Otara Health Charitable Trust

ANNUAL REPORT
2011 - 2012
This report reflects a period of transition and also a period of greater clarity for the organisation. The previous CEO, Louise McCarthy left in November 2011 after leading the organisation for 5 years and I commenced in the role on the 23rd of January 2012.

This has possibly been one of the most challenging years for Otara Health, as for many NGO’s. However because we are our solid in our foundations, remain true to our principles of ‘for the community, by the community’, and have exceptional, knowledgeable and dedicated staff, we have been able to make it through this turbulent year and continued to deliver high quality and crucial services and programmes to assist the people and community of Otara.

Significant changes occurred during the year in the health sector with the ‘Better, Sooner, More Convenient’ business cases and the changing development of the Primary Health Organisations. There are now four PHO’s in the Otara area. Otara Health has remained an independent NGO and continues to provide strong independent, community and social services to the entire population of Otara.

During the past year, Otara Health has successfully delivered on our contracts and service agreements. We continued to have the support of the Ministry of Health for our Kaitohutohu service (community outreach), and for our Active Families programmes; the Ministry of Social Development for Teen Parenting programmes; and Counties Manukau District Health Board for our community development and health promotion services. ProCare also continued to support the Active Families programme, and together with Mangere Health Trust, funded a Healthy Kai programme. We also thoroughly enjoyed our newly formed partnership with Smokechange and training smokefree Whanau champions as part of a whole community approach to smokefree pregnancies. Other services and programmes are highlighted in this report.

Since February, my focus has been to further reduce costs, renew key contracts, develop a new strategic plan and vision, and seek new partners and stakeholders. We were very pleased that all our key funders remained with us, with the MSD further expanding their support of our work and the Auckland Council and the Otara/Papatoetoe Local Board continuing their support. We are also delighted to be working in partnership with the Glenn Family Foundation for at least the next 5 year period.

While we have many programme highlights, three key leadership highlights that stand out for me as we end the 2011/12 year are:

1. The development of a new child –centred vision and strategy
2. Planning for a Families Centre in Otara, and
3. The Otara Project of the Glenn Family Foundation which will support Otara Health in being the cornerstone organisation working to improve the conditions of children, young people and families in Otara.

This coming year will see us expanding on our work in parenting. This is an identified need and gap in Otara, especially for the early years from birth to 6 years. The evidence of the importance of the early years for the future of the child is overwhelmingly strong. The Child Poverty report has also highlighted the fact that we spend lots of money trying to fix damage (bottom of the cliff work), instead of investing upfront and preventing the harm and associated costs (top of the cliff work).

Otara Health will work with parents in building strong foundations for their children with the long-term aim of providing a community where all children reach their fullest potential within a supportive family and community environment.

In the coming year we will be celebrating 15 years of working in the Otara community. It is a privilege to be leading Otara Health and I look forward to the year ahead and to working alongside our dedicated Board and Staff and the wonderful community and people of Otara.
Chairperson’s Report
Diane Maloney | Board Chairperson

2011/12 has been a challenging year for Otara Health but we have continued to deliver on our vision and goals and to provide services to meet the growing needs in the community.

It has also been a year of significant change with our new CEO, Ingrid Minett commencing in the role in January. Since May, we have been developing a new strategic plan that defines our goals for the next five years and sets out a more focused direction to achieve key outcomes for children and families in Otara.

During the year, Otara Health made submissions on the Auckland Plan and the Otara/Papatoetoe Local Board Plan. We have also continued to work closely with the Otara/Papatoetoe Local Board on a range of issues during the year.

In November 2011, Otara Health hosted a Community Forum on the Green Paper for Vulnerable Children with guest speaker, Sandra Alofivae, one of three “champions for children”. The session attracted over seventy people who were able to share their views on this important initiative.

Our relationship with Mana Whenua continued during the year through the Nga Tai E Rua marae and through our Mana Whenua representative on the Board – Roka Benioni. In June 2012, Otara Health was invited to join Te Ora o Manukau – a network of Maori health and wellbeing providers in the Counties Manukau area.

On behalf of the Board, I would like to record our appreciation for the contribution made by Bill Takerei, who stood down from the Board during the 2011/12 year.

A new Board member, John Coffey, was welcomed in October, 2011. John has a strong background in community development gained during his employment as a Manager with Housing NZ.

It has also been a challenging year financially as our expenditure on programmes and activities exceeded the Trust’s income by some margin. There was a loss of key funding during this financial period which meant drawing on cash reserves. While this was necessary it is a situation the Board views as unsatisfactory and one that cannot continue. It was a consequence of not being able to realise expected new sources of funding and not rationalising costs quickly enough. Some investment was also made in organisation resources such as information technology and vehicles.

Every effort is now being made to grow our support base, to rationalise our cost structure and to implement a more sustainable business model for the organisation. A number of new funding initiatives have been secured with services due to commence in the 2012/13 year.

We have now entered a new financial year, cognisant of the challenges and tasks ahead.

Otara Health is continually reviewing its focus and priorities and we have now completed that in the context of our new five year strategic plan. The Board is confident that we have the right strategy, services and programmes and the committed and talented staff to focus on our new direction in the coming year.

This new vision and strategy will provide momentum as we go forward into the 2012/13 year.

In July 2012, the Glenn Family Foundation launched a project focused on children and young people in Otara to help build a stronger community. Otara Health will be supported to develop a Families Centre and to provide and co-ordinate a range of positive programmes and services for children, parents and families. Otara Health will also receive support to extend the work of its Neighbourhood Support programme and the Kaitohutohu home visiting service.

Otara Health is delighted to be working in partnership with the Glenn Family Foundation on this important project for the children and their families in Otara.

Our thanks must go to all the organisations and individuals who continue to support our work – our partners in government – the Ministry of Health, and the Ministry of Social Development; the Counties Manukau District Health Board, the NGO’s and our other funders and partners who have contributed to our achievements during the past year.

I would like to express my sincere appreciation to fellow Board members, Executive Committee members and the Community Advisory Group for their support during the past year.

For the past fourteen years, Otara Health has served the Otara community to address a wide range of health education, health promotion and community development needs.

Our growth and development is testament to all the previous and current staff, Board and Society members who had the vision of a true community health organisation – for the people and by the people.

Thank you for your on-going support for us in these endeavours and we continue to look forward to the new challenges and opportunities in the year ahead.

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The roles and responsibilities of this group are to: provide community input to the Trust, put forward recommendations to the board regarding project development, and engage with their own community group regarding the work at Otara Health. The CAG committee helps to ensure our commitment towards community involvement and participation on local health and social service issues.

The membership of the group is defined in the "Constitution" and reflects the cultural diversity of Otara and diverse strengths of organisations within the community.

A concern of the Advisory Group has been the inability to sustain membership and to fill vacancies. We have had difficulty finding a Tongan member for the advisory group and have only recently appointed a person to fill that position.

CAG Members Valued Input

I see the advisory group as being the eyes and ears of Otara. The members of CAG have a different relationship to Otara than the Otara Health employees and are able to provide a different insight and perspective on matters. The CAG provides an ideal environment to think outside of the square and we have just started to do this. The members are confident with their relationship with staff and feel supported in their role.

CAG Future

The question being asked at the moment is: Does the current CAG model provide the most effective way of gaining broad community input and engagement into the work of Otara Health?

Over the coming months we will be looking to answer this question. It is important for everyone that the model we work with continues to be relevant and meets all our needs for strong community involvement and participation. Whatever the future holds we will always continue to embrace our principle of community involvement at all levels.

I would like to thank all our current and past members of the CAG committee for their dedication and work over the past year. It has been my pleasure to work with you.

Community Advisory Group Members
(as of 30 August 2012)

Chair; Board & Maori Representative
Nita Ropata-Riki
Tai Tupa
Maggie Kemp
Joseph Liava’a
Fane Tu’iha’anga
Elizabeth Tiumalu
Lin Kaiou

Cook Island Representative
Maggie Kemp

Health Representative (Shared role)
Joseph Liava’a

Tongan Representative
Fane Tu’iha’anga

Samoan Representative
Elizabeth Tiumalu

Social Service Representative
Lin Kaiou

About our services and programmes for 2011-2012

The services were divided into two service areas:

1. Family and Whanau Services
   – service manager, Salin Reji

2. Health Promotion and Community services
   – service manager, Lueyna Barnard
1. Family and Whanau Services

**Kaitohutohu service**

Team members:
Natasha Williams (Team leader until March 2012)
Julia Areaiiti (Team leader from April 2012)
Peta Letele
Pisila Ikahihifo
Waimarie Martin (from January 2012)

The Kaitohutohu service is a free home based support service for families. People are referred to the service through a variety of agencies. They are often referred for just one need, however on the first visit usually a list of issues are identified.

The Kaitohutohu worker supports the family in making a plan and prioritizing and addressing their needs. Kaitohutohu is about helping people to help themselves. The whole family is included as well. In this way their work is strength-based, empowering and holistic.

For the year 2011-12 the Kaitohutohu service had:

- 302 individual referrals
- 316 family members

For a total of 618 people supported in the year.

65% of the people were Pacific
30% of the people were Maori
5% of the people identified as something other than Pacific or Maori

During the year the team made 2,842 home visits and 1,875 phone calls.

Issues they deal with are diverse and broad. They range from housing needs, health needs, parenting support, child care, child abuse, family violence, hygiene support, relationship support, school truancy, and many more.

To effectively deal with such a broad range of issues the team receives on-going training and professional seminars. With our new child centred strategy and vision, we are now also moving to incorporating a child centred approach in all our work. Some of the training undertaken over the year included:

- SKIP training – Family Partnership and Conscious Parenting
- Family Law
- Family Violence
- Suicide Awareness
- Strength Base Training
- Injury Prevention
- Mental Health
- Smoking Cessation
- Child Abuse

Excellent relationships with all programme participants and stakeholders are maintained by the Kaitohutohu team by delivering the highest quality of service to the community of Otara.

**Teen Parenting**

The Teen Parenting programme was a new initiative that began during this year. With the high number of teen parents in Otara, the aim was to provide an assessable programme that would support the young people in becoming skilled and confident parents. The main focus was on a Teen Dad programme helping teen fathers in recognizing and gaining skills in their new role of fatherhood. The programme was superbly facilitated by Piripi Maclean. All participants on the programme rated it very highly, with a number of them asking for more classes. This resulted in an extension of the programme for the 2012/13 year.

The Teen Parenting programme also offered mentors for both the teen fathers and the teen mothers. Community people were trained and supported to be mentors and were then matched with a young person for the year. Having a mentor was optional, but all that chose it spoke very highly of the experience.

**Te Awatea**

– smokefree pregnancy programme

This programme, led by Salote Manoa, aims to seek support for every pregnancy to be smokefree in Counties Manukau. Last year 80 Whanau champions were trained and resource to hold conversations in their family and networks on the importance of smokefree pregnancies. Each champion received a $200 grocery or petrol voucher after completing 10 conversations. Otara now has 80 smokefree pregnancy champions who have given 800 conversations and who continue to talk and promote smokefree in the community. This model of champion support is what we are aiming to also do to promote positive parenting in the community in the coming year.

**Pepi-Pod scheme**

Pepi-pods are protected sleeping spaces for more vulnerable babies when they sleep in or on an adult bed, on a couch, or away from home. It is a strategy for preventing sudden infant death in babies smoke-exposed in pregnancy, born premature or of a low birth weight, or compromised in some way. It is also a strategy for increasing survival equality as preventable infant deaths cluster in babies from Maori, low income and smoking families.

The Family and Whanau services received 50 pepi pods which we gave away to families with at-risk babies. Kaitohutohu team member Peta Letele received the training to provide the wrap around support to family members. The scheme proved so popular that we are now getting 300 more beds to distribute in the coming year.
2. Health Promotion and Community Services

Team members:
Maddi Schmidt (Team leader)
Tom King (Physical Activities)
Kelly Ronayne (Youth Services)
Salote Manoa (Nutrition)
Poutoa Papalii (Neighbourhood Support)
Bernice Nehemia (Active Family Admin support)
Marie Aria (Active Family support)

Otara Health is committed to working with local groups to support their planning and activities and ultimately to enable greater community participation in finding solutions to local issues.

We played a lead role in supporting the Otara youth services, and actively participated in Youth Week. There were 3 different youth groups operating in Otara and work was done to bring the 3 groups together to one by the end of June 2012. Crosspower now leads the one group, with Otara Health participating and supporting as needed. The aim is to have the youth group led.

Through the year the team also supported the Otara Maori Forum and the Otara Gambling and Alcohol group. Both these groups are led from within the community. They also regularly participated in meetings with the Otara Business Association, the Otara Network, the Otara Network Action Committee, and Otara Safety Inc.

The team received regular on-going training to support them in their work. Training included:

First Aid
Community Development
Alcohol and Drug addiction awareness
Family Violence
Suicide awareness
Self-management education
Smoking Cessation
Strength based approach

Active Families

Otara Health has delivered ‘Active Families’ for over 6 years, a reflection of the programme’s success, enthusiasm and effectiveness. The programme is designed to support families to create more healthy environments for children referred with body weight issues. The service encourages activity, healthy food choices and peer support over a 3 month period for children. There is also a separate adult’s group known as “Getting Started”. Programme graduates are linked to a sustainable community activity after 3 months, with a transition time to support confidence and positive changes.

1. Green Prescription Active Families – the children are referred and attend with a parent, caregiver or older sibling (over 16 years). Other children in the family are also encouraged to participate to keep the programme family based. It is recognised that a child will be best supported if the whole family understands and participates in daily physical activity and healthy eating. 105 children were referred to the programme through the year and 59 graduated.

2. Getting Started – this is an adult based programme to support adults in becoming physically more active and in eating a healthy diet. This has been a very popular programme over the years with some of our programme graduates becoming champions and peer support people for new attendees. Participants report higher levels of self-esteem and self-confidence as they become more mobile and participate in a wide variety of physical activities. They also enjoy learning how to prepare healthy and affordable meals.

Neighbourhood Support

Neighbourhood Support is a corner stone of community development in Otara and has proven to be a successful initiative. At the end of June 2012 there were 57 Neighbourhood Support Groups in Otara. The group leaders are supported in establishing their groups, running meetings, and holding events through the Otara Health coordinator Poutoa Papalii.

We have worked closely with the Neighbourhood Policing Team throughout the year and together with the community have identified and worked on a number of issues, including:

a. Youth intimidating shoppers
b. Condoned truancy
c. Family violence
d. Youths acting disorderly
e. Community beautification

Some of the Neighbourhood support group leaders, Otara Health and community Police coming together for a leaders training day.
Smokefree Initiatives

Work on smokefree initiatives continued throughout the year. A stakeholder group was re-established and community training offered. We also have an MOU with the Town Centre Management for the support and promotion of the Smokefree Town Centre. Most of the staff of Otara Health are able to offer support to people seeking help to stop smoking, including providing them with quit cards for subsidized nicotine replacement therapy.

Healthy Kai

During the year, under the leadership of Carol Wildermoth Healthy Kai was revived in both the Otara and Mangere Town Centres, with retail food outlets encouraged to offer at least 3 healthy food options. Healthy food choices were promoted by Master chef Nadia Lim in each of the Town Centres in May, supported by New Zealand Nutrition Foundation, to launch Food Week.

Advocacy with Local Boards has achieved agreement to support water being freely available in each Town Centre, with the installation of a drinking water and bottle filler water outlet. The Mangere water fountain was installed in June. In Otara, it is anticipated that a water outlet will be part of the Fresh Gallery upgrade activity.

A Best Practice Frying workshop was offered to retailers in both Mangere and Otara, with 6 retailers completing their training at the end of July. Successful participants use better cooking techniques with fried foods.

Community Development

Karla Roberts, through a contract with the CMDHB, worked through the year with a number of small Pacific and Maori providers who received funding support from CMDHB under the HEHA (healthy eating, healthy action) funding streams.

The providers were assisted with development of their plans, their training needs and report writing. The aim was to strengthen the local groups with skills in the planning and implementation of local services.
Statement of Financial Performance

2012 Twelve Month Comparison Incorporating Legacy Organisation

<table>
<thead>
<tr>
<th>OHCT 2012</th>
<th>OHCT 2011</th>
<th>OHI 2011</th>
<th>TOTAL 2011</th>
</tr>
</thead>
</table>

Funding from Contracts
1,010,890 673,908 285,236 956,144

Total Health Care Otara Contract
0 416,387 205,675 622,062

Grants, Subsidies and Other Income
16,286 67,161 15,996 83,157

Total Income
1,027,176 1,157,456 506,907 1,664,363

Operating Expenses
12,297 16,262 6,478 22,740

Administration and Fixed Expenses
1,220,906 1,148,802 504,705 1,653,507

Depreciation and Impairment of Fixed Assets
103,154 36,862 12,205 49,067

Total Expenses
1,336,357 1,201,926 523,388 1,725,314

Operating (Deficit)
(309,181) (44,470) (16,481) (60,951)

Interest and Dividends Received
10,379 21,219 9,559 30,778

Net Surplus (Deficit)
(298,802) (23,251) (6,922) (30,173)

Financial Position Summary

<table>
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<tr>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>503,528</td>
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<tr>
<td>Non -current assets (Property, plant &amp; equipment)</td>
<td>127,118</td>
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<tr>
<td>Total assets</td>
<td>630,646</td>
</tr>
<tr>
<td>Current liabilities</td>
<td>288,575</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>288,575</td>
</tr>
<tr>
<td>Net assets</td>
<td>$ 342,071</td>
</tr>
<tr>
<td>General (accumulated) funds</td>
<td>$ 342,071</td>
</tr>
</tbody>
</table>
Administration Team

Otara Health Charitable Trust could not function without our skilled Administration team. They are:

Jean Sheppard (Administration Manager)
Eddie Wong Sin (Accounts and payroll assistant)
Carol De Thierry (Reception)

Through the year Jean and Eddie received training in payroll application to enable us to bring our payroll function in house.

Other Trust Particulars

Accountant: Milne Maingay Chartered Accountant Ltd.
Auditor: CST Nexia Chartered Accountants
Bank: ASB

Charities Commission No: CC45280
Physical address (admin office) – Shop 3, Otara Town Centre, Otara

Acknowledgements

Otara Health acknowledges the support, commitment, investment and involvement over the past year from our valued friends, partners and funders. Despite the challenging times we were faced with we were able to continue to provide much needed services in the community thanks to their on-going support.

Funding Partners for 2011/12

Counties Manukau District Health Board
Ministry of Health
Ministry of Social Development
ProCare
Mangere Health Trust
Smokechange Ltd.
Otara/Papatoetoe Local Board
Auckland Council
SkyCity Auckland Community Trust
Community Organisation Grant Scheme
Police Diversion Donations