



## **PROTOTYPING *AWHI* ORA – *SUPPORTING WELLBEING***

---

Learning in practice

## The prototype aimed to...

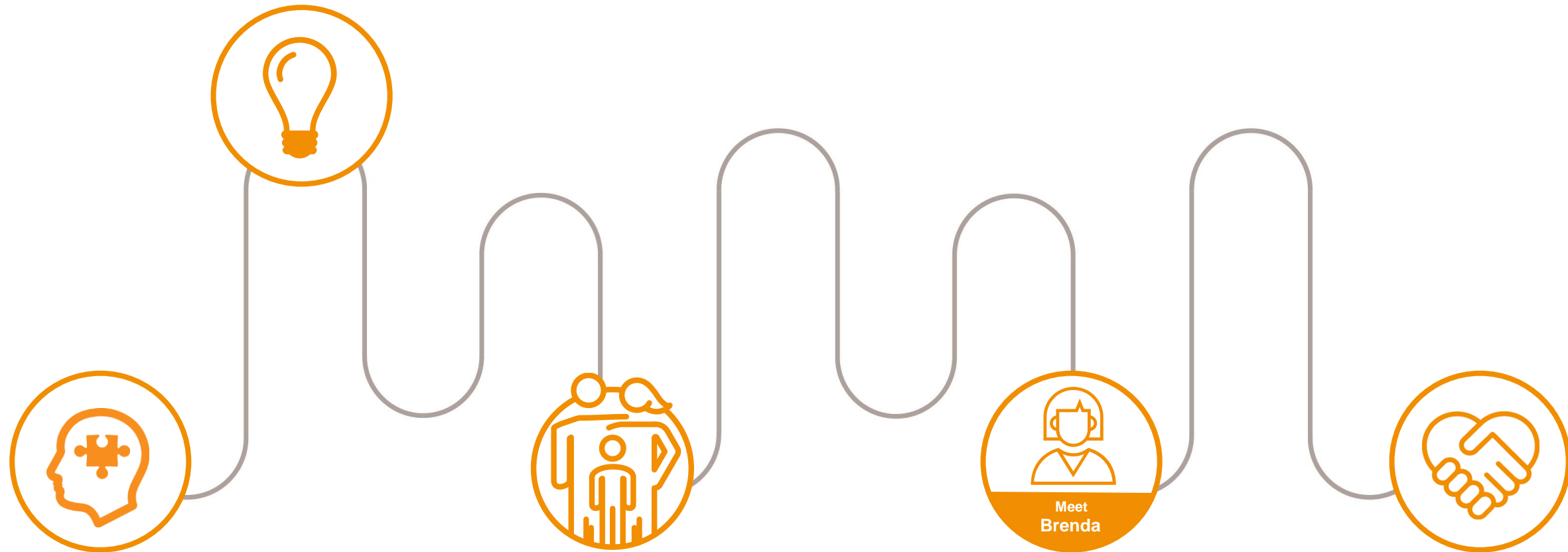
Enable people who are experiencing more than just health issues to access NGO support through their GP and/or primary care provider. This person could introduce them to a walk alongside support process with NGO support workers (Peer Support and/or social support depending on the person's needs) who assist people to achieve the outcomes that matter to them.

### Introducing Awahi Ora – Supporting Wellbeing

Creating wellbeing together in Tāmaki

"I've got a challenge with Work and Income, Housing New Zealand or another agency. I'd like someone to work with me on it."

Dealing with more than just a health issue?



## Our design challenge

How might we... enable people in Tāmaki who are experiencing more than just health issues to access appropriate and timely NGO support; initially focusing on integrating access to NGOs as a core part of what GPs and primary care can offer.

## The community said...

- I want personalised support
- Accessed in my locality in an open and easy way
- With the person that is right for me
- Walking alongside and supporting me in a timely way, on the things that matter to me.

## Illustrating the complex challenges people face

## Working towards a compassionate ecosystem of care



## It's interesting...

...that good relationships with GPs matter to people

...that some people have narrow views of what GPs can do

...that people felt their support worker had more time to listen than their GP

...that GPs play an important role in the whole of a person's care

...that some people have little understanding of what the health system has to offer beyond clinical care

There can be low service expectations

...how the person is introduced to the service impacts on their experience

...that we aren't always explaining information to people in ways they can understand or connect with

...that it can be difficult for GPs to understand the many services available and the differences between them

...that there are so many entry restrictions on these services that can prevent access and engagement

The right messages are critical at introduction

...the difference it makes when we move from a transactional referral to an introduction to a relationship

...that support workers are able to support people in so many different ways

...that getting away from the house is seen as liberating for some. That being seen at home gives a greater sense of control to others

...how important the skill of *really listening* is for GPs and support workers to do well

... how effective a good relationship with a support worker can be for a person, rather than attempting to navigate the current 'system' alone

...how the person's success is so dependent on an individual relationship with a support worker

...that getting to know me rather than deciding what's wrong with me will have a better impact on my health

How critical respectful relationships and compassion are to positive outcomes

...that we underestimate the time and care it takes to build relationships that matter

... the NGOs working together have the ability to tailor greater support on an on-going basis

...people are not sure where they can turn to for help once inside the service or process

Continue to look at the needs of each person



## It's interesting...

...how big, but also how subtle the differences are between primary and secondary care

...that NGOs face challenges to take on the breadth of change required when working in primary care

... that we need more experienced support workers in the primary care context

There is a continuum of support types provided across primary and secondary care

...how important it is to be *in this place* in order to create familiarity and build trust

The importance of understanding how a sense of place can foster trust and legitimacy

...that this service has provided benefits that touch a person's whole life, beyond their health, and into their wellbeing

There are collective benefits

...how hearing "language is just semantics" from some health professionals is indicative of the culture shift required

...that people connect more with everyday language than clinical language

...clinical language causes misunderstanding and angst for people requiring support

...that NGOs and GPs don't yet have a common language to talk to each other

Changing language changes practice

...that deciding how and what information might be shared is part of relationship building

...how we must be intentional about relationship building because co-location doesn't always equal integration

... that some GPs expect feedback from the NGOs, but receive little feedback through a traditional referral

... that other GPs are comfortable with receiving feedback directly from their patients

...that NGOs see value in collaborating rather than competing

...that success was built on individual relationships rather than organisational relationships

Being intentional about how we build relationships and give feedback

...how contracts don't yet take into account the time and resource required to build relationships

Take the time

...that people aren't being affected by a diagnostic shadow in primary care when they come into support

...that seeing people with fresh eyes may carry a higher risk profile but also creates opportunities to work together as equals

...that when we impose a health system view on people who have been involved in the system for long periods they start to take on this identity

Needing support is a point in someone's life, it isn't their whole life