

APPENDIX I Development for Whanau Nurse

The Innovation was to address ‘the special health needs of Maori’ The Ministry funding required that Innovations address ‘the special health needs of Maori’. One of the ways the WCDHB Proposal met this commitment was through providing a 0.5 FTE position to be identified as a ‘Whanau Nurse’ with a specific brief of ‘...a particular (but not exclusive) focus on the needs of the local Maori community’¹.

It was thought that while an appointee may have specific expertise in Maori health and be able to act as a resource to others, it was equally possible that she/he would benefit from educational support and mentoring².

Specific development was planned for the Whanau Nurse Appropriate support and development was discussed within the Project Team and at the Steering Group on several occasions, and the Project Consultant was assigned to work with the GM Maori Health, in consultation with the nurse herself, to arrange suitable activities.

Because the Whanau Nurse was in a 0.5 FTE position and needed to establish a caseload as well as participate in the project, it was felt that participation in further formal study was not an immediate priority. Rather, exposure to the practice of nurses working in similar roles would offer learning experiences in the practical application of ‘whare tapa wha’³, and two visits were arranged to Maori health service providers. As the Whanau Nurse had been able to establish services for young people in Reefton, a visit to a youth health service was also arranged.

Full details of the arrangements and the reports from the visits are available in the relevant Project File.

VIBE Youth Health Services, Lower Hutt, May 2006 (www.vibe.org.nz)

The Whanau Nurse was one of two Neighbourhood Nurses who represented the project at the annual evaluation conference in Hamilton in 2006, and both visited the Hutt Valley DHB Innovation to make the most of the return journey. Gill Alcorn and her team hosted the visit, which was to focus on dealing with young people and also cover

- what you can do for youth even if you are not in a youth health service
- how to make mainstream services youth friendly
- the consultancy offered by VIBE around youth health.

The nurses reported back in the next Neighbourhood Nurse workshop.

Te Hauora O Te Hiku O Te Ika, Kaitaia, July 2006 (www.hauora.net.nz)

This visit was run in conjunction with travel to Auckland (as this was the location of the next available course in ‘Self Management in Chronic Conditions’ after the West Coast PHO sponsored event that this nurse was unable to attend). Maureen Allan, Acting Clinical Manager at Te Hauora, was a key member of the Northland Nursing Integration Leadership Innovation, and arranged the visit programme over two days to encompass

- an overview of the service (which included the service vision and a management perspective)

¹ Position Description: Primary Health Care Nurse (0.5 ‘Whanau Nurse’), 18 June 2005.

² ‘Additional Information’ (Feb 2003), page 8.

³ A four-sided model of Maori health incorporating equally spiritual, mental, physical and whanau health, see Durie (1994), pages 69-77.

- accompanying a Whanau Ora Mobile Nurse, and a Kaupapa Maori Advanced Nurse in their caseload
- joining the adolescent health clinic's staff meeting.

The visit was described in the monthly project report, a presentation given in the next Neighbourhood Nurse workshop, and plans made for sharing the learning more widely.

Te Tai O Marokura Health and Social Services, Kaikoura, November 2006

A contact had been made earlier by one of the Reefton District Nurses with a Whanau Ora Nurse in this service, and the Project Consultant followed up to approach the nurse and make arrangements with the Tumuaki, Riria Allen, for a one day visit.

The focus was for the Whanau Nurse to work closely with Whanau Ora Nurse Suzy Parsons in her day's caseload, again to experience 'whare tapa wha' in everyday practice. A brief report written by the Whanau Nurse was sent to Te Tai, the Project Team and other Neighbourhood Nurses, with the expectation of sharing the learning further after the project's conclusion, as appropriate.

Te Tai was open to the possibility of other nurses wishing to develop their practice in interacting safely and sensitively with Maori undertaking similar visits at a later point, and this would be a priority for the other Neighbourhood Nurses.

Cultural support through reporting and supervision The GM Maori Health also discussed with Steering Group the desirability of Maori staff having an identified channel of communication for 'things Maori' alongside the line management reporting relationship. Adjustments to this effect were made to the Whanau Nurse position description for consideration by the GM Primary Care Services. A number of meetings took place between the GM Maori Health and the Whanau Nurse for this purpose.

The need for cultural supervision was also discussed within the Steering Group and Project Team, but as it was considered a complex matter with implications DHB-wide, it was not able to be provided for the Whanau Nurse in the course of the project.