

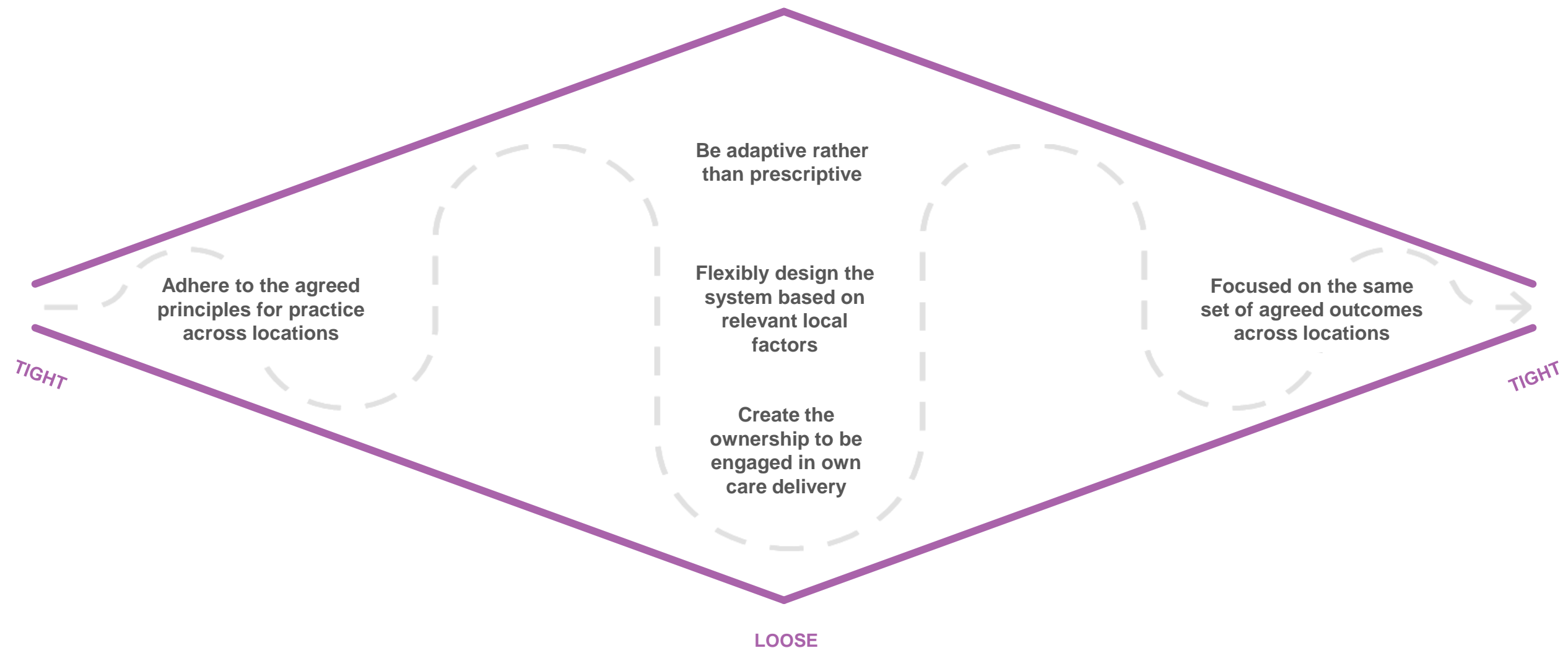


GROWING OUR CAPABILITY

We are working in the early intervention space.

Long term, our goal goal is an integrated person-centred system that creates a seamless experience as people shift between primary and secondary care.

How we will develop and grow Awhi Ora – Supporting Wellbeing



Aims:

- To demonstrate how easy it is for a GP to make an introduction
- To increase the understanding within a community of support available so that community members can recommend support to each other
- To increase connections between NGOs and improve their knowledge of each other's services
- To minimise the number of steps/relationships required for the person needing support
- To reassure and normalise for people in need (this is a point in life)
- To close the feedback loop
- To create a common language

Considerations when developing Awhi Ora – Supporting Wellbeing in new areas:

How might we effectively communicate with each other, and with people needing support in a way that we can all understand?

Consider:

- The person's level of familiarity with the current health and social support systems

How might we best inform people and their GPs about support available?

Consider:

- The level of understanding of support services available?
- Any factors that may affect the person's capability to reach out and seek help


How might we increase connections between community and GPs, in order to foster a sense of understanding and trust in the support available?

Consider:

- The cultural connection to the community
- Place-based connections
- Other location or community specific barriers

Growing our capability

Language	<p>"All the long medical words confuse me, I feel overwhelmed by the language and all the acronyms doctors use."</p> <p>People told us they want to be talked to in language they can understand easily.</p>
Consistency of support	<p>"I don't want to have to tell my story over and over again."</p> <p>Help this person build a small number of strong relationships.</p>
Accessed by	<p>"I've never been to a hospital or an institution, I'm just me, not a 'service user'."</p> <p>See this person from their perspective, not through the eyes of our system.</p>
Type of support	<p>"I haven't hit the wall, but I do need some help. Work with me to figure out what I need."</p> <p>Work together to determine the support needed.</p>
Length of support	<p>"I've got a life to live, things to get on with. Support me early and often."</p> <p>This person will need shorter, more intense support.</p>
Open & Timely access	<p>"I feel more comfortable when I know who I'm dealing with, and that people I know trust them."</p> <p>Building relationships starts with a personal introduction to support services.</p>
Accompanying information	<p>"I just want people to see me how I am now, not looking at me how I used to be."</p> <p>See this person with fresh eyes, their history is not everything they are.</p>
Support worker skills	<p>"I want help, but I don't want someone to just do everything for me, or tell me what to do."</p> <p>Coach this person through their journey so they can really own their wellness.</p>

PRIMARY...		SECONDARY...
... uses more common everyday language		... uses more clinical language
... creates fewer and more consistent relationships		... creates more and less consistent relationships
... sees the person more		... sees people as service users
... helps the person determine the type of support – what matters to them		... system defines the type of support
... is responsive to how long a person needs support and at what intensity – may be shorter term		... is often longer term
... introduces the person to support		... takes referrals
... has accompanying information that is minimal and gathered with fresh eyes		... has access to information about risk, diagnosis and history
... uses conversational, coaching & navigation skills		... add medication knowledge and living skills