5 YEAR STRATEGIC PLAN 2012 - 2017

TO ACHIEVE THE VISION:

All Otara’s children thrive and achieve within a nurturing family environment and a healthy, flourishing community.
Background of Otara and Otara Health

2 | 5 year strategic plan: 2012 - 2017
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Introduction - Purpose and structure of the Plan

The purpose of this plan is to map out a 5 year journey that will begin to take the Otara community to a place where every child thrives and achieves and is part of a nurturing family environment and a healthy, flourishing community.

Otara Health Charitable Trust aims to position itself as the cornerstone organisation within Otara that brings together funders and providers of community services that align with the vision. Based on the belief that together we are stronger and can achieve more we hope to build a truly collaborative community network.

This plan will work as a guide and will also be accompanied by an annual plan which will contain milestones against our performance. The intent is that we will regularly measure how we are achieving against the annual plan and make changes as necessary so that it continues to be a relevant and useful tool.
Background of Otara and Otara Health

The Otara community was formed in the early 1950’s as part of the central government policy to provide low cost housing and relocate inner city Maori and new immigrant Pacific workers into the area. Housing New Zealand continues to have a large investment in homes in the area with only about 42% of Otara people owning their own home. The state owned homes however were built for the standard nuclear families, not the extended families that are now living in them. As a result overcrowded households are common in Otara.

The predominant ethnic group of the area has shifted over the years from being predominantly Maori in the 50’s to now being predominantly Pacific. The District Health Board estimated that in 2011 the ethnic breakdown of the area was 20% Maori, 65% Pacific, 4% Indian, 5% other Asian and 6% other.

Health issues arose soon after Otara was formed. Low incomes and over-crowded and sub-standard housing were partly responsible for these health problems. Early in 1994 a group of community leaders and health professionals began to meet to look at what could be done to improve the situation. In 1997, due to the determination and persistence of the group, including then Manukau City Councillor (now Auckland City Mayor) Len Brown, Otara Health Incorporated was formed.

Otara Health started operating as an incorporated society in May 1998. In September 2010 its status was changed from an Incorporated Society to a Charitable Trust. It remains today an integral part of the community, because it is of the community.

The Otara community however continues to fare poorly in census and health reports. It is the smallest locality within the Counties Manukau District. The estimated population for 2011 was just 36,900. Yet 85% of the people live in areas classified as being in the highest range of socioeconomic deprivation (poverty) in New Zealand. This is based on a number of factors, including:

- Incomes under $20,000
- High unemployment
- Low educational achievement
- High number of single parent families
- Household crowding
Even more concerning is that 88% of the children living in Otara are living in high poverty. About 850 babies are born into Otara each year and about 750 of these babies will be born into impoverished homes and neighbourhoods. Otara also has the highest number of teenage pregnancies, with just over 100 babies born to teenage mothers each year.

Note: All statistics are taken from “Residential Locality Profiles for Counties Manukau DHB – CMDHB Overview” October 2011 http://www.cmdhb.org.nz/About_CMDHB/Planning/Health-Status/Health-Status.htm#residential-locality-profiles
Our Vision

All Otara’s children thrive and achieve within a nurturing family environment and a healthy, flourishing community.
Our Mission

We will support Otara to become a child centred community with a strong wrap around family, social and health services, and an engaged, active, and supportive community network.

Values

- Empowering others
- Integrity
- Collaboration
- Innovation and excellence
- Respect
Commitment to Te Tiriti o Waitangi

Te Tiriti o Waitangi, as the founding document of Aotearoa New Zealand establishes a partnership between Maori and the Crown to work together. Otara Health considers Te Tiriti o Waitangi principles of partnership, participation and protection as central to improving Maori health and well-being. We demonstrate our commitment to Te Tiriti o Waitangi through involving mana whenua and local Maori in planning, developing and implementing services.

Guiding Principles

When Otara Health was first formed it adopted five underlying principles and these continue to be relevant today. These are:

- Have community involvement at all levels
- Have a workforce from within the community and that represents the ethnicities and speaks the languages of the community
- Work collaboratively and in partnership with a wide range of stakeholders
- Develop services in response to community need and be responsive to community feedback
- Have transparent and accountable business and financial practices
In July 2012 Otara Health employed 19 staff members and was situated on two sites within the Town Centre, as well as renting space within the Te Puke community centre. Current funders were primarily the MOH, MSD and CMDHB. ProCare, the local council and other charitable funding organisations also contributed to programme and service costs.

The projects carried out in 2011/12 were:

**Neighbourhood support**
Support group leaders gain leadership skills and neighbours are brought together to improve their community and the lives of the people within it.

**Teen Parenting**
Provides a Teen Dad’s programme and on-going mentoring support for Teenage mothers and fathers.

**Active Families**
Maori, Pacific and youths with high needs and their families engage in a variety of activities and learn about healthy lifestyles.

**Kaitohutohu**
Provides intensive support for families with complex, high needs. Families are referred to the service through our wide network of stakeholders.

**Smokefree Whanau (Te Awatea)**
Supports smokefree leadership within the community and education on safe sleep, including free Pepi-pods (infant beds).

**Co-ordinated care**
Supporting community leadership on issues such as smokefree, alcohol, gambling, and advocacy.

**Healthy Kai**
Supporting local retailers in providing healthy Kai.

**Community Development**
Supports local providers contracted by the CMDHB to achieve and report on their contracted outcomes.
The information below is correct at the time of writing: July 2012.

**Current Board Members**

Diane Maloney  
Ava Fa’amoe  
John Coffey  
Nita Ropata-Riki  
Barbara Wilkinson  
Roka Benioni  
Lana Perese

The Board Chair is Diane Maloney. She also leads the executive committee, which includes Nita Ropata-Riki, Barbara Wilkinson and the CEO.

A Community Advisory Group is chaired by Nita Ropata-Riki and that is made up of representatives of different ethnic groups within the community, including Maori, Cook Island, Samoan, Tongan and Niuean.

**CEO**

Ingrid Minett

**Key Staff**

**Kaitohutohu & Teen Parenting & Te Awatea**

Salin Raj plus 5 staff

**Community Development & Health Promotion**

Lueyna Barnard plus 6 staff

**Administration**

Jean Sheppard plus 2 staff

Plus 2 project staff
Standing (L-R) John Coffey, Ava Fa’amoe, Ingrid Minett (CEO), Lana Perese, Roka Benioni
Sitting (L-R) Barbara Wilkinson, Diane Maloney (chair), Nita Ropata-Riki
Focus of the 5 year Plan – 2012 - 2017

The focus of this planning period is to break the intergenerational effects of poverty, and the issues that arise from it. Our research has suggested that to break the intergenerational cycle of poverty it is necessary to focus on skills acquisition from conception through the early years. A child-focused strategy and a child-centred model can deliver the needed skills.

We will strategically position ourselves to co-ordinate and integrate all of the services that influence the development of children from conception to adulthood, and provide services to complement and fill gaps within the community.

The focus will be on prevention, as opposed to providing reactive services. Guided by the evidence that the first three years of life are a crucial time of development, the focus of the plan will be for each of the estimated 850 babies that are born into Otara each year to have the best start to life. This means supporting families so that from the time of conception they begin to understand the care that is needed to nurture their baby’s development during the 9 months within the womb and beyond.

The child centred approach:

- housing
- nutrition
- health
- culture
- sport
- recreation
- arts
- education
- literature
- parenting
- early childhood
- antenatal
Strategic Goals Developed to Achieve the Vision

1. Develop a central Families Centre
2. Expand Neighbourhood Support
3. Expand Kaitohutohu
4. Enhance our organisational capacity

Measurable Dimensions of Success

1. Children are healthy and prepared for school
2. Children succeed in school
3. Young people graduate from High School
4. Families and neighbourhoods support the healthy development, academic success and well-being of their children
The structure will have 3 service arms:

1. **Kaitohutohu** – which will have up to 8 community workers
2. **Community Development** – the main activity will be the growth and support of Neighbourhood Support Groups
3. **Families Centre** – will incorporate some current services as well as new partners and new services and will be centrally located.
Otara Health Organisation Chart: Proposed for 2012/2013
Initiative 1 - Otara Health Families Centre

What is a Families Centre? The Families Centre will be an easily accessible place where Otara families can drop in and receive help, support, education and information on parenting, child health, child development, child learning and other issues identified by the families. It is envisioned that the centre will also be used to train professionals on issues relating to child abuse, parenting, and family violence.

**Key steps:** Acquire location; Consult with the community on priority services for the Centre; Agree services; Negotiate delivery; Open Centre; Enhance and Grow

**Timeline:** The goal is for a Central location (Town Centre) Families Centre to open in 2013. All other work leading up to this will be done through 2012.

The potential need for more than one Families Centre in Otara has been identified. This will be further explored once the Central location is established and running. At this stage we will be able to take the knowledge acquired in establishing one Centre and apply it as we explore the development of further centres.

**Service Development:** On opening 3 of the existing services – teen parenting, Te Awatea and active families – will move to the family centre. It is envisioned that there will also be an early childhood service and other service providers operating within the Centre. The services offered will expand organically based on identified community needs and priorities that will support achieving the vision.

**Funding:** The Glenn Family Foundation has pledged their support in establishing a Families Centre with Otara Health. Services and programmes operating out of the Centre will have to receive extra funding support.

**Success Indicators:** Qualitative and quantitative measures of success will be developed. It is projected that families and children benefitting from the Centre will grow each year as more services are identified and established.
*Note: in 12/13 the families and children benefitting include those from Teen Parenting, Te Awatea and Active Families.
Initiative 2 - Expand Neighbourhood Support

What is an Otara Health Neighbourhood Support Group? Otara Health currently has an MOU with the Neighbourhood Policing Team to assist with the development and maintenance of Neighbourhood Support Groups and to work together to support a safer Otara community. Otara Health works with a community development model and the Policing Team come from a crime prevention model. Together they help to help support a strong, safe and empowered community. In July 2012 there were 55 established groups of which about 45 were considered active.

Key Steps: Our target is to have at least one neighbourhood support group unit on every street in Otara, or about 250 support groups. To establish these groups we will door knock on streets that do not have a neighbourhood support group. This may be done together with the Policing Team or without them. We will provide training and support for community members who agree to be leaders. We will also look to establish a database of groups and to make regular contact with groups, especially those that are currently deemed to be inactive to re-motivate them to become active again. To do this we need more Neighbourhood Support Group co-ordinators and more capacity to hold training sessions and provide networking meetings for the group leaders.

Timeline: The timeline for number of groups we would like to establish is seen in the graph below.

Service Development: Currently we have 0.5 FTE. We will look to expand to 1.5 FTE in 2013 and to 3 FTE by 2015.

Funding: The project is currently supported by contracts with Auckland Council, the District Health Board, and the Ministry of Social Development.

Success Indicators: Success will be measured by the number of active groups, the number of members participating in the groups, and feedback from the groups on their perceptions of the difference it has made in their community, including perceptions of community safety.
Initiative 3 - Expand Kaitohutohu Service

What is Kaitohutohu? Kaitohutohu is an intense home visiting service with families identified as having complex or multiple needs that could benefit from home based support. A wide variety of agencies refer people into the service including, CYFS, Plunket, Local Schools, Police, and Doctors. The Kaitohutohu team is an ethnically diverse group of Community Health Workers who speak the languages and represent the ethnicities of the community. They work holistically and with all members within the family wishing support.

Key Steps: Our aim is to ensure that we are supporting all families who may benefit from the service, without compromising on the quality of service, including a quick response time and regular feedback to the referrer. We will do this by marketing the service to a wider range of agencies and services. We will also look to enable Neighbourhood Support Group leaders to become referrers.

Service Development: We currently have 3.8 FTE on the Kaitohutohu team. We will look to expand this to 8 FTE by 2017.

Funding: The service is currently funded through the Ministry of Health.

Success Indicators: Success will be measured quantitatively by the number of groups supported and qualitatively by the feedback from the people and the families who receive the service.

People supported

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<tr>
<th></th>
<th>2012 / 2013</th>
<th>13’ / 14’</th>
<th>14’ / 15’</th>
<th>14’ / 15’</th>
<th>16’ / 17’</th>
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<td>720</td>
<td>780</td>
<td>850</td>
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Initiative 4 - Enhancing Organisational Capacity

Otara Health’s capacity to analyse needs, explore methods, define services, negotiate partnerships and fund activities is critical to our ability to deliver the vision.

Currently the organisation has 1 CEO and 18 service delivery people. It is largely dependent on annual contracts for its funding and is therefore subject to changes in funders’ priorities.

**Within the plan period we aim to:** increase the number of people involved in business development management and service development to three (including the CEO) be financially robust and increase fund-raising activities, and continue to support the growth and development of our staff and Board

**Key steps:** Develop job descriptions for all new roles including competencies, develop role specifications, establish financial resourcing for the positions, recruit for the positions. We will continue to support the growth and development of our staff and board by ensuring current capabilities closely match both current and expected service level needs.

**Timeline and development:** We aim to have both positions filled within the first year of this plan. The two positions are: Business Development manager and Service Development Manager.

**Funding:** Existing funding will cover the salaries and overheads of the two new senior team members and ensure they are adequately resourced.
Otara Health has current relationships with the following organisations for funding:

Ministry of Health (MoH)
Ministry of Social Development (Family & Community Services) (MSD)
Counts Manukau District Health Board (CMDHB)
Auckland Council
Otara/Papatoetoe Local Community Board
ProCare
SkyCity Community Trust
Community Organisation Grant Scheme
Smokechange Ltd.

We also work collaboratively and in partnership with a number of social service agencies and community providers including but not limited to the following:

TYLA  Mental Health Services  Otara Boards Forum
Crosspower  Citizens Advice Bureau  Local schools
Plunket  Alcohol and Drug services  Counties Manukau Sport
Barnardos  Salvation Army  Otara Leisure Centre
Budgeting Services  Teen Parent Units  Family Planning

Relationship counselling  CYFS
Child Matters  Housing NZ
Community Police  Work and Income NZ

We are also members of local networking groups and organisations, including Otara Network Action Group (ONAC), Otara Safety Incorporated (OSI), Otara Youth Collective, and Otara Gambling and Alcohol group (OGAG).

Over this strategic planning period we will continue to develop our relationships with current funders and partners, especially as the Families Centres becomes established. New funding and service delivery partnerships will also be developed.

Otara Health Charitable Trust will also be working in partnership and receiving support from the Glenn Family Foundation under their “Otara Project” for the development of the Families Centre, the expansion of Kaitohutohu and Neighbourhood Support, and for developing organisational capacity.
Contact Details

For further information on the Strategic Plan or on Otara Health Charitable Trust please contact:

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