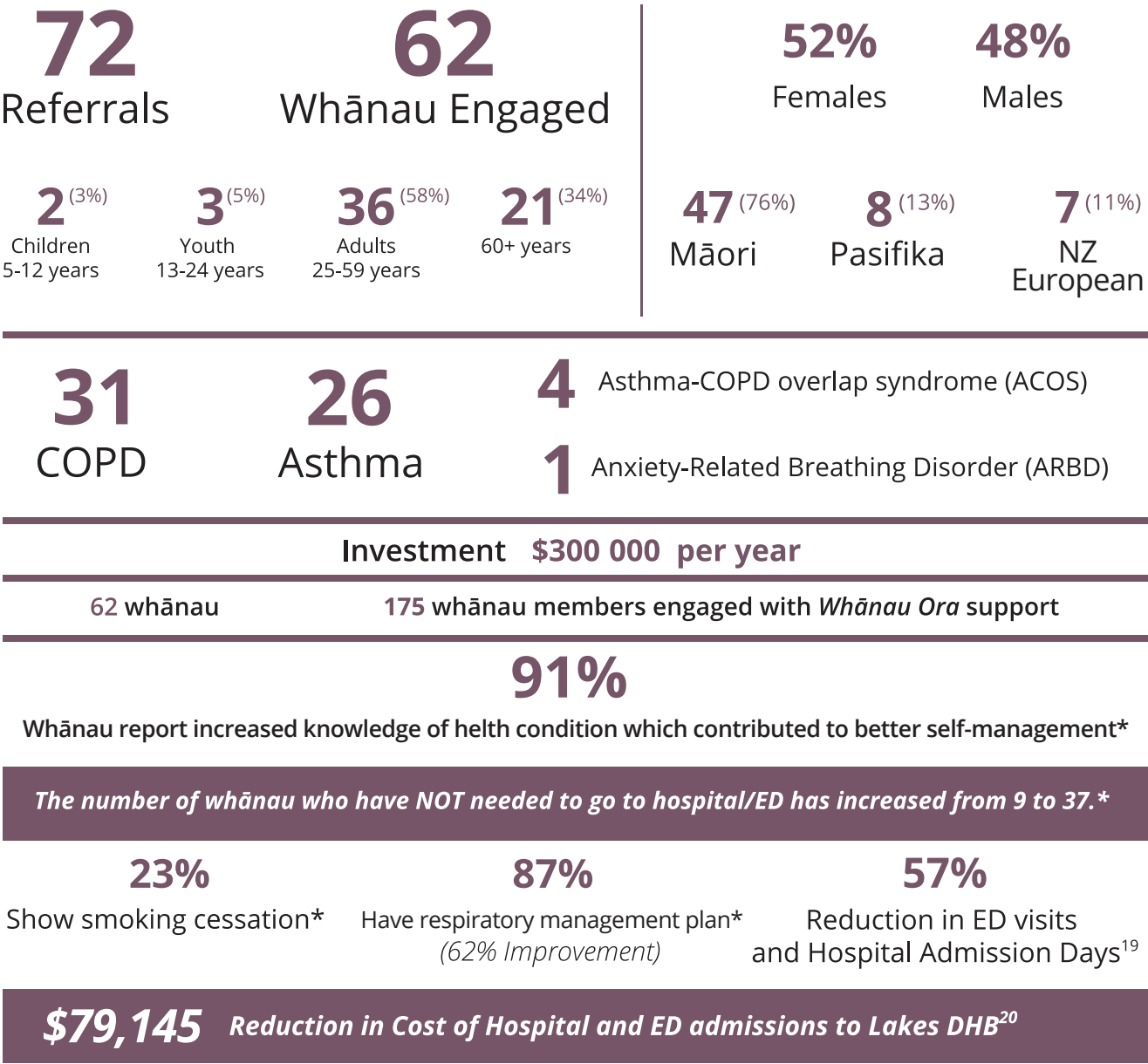
Note: The SROI analysis is conducted comprehensively and following social value principles, and derivation to ensure transparency. The sensitivity analysis demonstrates confidence in the findings of this forecast analysis. While there are some changes to variables that have a significant impact on the results, given the substantial changes included, the SROI ratio is still significant with the variability. The methodology, assumptions and valuations used in this analysis can be discussed on request with Wai-Atamai.

<sup>16</sup> Investment for two years (\$300,000 per year)

<sup>17</sup> Although there are inherent assumptions within this analysis, consistent application of the principle not to over-claim leads to the potential under-valuation of some tangible outcomes based on issues such as duration of impact. In line with this principle, this SROI has not considered the value for the whānau in the long term and value government and state agencies, with a potential reduction in mortality, poor health and quality of life and disability adjusted years



# IMPACT OF WHAIMUA COHORT FY 2019



*“The thing I like about this programme is that it included the whole whānau”.*

- Whaimua Whānau

*“All part about being in the group. You get to know one another; we get to inspire each other to keep coming.”*

- Whaimua Whānau



The result demonstrates a highly significant value created as a result of Whaimua. This SROI has not considered the value for the whānau in the long term and value government and state agencies, with a potential reduction in mortality, poor health and quality of life and disability adjusted years

<sup>18</sup> Includes direct cash investment, volunteer and supervision time, staff cost, whānau pūtea, and other resources and extra activities.

<sup>19</sup> Hospitalisations and ED visits FY2018-19 = 127 days , FY2019-20= 54 days ; Source : Lakes DHB data for Whaimua whānau cohort

<sup>20</sup> Cost of hospitalisations FY2018-19= \$130,469 , FY2019-20 = \$51,324 ; Source : Lakes DHB data for Whaimua whānau cohort

\* Whaimua Whānau Report 2019

\*\* Whaimua SROI Analysis Whānau Survey





*"I live on a farm in a country area so there's not many people around to talk to, and it creates a sense of isolation. I found the programme really uplifting and helpful with my shyness. I felt comfortable because I was with people who had similar health issues and it was an atmosphere where I felt I could belong.*

*I used to have to use my inhaler and I'd feel vulnerable. But now, the more exercise I do the better my breathing is becoming. I feel more confident to go out and do things. Before I would only walk, whereas through the programme I've had to use bikes, rowing machines, and a lot of other equipment I wouldn't have known how to use before."*

*-Nicola Best, Whaimua Whānau*

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# DISCUSSION

Whaimua was developed as a Whānau Ora Collective Impact Initiative to reduce health inequities and support whānau (who have respiratory conditions) with the things that mattered most to them and to impact their wellbeing. It is underpinned by Te Whare Tapa Whā model, Whānau Ora and Kaupapa Māori approach to service delivery and design.

In the three years of operation, Whaimua has learnt that respiratory illnesses and their management are often influenced and affected by social and environmental contributors and that medical interventions are only part of the solution. There are many barriers for whānau that impact their wellbeing, for example, employment, housing, nutrition, low incomes, historical trauma, loss of culture, isolation, lack of transport, etc. Thus, true solutions require a holistic view of whānau wellbeing. Whaimua has been a platform to provide culturally safe, holistic and integrated services – working with whānau and across sectors in ways that address the broader determinants and whole-of-life health and wellbeing challenges that whānau face.

This SROI analysis affirms the tangible results of improving whānau outcomes and significant implications for the broader healthcare system through reducing the number of hospital admissions and downstream costs of care. The Whaimua programme has demonstrated better self-management and health of whānau, increased adherence to medication and support, improved mental and social wellbeing, feeling supported and being more independent. Whaimua has shown reductions in avoidable hospital admissions; GP visits and use of Emergency Department services. It has also demonstrated smoking cessation in some whānau, improved their health knowledge and living conditions, and led to whānau feeling more hopeful and optimistic about their lives.

Key to the success of Whaimua is its unique model of care. It integrates clinical care with social services to manage the spectrum of clinical, psychological and wider social determinants of health relating to respiratory and other health conditions with patients and their whānau. It uses a whānau-centred approach which adds the value

of a trusted relationship between the provider, patients and their families. This is essential to attain Pae Ora. For example, it couples social interactions and group activities (walking, Kōrero Bites, coffee group) with clinical interventions (pulmonary rehabilitation gym sessions and health literacy workshops).

*“It’s looking at whānau solutions rather than an individual package of care because the way we lead our lives isn’t as individuals. We usually lead them as a whānau - whether that is a whānau of bloodline, or whether that’s a whānau of connection. So, it’s looking at different situations all the time, rather than just an individual need.”*

- CEO, Korowai Aroha Health Trust

There are several factors contributing to the success and value created by Whaimua. Whanaungatanga plays a critical role in understanding the whānau and their journey and needs. It has helped develop and maintain trusted and nurturing relationships between the whānau, clinicians and Paeārahi and the knowledge of how to truly care for whānau. This has helped break-down barriers of isolation and loneliness for whānau, which in the past had a detrimental effect on their respiratory conditions, and mental and physical health. Whaimua has created a safe social space for whānau to connect with each other and reconnect with their identity. This connection has been one of the most significant contributors to better whānau health.

The programme also focussed on supporting whānau to become active agents of their wellbeing. Whaimua does not tell people what to do, but supports them to recognise what needs to be done and upskills them so they are confident enough to make those changes for themselves. To support this, whānau and the community have been part of the design and development of solutions for their own wellbeing. Encouraging whānau to develop their plans and goals, design their own activities has contributed to better whānau health. One such example was a coffee group to encourage peer interactions, enjoy waiata and laughs together; another example was creating walking groups to explore and connect to the whenua. Another example is whānau deciding to compete in the Rotorua Ekiden. This allows whānau to have ‘Rangatiratanga’ to make decisions about their health and have meaningful ways to decide how services are provided for their benefit.

A true partnership approach with the collective partners supported the delivery of improved outcomes for whānau. Whaimua worked closely with Lakes DHB to support whānau who are part of the programme to receive timely and responsive treatment when in hospital. The Community Respiratory Nurse Specialists also received updates from Lakes DHB for any admissions for the Whaimua whānau. If related to respiratory illness, the whānau had a clinical review on discharge. This ensured that any changes to their medications were understood and any other issues were resolved.

Furthermore, Whaimua demonstrates Māori leadership by setting health equity as a clear goal, engaging with other providers and agencies, and putting in place monitoring and measurement systems. The programme also emphasises training of the workforce to be responsive to the needs and aspirations of Māori.

The Whaimua programme aims to broaden the understanding that health and wellbeing services are required to be holistic, particularly if Māori (and non-Māori) are to achieve better health and social outcomes. Whaimua aligns with Whakamaua: Māori Health Action Plan and the vision of Pae Ora<sup>18</sup>, to prioritise service development that contributes to Māori health and eliminates health inequities. This report demonstrates Whaimua as a successful model of care led by Māori leadership, workforce and mātauranga Māori.

<sup>21</sup> Ministry of Health. 2020. Whakamaua: Māori Health Action Plan 2020–2025. Wellington: Ministry of Health

# IMPLICATIONS

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Respiratory illnesses are a significant public health burden in New Zealand, costing approximately seven billion dollars<sup>19</sup>. They also highlight the disparities in the disease prevalence, hospitalisation and mortality rates of different ethnic groups by socio-economic status and geographical regions. Achieving better health outcomes and health equity requires more than just addressing the immediate medical cause of diseases. A focus on the wider determinants for health is vital. A key part of achieving equity will be the extent to which a range of resources are prioritised, and approaches are targeted and tailored to whānau and communities.

The Whaimua programme affirms the evidence of a successful holistic approach – strongly validating Māori led solutions and Māori models of health and wellness. The SROI analysis of the Whaimua programme provides evidence of the positive impact and value created by the programme on whānau – clinical and non-clinical. The analysis demonstrates that for every dollar invested in the programme, 5.3 dollars of value is created. It highlights how the unique model of care yields substantial social and financial benefits for whānau, community and the government over the period. It presents a holistic model of care which can be applied to other long-term conditions such as obesity, diabetes, and heart disease. These solutions have to be whānau led, nimble, and agile to respond to the ever changing needs of whānau.

*“If we sign up to deliver healthcare services then it is absolutely vital that we deliver a service that meets their (whānau) needs. That is equity in health, where by providing holistic wellbeing services they, and their future generations may lead their best lives. That is what drives our team, seeing whānau flourish.”*

- Community Respiratory Nurse Specialist

The way forward for whānau has always been that Māori design and deliver their own culturally appropriate models of care, for Māori, by Māori that are holistic and whānau-centred. Whaimua highlights the measures of Māori wellbeing create a greater understanding of system change requirements towards Pae Ora. This implies integrating mātauranga Māori into the health and disability system, which is supported by the final report of the Health and Disability System Review<sup>20</sup>.

Optimal health outcomes will not be achieved unless there is a system-wide commitment to supporting it. There must be devolution of funding, design and delivery of such care models to scale up access and delivery to the broader population, especially Māori. Investment in accelerating the scale of kaupapa Māori and whānau-centred services like Whaimua is an investment in wellness, wellbeing and preventing longer-term health inequities. There must be strong, active partnerships at different levels of the system, from providers to DHBs to the Ministry, with Māori in designing, implementing and monitoring health and disability services. Māori leadership should have more opportunities to guide decision-making, network, share and collaborate. A cross-sector action is essential for closer alignment between health and social services to get optimal outcomes and efficiencies of scale. Furthermore, the capacity and capability of a Māori health workforce that reflects the Māori population, Māori values and Māori models of practice should be accelerated. These steps will help ensure that Māori health equity is at the heart of the system operation.

Whaimua presents a successful pilot model to manage respiratory conditions. This report contributes to the evidence of kaupapa Māori models and gives a better understanding of the features that make this report successful. It aims to inform and lead to developing strategies for upscaling Whaimua, designing and transferring the models features to other long-term conditions and contexts. To this end, it is timely to share the critical components of Whaimua model and its benefits, with other service providers and programmes, clinicians, health organisations and Government in New Zealand to improve and redesign models of care for Maori and the wider population.

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<sup>22</sup> Impact of Respiratory illness, Asthma NZ Foundation: 2018

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<sup>23</sup> Health and Disability System Review. 2020. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR







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# APPENDIX

## A1: GLOSSARY OF TERMS

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- **Attribution:** An assessment of how much of the outcome was caused by the contribution of other organisations or people.
- **Deadweight:** A measure of the amount of outcome that would have happened even if the activity had not taken place.
- **DHB:** District Health Board
- **Discounting:** The process by which future financial costs and benefits are recalculated to present-day values.
- **Displacement:** An assessment of how much of the outcome has displaced other outcomes.
- **Drop-off:** The deterioration of an outcome over time.
- **Duration:** How long an outcome lasts after the intervention, such as the length of time a participant remains in a programme.
- **Financial value:** The financial surplus generated by an organisation in the course of its activities.
- **Impact:** The difference between the outcomes for Participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.
- **Inputs:** The contributions made by each stakeholder that is necessary for the activity to happen.
- **Kaupapa:** Purpose, topic, policy.
- **Karakia:** Incantation, ritual chant, prayer.
- **Kawa:** Marae protocol, customs.
- **Marae:** Courtyard or open area in front of the meeting house (wharehau) but also used to describe the complex of buildings around the marae.
- **Materiality:** Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.
- **Monetise:** Assign a financial value to something.
- **Net present value:** The value in today's currency of money that is expected in the future minus the investment required to generate the activity.
- **Outcome:** The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.
- **Outputs:** A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

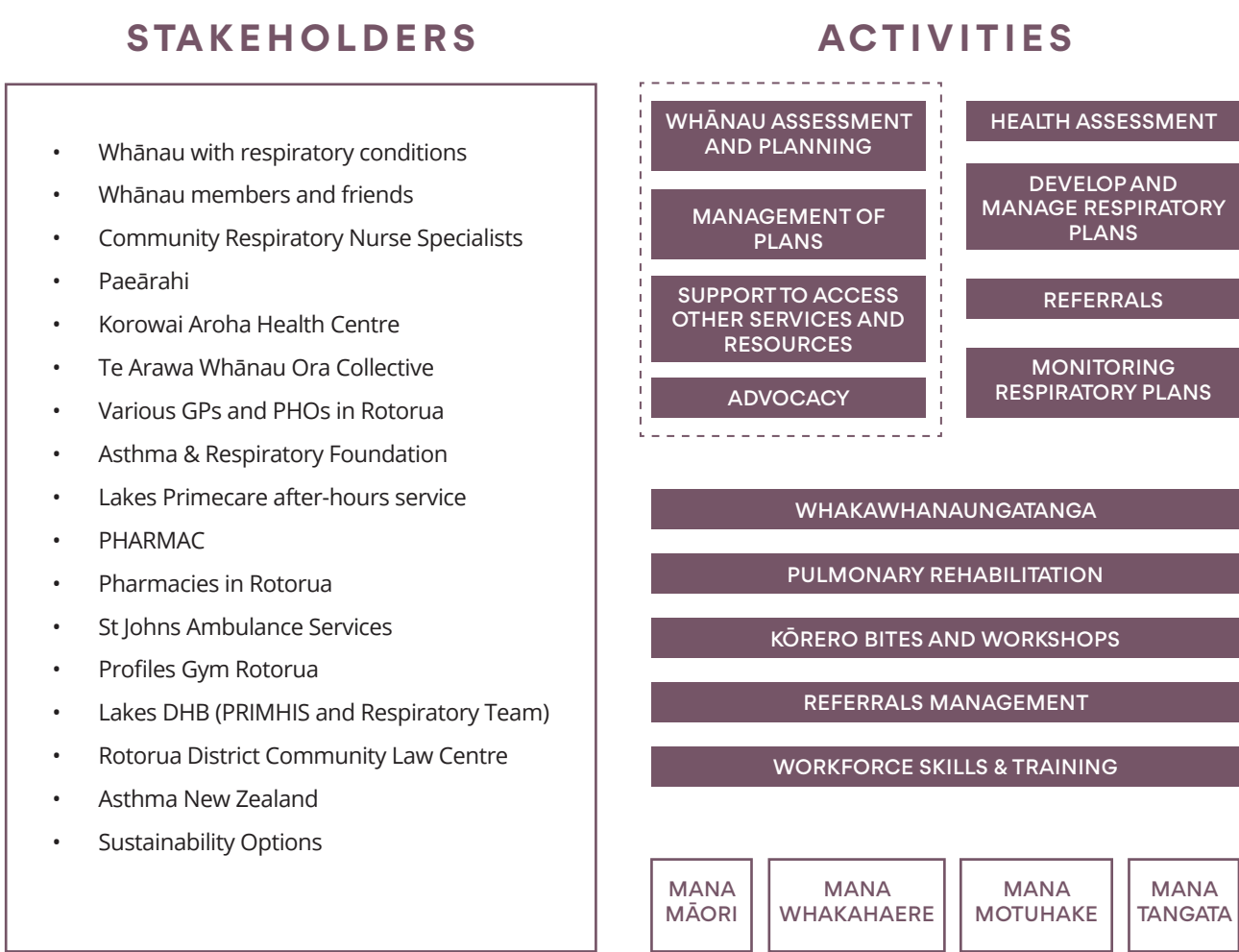
- **Outcome Indicator:** Well-defined measure of an outcome.
- **Proxy:** An approximation of value where an exact measure is impossible to obtain.
- **Present Value:** The worth of a future amount of money or payments determined as of the date of valuation
- **Scope:** The activities, timescale, boundaries and type of SROI analysis.
- **Sensitivity Analysis:** Process by which the sensitivity of an SROI model to changes in different variables is assessed.
- **Social return ratio / SROI ratio:** Total present value of the impact divided by total investment.
- **Stakeholders:** People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.
- **Tikanga:** Correct procedure, habit, lore, way, right.
- **Whānau:** Family, Friends
- **Whānau Ora:** Government whānau centred strategy assist families to reach their aspirational goals.
- **Whanaungatanga:** Relationship, kinship ties, sense of family connection.

# APPENDIX

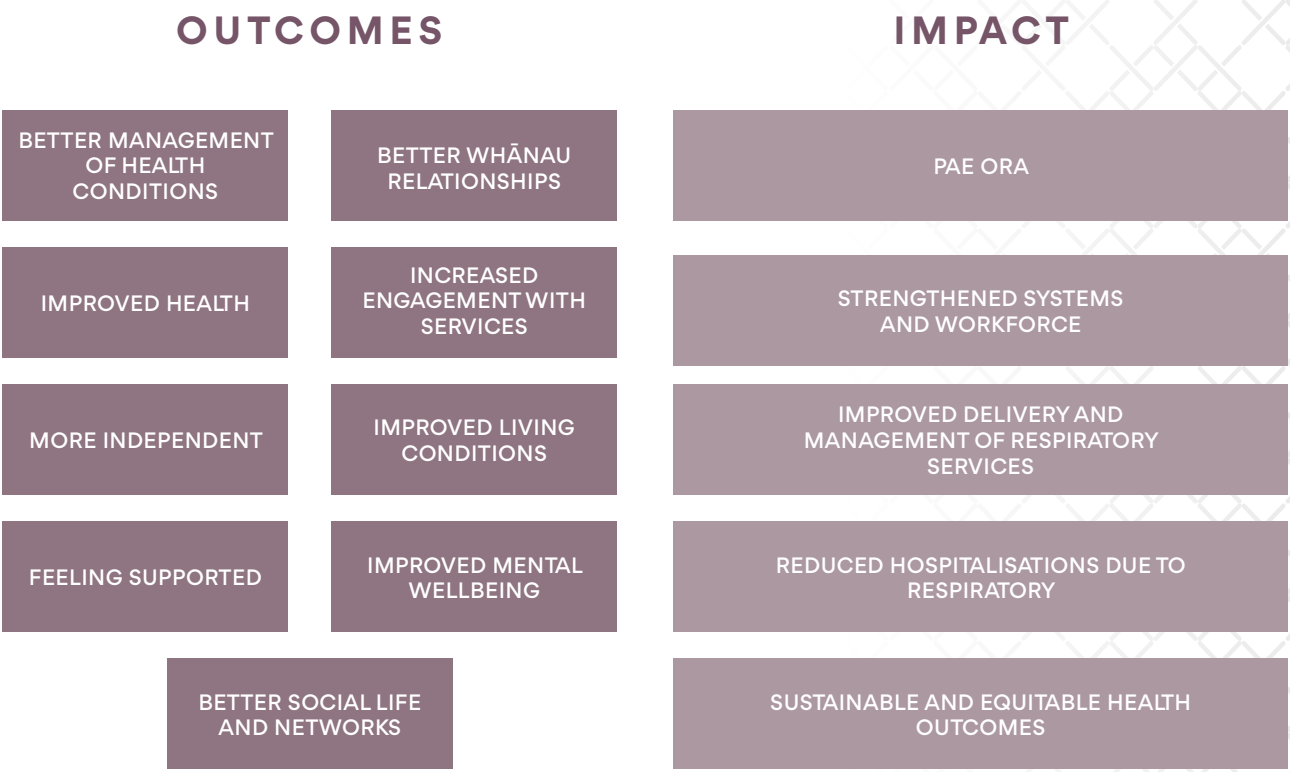
## A2: WHAIMUA LOGIC MODEL

### WHAIMUA

IMPROVING WHĀNAU QUALITY OF LIFE BY ADDRESSING THE MANAGEMENT OF LONG-TERM CONDITIONS RELATING TO RESPIRATORY DISEASE



Developing and understanding the changes experienced by stakeholders, is central to the SROI process. In this analysis, the logic model is informed and guided by the stakeholder groups that experience the change, supported with secondary research. The figure below represents the Whaimua Logic Model.





# APPENDIX

## A3: IMPACT MAP

Stage 1		Stage 2				Stage 3					Stage 4									
Who and how many?		At what cost?			What changes?		How long?	How valuable?			How much caused by the activity?				Still material?		Calculating Social Return			
Stakeholders		Inputs		Outputs	Outcomes	Quantity (scale)	Duration of outcomes	Express the relative importance (value) of the outcome			Deadweight %	Dis-place-ment %	Attribu-tion %	Drop off %	Impact calculation		Discount rate - 5% NZ Reserve Bank Official Cash Rate at 27 September 2020			
					Outcome description			Ranking	Valuation approach (mon-etary)	Monetary valuation										
Who do we have an effect on?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total popula-tion for the accounting period)	Summary of activities	What is the change experienced by stakeholders?	Number of people ex-periencing described outcome.	How long (in years) does the outcome last for?	By stake-holder (Highest =1)	What proxy would you use to value the change?	What is the value of the proxy for the change per person?	What will happen/what would have happened without the activity?	What activity would/ did you dis-place?	Who else contribut-ed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less dead-weight, displace-ment and attribu-tion		Year 0	Year 1		
Who has an effect on us?																				
				<div>• Whakawhanaungatanga</div> <div>• Whānau Ora Support</div> <div>• Clinical Support and Care</div> <div>• Tōku Oranga / Pulmonary rehabilitation workshops</div> <div>• Case Management and Re-ferral</div> <div>• Educational Workshops or “Kōrero Bites”</div> <div>• Other activities</div>																
Korowai Aroha Health Trust ( Te Arawa Whanau Ora Collective Impact Initiative and its partners)		Finances- \$ 300,000 per year includes direct cash invest-ments, staff cost, volunteer and super-vision time, whānau pūtea, and other resources	600,000.0																	
Whaimua Whānau	62	Not valued as it is voluntary participation when referred.																		
					• Better management of health/condition	58	3.0	1	Regular GP visits Medication Exercise Emergency Services (St John) Support and Guidance	9,832.4	10%	0%	20%	10%	407,061.4		407,061.4	366,355.2		
					• Improved health	58	3.0	2	Eikeden Event	3,500.0	10%	0%	20%	10%	144,900.0		144,900.0	130,410.0		
				• Feeling Supported	58	2.0	3	Counseling services	3,240.0	10%	0%	20%	10%	134,136.0		134,136.0	120,722.4			
				• Improved mental well-being	58	3.0	4	Counselling services	3,240.0	15%	0%	20%	10%	126,684.0		126,684.0	114,015.6			
				• Increased engagement with services	55	3.0	5	Transportation and logistics	1,200.0	20%	0%	20%	10%	42,240.0		42,240.0	38,016.0			
				• Better whanau relation-ships	43	3.0	6	Family relationship course	1,000.0	30%	0%	30%	10%	20,825.0						
				• Improved living conditions	55	3.0	7	Heaters and housing repairs	774.0	20%	0%	30%	10%	23,839.2		20,825.0	18,742.5			
• Able to do day to day chores/ More independent	44	2.0	8	Daily Chores like Gardening	1,200.0	20%	0%	30%	20%	29,568.0		23,839.2	21,455.3							
• Better social life and networks	48	3.0	9	Coffee club	720.0	15%	0%	20%	10%	23,256.0		29,568.0	26,611.2							
Lakes DHB Hos-pital					Reduction in hospitalisations	20	2		Cost of hospitalisations days	79,145.0	30%	0%	30%	10%	775,621.0		775,621.0	698,058.9		
		Total	\$600,000.00											Total	929,253.6		1,704,874.6	1,534,387.1		
															Present value of each year			1,704,874.6	1,461,321.1	
															Total Present Value (PV)				3,166,195.6	
															Net Present Value (PV minus the investment)				2,566,195.6	
															Social Return (Value per amount invested)				5.3	

Note : No potential negative outcomes were observed or reported during the course of this analysis. This analysis did not include participants who dropped out or did not complete the programme.





