

Oranga Mahi – Here Toitū

Key evaluation findings

June 2023

Here Toitū offers 12-months' support for disabled people and those with health conditions to improve their health and wellbeing and work towards employment-related goals. This paper presents key findings from its evaluation, found [here](#).

Background

Disabled people and people with health conditions have lower rates of employment, lower median income and are more likely to be in precarious work than others. In the June 2022 quarter, the unemployment rate for those aged 15–64 years was 7.9% for disabled people compared to 3.3% for non-disabled people¹. Returning to work after illness or injury is associated with improved health and wellbeing outcomes. Many people with health conditions would like to work and see employment as a central part of their recovery.



Initiative

Oranga Mahi is a programme of cross agency trials and services delivered in partnership with the Ministry of Social Development (MSD) and the health sector to support disabled people and those with health conditions to improve their wellbeing and enter sustainable employment. Here Toitū is an Oranga Mahi trial service, delivered by MSD and four Primary Health Organisations (PHOs), in the Auckland, Canterbury and MidCentral regions.

Here Toitū aims to support disabled clients and those living with a health condition to improve their wellbeing, determine their goals and aspirations, and build work readiness and engage where appropriate in sustainable earning, learning, caring or volunteering.

Eligible clients are working age recipients of a main benefit with a medical deferral, enrolled with a participating general practice, who want to improve their wellbeing with a view to return to work, study or volunteering. A dedicated support team works with clients for up to 12 months.

The dedicated team and how they work

The PHOs employ kaimanaaki (health navigators) to enrol and deliver Here Toitū services to clients. Kaimanaaki receive referrals and contact clients by phone or in person to explain the service and complete enrolments. They then work with clients to identify goals using the Wellbeing Star, develop action plans and track progress. They also support clients to access health, social and community services.

A general practice team may include a general practitioner (GP), practice nurse, nurse practitioner, social worker and other health professionals or administrative team members within a participating general practice. GPs refer clients to the service and support clients' medical needs.

MSD's dedicated case managers/coordinators work with kaimanaaki to support clients with entitlements and support for social and employment needs.

Wellbeing Star – a tool the team used with clients to identify their goals, develop action plans, guide the support provided and track progress together. The Wellbeing Star tool was developed in the United Kingdom and has a solid evidential base.

Flexi-fund – an MSD fund was available to enable clients to access support and services not covered by other MSD funding.

Scope of evaluation

Evaluation of Here Toitū included:

- in-house analysis of monitoring data from November 2019 to December 2021, supplemented with MSD administrative data
- interviews with 50 service provider staff, 25 MSD staff and 70 clients enrolled in Here Toitū. These were completed in three provider sites in March 2020 and November 2021, and in a later site in March 2022. The qualitative evaluation was carried out by Litmus Ltd.

The evaluation aimed to provide evidence of Here Toitū's implementation and achievement of short- and medium-term outcomes for clients using the service. This will add to the evidence on what supports move disabled people and those with health conditions towards employment, and inform direction of the Oranga Mahi programme.

The key evaluation questions were:

- How well has Here Toitū been implemented to achieve the intended activities and immediate outcomes?
- How can the implementation of Here Toitū be improved?
- How well have MSD and health agencies enabled and influenced the implementation of Here Toitū?
- How is Here Toitū supporting the achievement of the desired short-term and medium-term outcomes?

We use the term 'clients' to refer to those enrolled in Here Toitū; 'participants' are those clients who took part in qualitative interviews.

The first success is completing the course, which I'm just doing my final paper now. It finishes in two weeks. The second success I would say would be even applying for the course because I didn't feel confident enough with my skills and knowledge to feel like I could do something like this.

(Participant)

Author: Amanda Mainey, Research and Evaluation

Key findings

Enrolling clients into the Here Toitū service appears to be challenging

General practitioners (GPs) were the main source of referrals. More than half (60%, or 612 people) of the 1,167 people referred did not ultimately participate in the service. Of these, 43% (264 people) could not be contacted. The remainder either declined or were declined by the Here Toitū service provider after initial conversations. The qualitative evaluation found several reasons for this, including:

- inappropriate referrals from general practice (not meeting eligibility criteria eg with acute health or mental health issues)
- Covid-19 lockdowns prevented face to face meetings to enrol potential clients, and some did not want or could not engage virtually during lockdowns
- some decided they were not ready to engage with the service.

The service was broadly implemented as intended, with some variation between different sites during Covid-19 lockdowns

459 clients enrolled into Here Toitū in the evaluation timeframe. Clients' ethnicity broadly reflected the ethnic grouping of health condition or disability related main benefits, with 68% European, 24% Māori and 14% Pacific people enrolled.

The speed of establishing Here Toitū varied across the four PHOs, depending on their starting points. For one provider, Here Toitū was similar to their previous service, so they had an existing kaimanaaki workforce and general practice relationships and so were able to implement the service quickly. Other providers needed to establish teams and build wider relationships, but all services matured with time and offered the same dedicated support.

Providers introduced new pathways to address slowing referrals during Covid-19 lockdowns. This included online self-referrals and cold-calling potential clients. MSD and one PHO also worked with their equity partners to improve access for Māori and Pacific people.

Nearly half who left Here Toitū had achieved their goals or completed the maximum duration of service

231 clients had exited Here Toitū by the end of 2021.

Nearly a third of those exiting (30%, or 69 clients) had achieved their desired outcomes (eg employment, improving their health and wellbeing, or enrolment in study). This is a real achievement for a cohort with complex and significant needs. Eighteen percent (42 clients) left without achieving goals, but because they had received the maximum 12 months of support.

Just over half (52%) left the service without achieving goals

The remaining exiting clients (52%) left the service early, without achieving their goals. Qualitative interviews with kaimanaaki indicated that some clients did this because they:

- did not believe they could attain their goals
- decided the service was not appropriate
- did not want or were not able to engage virtually during COVID-19 lockdowns
- had a crisis or another emerging issue
- moved to an area or GP not in the service.

At times the service was not able to contact a client, so some reasons were unknown.

Those with a mental health condition were less likely to 'successfully complete' their time in the Here Toitū service

Over half (56%) of enrolled clients had a recorded mental health condition at their time of enrolment. Clients with a recorded mental health condition were less likely to either reach the maximum service duration or achieve their agreed goals (37%) than clients who did not have a recorded mental health condition (59%)¹.

More research is needed to understand clients' reasons for exiting the service

Thirty percent of clients leaving the service had reached their goals. However, more than half of clients left early without doing so. Those with mental health conditions were less likely to achieve goals or reach the end of the service. This suggests there may be elements that are not working as intended for some clients who are enrolled in the service.

I felt really positive. She really listened to me. She told me that they could help me get me a CV. She helped me to get my [name] licence. This is a real wraparound system. She had somebody that worked for Work and Income that helped me out as well. She knew a lot of people to help me. I felt empowered by our first meeting. She was going to walk that journey with me side by side to help me.

(Participant)

A shared vision, collective governance and adequate resources enabled effective collaboration between health and employment services

Key evaluation insights about partnership include:

- There were several layers of collaborative structures at both regional and national levels which enabled successful cross-agency working (local clinical advisory groups in each PHO; regular meetings of kaimanaaki across PHOs; a National clinical advisory group; and a Here Toitū collaborative group to guide improvements)
- MSD and PHO partners allocated time to learn to work effectively together and sustained this through regular interactions
- PHO leaders and regional MSD leaders valued the collaboration, but also wanted more regular access to insights from Here Toitū. This would help to inform responses to regional needs and regional purchasing decisions respectively.

Participants valued an integrated approach towards health and employment, and this aligned with their reasons for enrolling

Participants reported they enrolled in Here Toitū because they wanted:

- non-judgemental support on their health, wellbeing, and other issues
- support engaging with Work and Income and health and wellbeing services
- support to gain a job, as they struggled to live on the benefit or were newly unemployed due to COVID-19
- more social connections.

Progress for Here Toitū clients takes time

Most participants had complex, challenging health and wellbeing needs. The tailored, stepped approach, addressing these needs before focusing on work, volunteering, and training, was valued by most participants.

The 12 month service duration enabled the dedicated support team to build trusting relationships and work holistically with clients. Providers also noted that the duration was helpful because progress could take time and multiple interventions, and setbacks could occur.

Most participants and kaimanaaki interviewed found the Wellbeing Star tool useful to guide the work, identify goals and track progress. However it was not used consistently by all. The evaluation found it would benefit by incorporating mātauranga Māori, to better reflect Māori understandings of wellbeing and possibly encourage equitable access for Māori clients.

¹ This was statistically significant: $X^2(1, N = 231) = 9.5616, p = 0.002$ – based on non-randomly rounded figures. Comparison group is people who do not have a mental health condition.

Many clients also received support through referrals to external services, or Flexi-fund payments for goods and services

These tools aim to support progress towards agreed wellbeing and employment goals set out in participants' plans. Around two thirds of clients had accessed goods or services through a Flexi-fund payment. Over time kaimanaaki awareness and understanding of the fund has grown, but providers interviewed still felt the fund was under-used and not used innovatively to progress client goals.

Participants reported improvements to health and self-confidence

Analysis of Wellbeing Star records shows most clients reported improved outcomes in four of the eight domains of wellbeing. This should be treated as indicative only given the limitations in using the tool as a measure of change, rather than a tool to guide work with clients.

The qualitative evaluation supported this, with most participants reporting improved confidence and wellbeing, that they were better at managing their health and wellbeing and had strengthened their links to other services. The dedicated support team members interviewed also noted the same positive client changes.

I've improved my health since I started. That's probably my main one ... Before I started I was spending, I would say, maybe 60% of my day in bed because I was in a lot of pain. Now, I'm a lot more mobile because I've gotten help. I've got to doctors and chiropractor and it's helped me a lot. I'm not in so much pain all the time. I do still have issues that we're working on. I can't do things like I used to a while back but I have gotten to the point where I can function more normally.

(Participant)

Positive health and wellbeing changes enabled participants to make changes towards volunteering, training, and work

Participants reported they were making stepped changes towards volunteering, training, and work. Some interviewees were engaged in or about to enter some form of education, training, or short course (eg social work, electrician training). For these participants, education or training was the next step towards their preferred employment.

Other participants were volunteering to gain social skills and work experience to step them towards their employment goal. This had led to increased confidence about working, and even paid employment for a few.

Some Here Toitū participants were work-ready or had gained employment

While some were taking positive steps to become work-ready, around half of those interviewed had gained paid employment or were actively applying for work. However, a few felt their long-term health condition or disability meant they were unlikely to return to employment.

Provider data showed that just under 27 percent of clients (123) had a work readiness outcome recorded. Just over 16 percent (75) had at least one employment outcome recorded. Further analysis showed that around a quarter of clients who had left Here Toitū at least 12 months earlier were not receiving a main benefit 6 to 12 months after their exit.

The impact evaluation using data in the Integrated Data Infrastructure (IDI) will tell us more about the long term effectiveness of Here Toitū, and other Oranga Mahi trials.

Service implementation can be strengthened by improving use of the Wellbeing Star and communication between partners and clients

The evaluation recommended:

- more consistent regular use of the Wellbeing Star tool and action plan⁶ as appropriate to client need and progress
- clarification of the roles of the dedicated support member, especially how kaimanaaki and dedicated case managers can work together more effectively, and improving involvement and communication with GPs to offer clients the intended holistic service
- improving the transition to exit, so processes are consistent and appropriate supports put in place for clients.

Luckily, I have a flexible boss. On days where I have a flare-up of my condition, I can message and say I won't be in. He's okay with that.

(Participant)

Further shared training could support improvements to the service, including work with MSD Work and Income

Dedicated case managers and kaimanaaki across the four PHOs highlighted their integrated way of working can be strengthened through shared integrated training. Further training is needed on cultural safety, the Wellbeing Star tool and action plan, the MSD flexi-fund, and how to have challenging conversations. Teams also called for greater engagement with Work and Income staff, and training on how to improve integrated ways of working between the teams and Work and Income.

Employment support should be tailored to client goals and needs

While the stepped process was appropriate and greatly valued by most participants, a few had wanted earlier support with employment. One provider placed more emphasis on transitioning clients to employment than others. Participants here valued receiving employment support (e.g. CV, networking, job lists) tailored to their goals and needs.

The evaluation suggests that the dedicated support team needs to focus more on supporting clients into employment without undermining other wellbeing goals. Employment support needs to reflect different learning needs, employment aspirations and understanding of what appropriate employment for clients' health needs would be. This points to a greater focus where possible on providing tailored employment support, such as developing CVs, identifying job and volunteer opportunities, interview training, and practical job search support. Building better connections with MSD's regional employment service may strengthen this.

Processes need to address the gap between referrals and enrolments, and foster equity of access

Fewer than half of those referred were successfully enrolled into the service. Feedback from the few GPs available for interview suggested their understanding of the service could be improved through more regular high level feedback on client progress. This could help both to improve the referral pathway and sustain client gains on completing the service. However, this would be dependent on GP capacity.

Evidence around providers' strategies for enrolment suggests that arranging face to face meetings to enrol clients was more successful than relying on phone contact alone. This also encourages whanaungatanga and equitable access for Māori.



Limitations of the evaluation

The evaluation findings reflect the experience of those interviewed. While representative sampling was used to ensure diversity of clients interviewed, more research is needed to explore how the service was experienced by those who did not enrol, left early, or left the service without achieving their goals, and what else (if anything) could have been provided to support them.

There may also be some bias since the service operated during COVID-19 lockdowns, potentially encouraging isolated and vulnerable clients to view the contact from the service, or from anyone, more positively than they otherwise would have.

We were unable to look at long-term outcomes such as sustained employment, income, education, or health outcomes as part of this analysis. This requires a longer follow-up time to track clients' outcomes. Work is underway to analyse the long-term impacts of Here Toitū and other Oranga Mahi trials using data in the Integrated Data Infrastructure (IDI).

Alignment with Te Pae Tata and Pacific Prosperity

MSD has an obligation to improve outcomes for Māori through Te Tiriti o Waitangi and Te Pae Tata – Our Future (MSD's Māori Strategy and Action Plan). Te Pae Tata provides a clear direction on the importance of meaningful relationships with Māori to achieve better outcomes for Māori. MSD's Pacific Prosperity strategy similarly guides work with and for Pacific people.

MSD acknowledges more work is needed to ensure Māori and Pacific clients receive culturally appropriate services and are enabled by providers to reach their goals. While Here Toitū is not grounded in mātauranga Māori, it incorporates Māori imagery and language. All providers have a culturally diverse team. Cultural capability was reflective of organisational philosophy and values (e.g. the use of a whānau-centred approach versus an individual-centred approach). More work may be needed to strengthen organisations' cultural responsiveness to Māori clients through Māori leadership, inclusive practices, and ensuring culturally safe environments for Māori clients and staff.

Fourteen percent of clients were Pasifika. Interviews with MSD and PHO staff highlighted that the response to Pasifika clients was led by Pasifika kaimanaaki. While outcomes were not significantly different for Pasifika clients, Here Toitū service design has no formalised approach to ensure appropriate engagement with Pasifika clients, particularly by non-Pasifika staff. A more strategic approach should be built into service design and delivery to ensure appropriate delivery does not continue to rely on individual kaimanaaki alone.

How MSD is responding to the Here Toitū evaluation findings

The findings in this evaluation provide an opportunity for MSD to improve the programmes offered in the Oranga Mahi, to better support disabled people and those with health conditions towards improved health and wellbeing and sustainable employment.

The Oranga Mahi Team has begun implementing insights from this evaluation to strengthen Here Toitū. Changes that are currently underway include:

- creating a consistent transition to exit process and additional supporting resources
- redevelopment of the training package to assess the gaps in training needs
- strengthening cultural practices and processes for both Māori and Pasifika with providers and MSD
- strengthening the employment supports available for those in the service

The Oranga Mahi team also aim to look at other opportunities to improve Here Toitū by:

- adapting the Wellbeing Star tool to incorporate Māori methods of wellbeing
- increasing visibility of the service with teams, utilising MSD's GP networks
- reassessing eligibility and enrolment criteria, and referral pathways to improve the referral to enrolment rates
- considering best approaches to monitoring early in the design of programmes, and current reporting requirements, to ensure good quality data is captured.

Here Toitū is a promising service

We cannot yet say whether Here Toitū leads to sustained employment. It does appear to achieve improved health and wellbeing, leading to work-readiness which may with time lead to employment. Some clients have gained employment during their time in the service. These are all significant gains given the complex needs of those enrolling in the service. Future research using IDI data will tell us more about long-term impacts, such as sustained employment, income, education, or health outcomes.

We discussed my goals, what I wanted to achieve. We set goals together... We would focus on one at a time in achieving those steps.

(Participant)