

What is the role of a Whānau Ora Navigator / Kaiwakaaraara?

Whānau Ora Navigator / Kaiwhakaaraara work alongside Whānau to identify their aspirations, strengths and chosen pathway using the Te Ara Whānau Ora pathway. They support Whānau by providing coaching, advocacy and brokerage services.

What is “Te Ara Whānau Ora?”

Te Ara Whānau Ora is a strengths based process that supports you as Whānau to identify **your own** goals and aspirations. Whānau are supported to address areas of concern in their lives by tapping into and reinforcing their own individual and collective knowledge and strengths. Through this process a plan is created that supports Whānau to excel.

Any queries or complaints please contact:

Masina Paewai

Kaiwhakataki/Service Manager

Phone: (06) 354 9107 ext 233

021 02571750

masina.paewai@tetihi.org.nz

Te Tihi Alliance

Te Tihi is an Alliance of eight Iwi, hapū, Māori organisations who have come together in the spirit of manaakitanga, kōtahitanga and rangatiratanga. By working collectively, we are able to bring all the benefits of our organisations together and deliver services which are whānau-centred.

Members of the Alliance:



TE WAKAHUIA MANAWATŪ TRUST
56 Pembroke Street, Palmerston North
Ph: (06) 357 3400

NGĀ KAITIAKI O NGĀTI KAUWHATA INC
139 South Street, Feilding
Ph: (06) 323 6446



BEST CARE (WHAKAPAI HAUORA)
CHARITABLE TRUST
140-148 Maxwells Line, Palmerston North
Ph: (06) 353 6385

HE PUNA HAUORA INC
Unit 5, 160 Grey Street, Palmerston North
Ph: (06) 356 7037



RANGITĀNE O TAMAKI NUI A RUA
Te Kete Hauora, PO Box 62, Dannevirke
Ph: (06) 374 6860

RAUKAWA MĀORI WARDENS
Highbury Avenue, Highbury, Palmerston North
Ph: (06) 355 5705



NGĀ IWI O TE REU REU – TE RŌPU HOKOWHITU CHARITABLE TRUST

MĀORI WOMEN'S WELFARE LEAGUE RANGITĀNE O MANAWATŪ & KAUWHATA BRANCHES



Whānau Ora Navigation Service Referral Form



**TE TIHI O RUAHINE
HE PUKA TONO**

REFERRAL TO THE WHĀNAU ORA NAVIGATION / HE TONO KI TE KAIWHAKAARAARA SERVICE:

WHO IS THIS REFERRAL/ TONO FOR

Name:
Date of Birth:
Address:
.....
Gender:
Phone: (Home)(Cell).....
Ethnicity
Email:
GP:

REASONS FOR TONO

.....
.....
.....
.....
.....

FURTHER CONSIDERATIONS

Are there issues of consideration for home visiting?
E.g. family dynamics, dogs on property, firearms.
Please outline:
.....

WHĀNAU CONSENT TO TONO: Yes

Signed:

**ALTERNATIVE WHĀNAU CONTACT PERSON
(Optional)**

Name:
Address:
.....
Phone:
Relationship:

REFERRER TO COMPLETE ALL SECTIONS

(Self-referral does not need to complete this Section)

Referrer Name:
Organisation:
Phone:
Email:
Postal address:
Fax:
Date of tono:



CONFIDENTIALITY STATEMENT

The Whānau Ora Navigator / Kaiwhakaaraara will not collect, record or disclose any information to any person/s about the Whānau named in this tono without completed consent from the Whānau.

I FURTHER UNDERSTAND AND ACCEPT THAT should the Whānau Ora Navigator / Kaiwhakaaraara become aware of any situation/ incident/occurrence from which any child or person/s in my care has been subjected to any abuse or neglect, the Whānau Ora Navigator / Kaiwhakaaraara will be required to notify the appropriate authorities to ensure the safety of any child or person/s.

Yes

Please forward completed tono to:
Email: referrals@tetihi.org.nz
Or deliver to:
Health On Main
575 Main Street
Palmerston North

OFFICE USE ONLY

Tono Logged with Kaiwhakataki: YES / NO

DATE TONO RECEIVED:

SIGNATURE: