

An evaluation of the Raukawa Health Services Kaumatua Mirimiri Programme

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Summary

The Kaumatua Mirimiri Programme was funded as a Service to Improve Access project under a contract which ran from 1st September 2004 to 30th June 2005. Its aim was to provide a “culturally based treatment and recovery programme to restore the health and independence” of people aged 40 years and over (Pinnacle Group Ltd, 2004a, p.1). However, as the service specification in the contract made clear, the programme was not designed to be exclusive: it has attracted younger as well as older people, non-Māori as well as Māori, and people seeking help for a wide range of ailments and pain.

Our evaluation was conducted approximately four months after the end of the contract. Data was obtained from three main sources: an analysis of client records, a focus group with clients, and a focus group with staff. Limitations of our approach include the relatively small number of clients who attended the focus group and significant gaps in programme record keeping. Nevertheless, given the strong uniformity in the data, we believe that they provide a reasonably trustworthy picture of the programme.

The programme was contracted to recruit at least 50 clients. In fact, 107 clients were registered, 69% of whom were Māori. As would be expected, the majority of clients (79%) were over 40 years of age. They were experiencing various health problems, with vision problems, numbness or tingling, high blood pressure, headaches, dizziness and arthritis or gout being particularly common (each affected at least 40% of the clients). Moreover, at the time they were first seen, many clients seemed not to be receiving treatment for some of the problems they were experiencing. Becoming involved in the Mirimiri Programme meant that at least some clients were referred on to other services, often within Raukawa Health. From this perspective, it is likely that the programme has facilitated access to primary health care.

The accessibility of the programme can be attributable to a number of factors. It is free. Transport is provided (within Tokoroa). A process of whanaungatanga operates, such that clients, non-Māori as well as Māori, feel included. Similarly, staff make people feel welcome.

A number of benefits of mirimiri were reported. These included pain relief in respect of chronic conditions, reduced tension and stress reduction, socialising with others and restoring mobility and flexibility. Additionally, the number of return visits is a strong indicator of perceived benefit.

Largely because of incomplete records, it is difficult to quantify the extent to which the programme facilitated the provision of further care to participants. However, it obviously became an integral part of Raukawa Health Services, with clients freely moving between the Mirimiri Programme and other services offered by the Trust, providing a more holistic approach to primary health care.

While record keeping systems need to be reviewed, it is our conclusion that the Kaumatua Mirimiri Programme appears to be a valued and important part of the suite of services provided by Raukawa Health Services. Accordingly, we recommend:

That the Mirimiri programme be funded for a further year, and

That procedures be put in place to ensure that programme record-keeping is accurate, complete and up-to-date.

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Background

The Kaumatua Mirimiri Programme was delivered by Raukawa Health Services, an arm of the Raukawa Trust Board. Raukawa Health Services provides a wide range of services including Home Visiting Services, Homecare & Support, Kaumatua/Kuia Services, a Maori Disability Service, Activities for Rangatahi, Mobile Nursing, Rangatahi Health Education Service, School Based Programmes, Sexual Health and Free Contraception Programme, Addiction Services, the Waka Taua Wellness Programme and Well Child Services.

The Kaumatua Mirimiri Programme was initially provided as a voluntary service. For ten months, it was funded under a contract to the Waikato Primary Health Organisation as a Service to Improve Access project. That contract has come to an end and the service is currently in abeyance.

Service to Improve Access projects are intended to improve access to primary care services for specified high need groups within an enrolled population, in this case, over 40-year olds who are recovering from injury or ailment. Service to Improve Access projects are a key mechanism for Primary Health Organisations to achieve improved health outcomes for their enrolled population.

According to the Business Plan, the stated aim of the Kaumatua Mirimiri Programme is to provide a “culturally based treatment and recovery programme to restore the health and independence of 40+ people in Tokoroa” (Pinnacle Group Ltd, 2004a, p.1). However, while there is a particular target group in mind, the service is designed to be inclusive, not exclusive. That is:

- While the 40 years and over age group is the particular focus – because that is the age group in which people begin to feel the cumulative effects of earlier stresses and injuries – people of all ages may access the service. Of the 107 clients recorded on the programme’s “books,” 21% are under 40 years of age.
- While the focus is on the use of mirimiri to enhance recovery from injury and ailments, any person may access the service for medical reasons.
- While the service employs a specifically kaupapa Maori methodology, people of any ethnic group may access the service. Twenty-four percent of the clients are non-Māori (mostly Cook Island, but also Pakeha and Samoan).

Alongside Rongoa Maori and spirituality, mirimiri is a leading area of health improvement for Maori. The programme reflects an holistic approach to improving health. That is, it includes an individual assessment, treatment and the preparation of an individual care plan, including education on maintaining recovery and appropriate referrals to other services and programmes. These include Pacific exercise classes, Tai Chi, walking programmes, nutritional programmes, cervical screening, nursing care and counselling. In this way, the Kaumatua Mirimiri Programme is a point of entry to “wraparound” services provided by Raukawa Health Services and other providers. It is believed to be improving clients’ access to primary health services, enabling health problems to be addressed in the community and reducing the demand for secondary and tertiary care.

In addition to the programme’s role in improving access to primary health care, specific physical benefits of mirimiri are expected to include

- Restoration of tissue elasticity and flexibility to increase movement
- Increased joint movement
- Improved blood circulation and reduced blood pressure
- Enhanced immune system
- Release of stress/tension
- Increased energy flow. (Durie, 1994; Pinnacle Group Ltd, 2004b; Te Hauora O Turanganui A Kiwa, 2005)

Thus, potentially, mirimiri provides both ameliorative benefits for chronic conditions and may help prevent serious illness. For example, reducing blood pressure is very important for those at risk of strokes, including those who have suffered from a stroke in the past. High blood pressure is found in many Maori and Pacific Island families on low incomes, low education levels and living in deprived areas (National Heart Foundation, 2004).

As noted in the contract under which the programme is provided, holistic interventions such as mirimiri have generally not been subjected to the same level of research scrutiny as bio-medical interventions (Pinnacle Group Ltd, 2004b). By their very nature, holistic treatments are not particularly amenable to randomised clinical trials, the “gold standard” of bio-medical intervention research. Instead, to understand holistic approaches requires understanding the intervention in the context of consumers’ lives. It also requires understanding the context in which the “service” is delivered. For example, the experience of participating in mirimiri is likely to include not only a physical dimension, but also spiritual and social dimensions, as clients participate in a setting in which their values, world view and sense of connectedness are nurtured.

While the immediate benefits of mirimiri are undoubtedly important to consider, given its status as a Service to Improve Access project, the programme also needs to be evaluated in terms of its effectiveness in reducing barriers to primary health care. That is, a comprehensive evaluation needs to consider not only the specific physical, spiritual and social benefits reported by participants, but also the extent to which it engages clients who might otherwise not receive appropriate primary health care. This includes assessing the effectiveness of the programme in facilitating the provision of other services clients need to maintain their health and enhance their well-being.

Objectives

1. To what extent does the Mirimiri Programme attract clients who might not otherwise receive primary health care?
2. What do clients and staff perceive as being the benefits of participating in the Mirimiri Programme?
3. To what extent does the Mirimiri Programme facilitate the provision of appropriate primary health care for participants?

Method

Review of client files

We undertook an analysis of information contained in client files. It was intended that this analysis would provide a profile of the clients, an overview of the service provided, a summary of the referrals made, indicators of improvements and reasons for discharge. Not all of this was possible, as there were significant gaps in the records. Although there were 107 files relating to identifiable clients (the files specified names, gender, age and ethnicity), only 48 contained clinical information. Mostly, this was limited to the *Client Assessment Form*. Thus, our analysis is limited to a sample of the clients. Tables 1, 2 and 3 compare the demographic profile of this sample with that of the total population of clients.

Table 1: Age of clients

Age	Sample		Total
	N	percent	percent
20 - 29 years	1	2%	6%
30 - 39 years	6	13%	15%
40 - 49 years	10	21%	18%
50 - 59 years	11	23%	20%
60 - 69 years	13	27%	25%
Over 70 years	7	15%	17%
Totals	48	100%	100%

Table 2: Ethnicity of clients

Ethnicity	Sample		Total
	N	percent	percent
Maori	33	69%	76%
Cook Island	10	27%	17%
Other Pasifika	3	6%	2%
Pakeha/European	2	4%	5%
Totals	48	100%	100%

Table 3: Gender of clients

Gender	Sample		Total
	N ¹	percent	percent
Female	28	67%	57%
Male	14	33%	43%
Totals	42	100%	100%

1. Gender not recorded on the files of 6 clients.

As can be seen from the tables above, the clients for whom files were created are reasonably representative of the total population of clients in terms of age. In terms of ethnicity, Māori are under-represented in our sample while Cook Island and other Pasifika clients are over-represented. In terms of gender, women are over-represented and men under-represented. The significance of these differences is difficult to assess.

It is unclear why clinical information was recorded for some clients and not others. However, the current manager of Raukawa Health Services has informed us that processes and procedures relating to their contracts are being reviewed to ensure consistency of record keeping.¹

Information from two forms included in the files were entered into a Microsoft Access database. The first form, a *Client Assessment Form* was completed at intake. On it was recorded demographic information (age, ethnicity, gender), source of referral, and information about the client's health. The second form, *Weekly Client Progress Notes* was designed to be completed at each visit. It includes fields for the presenting problem, progress since the previous visit, treatment provided and the date for the next visit. *Progress Notes* were randomly sampled from 20 of the 48 files. These indicated between 1 and 9 return visits (mean = 3.9 return visits).

The database contained both fixed-choice and open-ended text fields. Where relevant, open-ended text fields were post-coded into categories which were entered into a secondary field. In this way, summary statistics (mainly frequencies) could be calculated for all relevant fields.

Focus group interview with clients

We proposed to canvas client views of the programme through a focus group. The advantages of focus groups include:

- Because they are *kanohi ki te kanohi*, focus groups are quite transparent (participants know exactly who they are dealing with) and allow a measure of reciprocity between researchers and participants.

¹ Two other forms, a *Provider-Client Referral Form* and a *Discharge* form., which were developed for the Mirimiri Programme, seem not to have been implemented.

- The group format means that participants have the support of each other. To some extent, this mirrors the social aspect of the Mirimiri Programme itself.
- Focus group discussions avoid any limitations regarding literacy and/or a reluctance to write things down.
- The group format allows participants to react to and build on the ideas of others, producing richer, more elaborated data.

We worked with staff in drafting a panui inviting clients to the focus group. These were distributed by Raukawa Health Services. The panui advised clients that transport would be organised for anyone who needed it and invited them to contact Raukawa Health Services if they wished to attend. The focus group was held at the Rongoa Clinic, a venue familiar to the clients, as this was the location of the Kaumatua Mirimiri Programme. It was scheduled for a weekday morning which was considered the most appropriate time given the age profile of the clients (most are of retirement age and may have been reluctant to attend an evening group).

The focus group began with a welcome, karakia and introductions. We then outlined the purpose of the evaluation, the use to be made of the information and the topics we proposed to cover.

Fourteen clients attended the focus group. This is 13% of the total number of clients. Considering the commitment required (giving up a morning), it is a reasonably good sized sample. Focus group participants encompassed a range of ages, ethnicities, health problems and experiences.

With the participants consent, the discussion was recorded for the purpose of checking and elaborating the notes we made at the time.

We prepared guidelines for the focus group (Appendix B). These covered a range of topics such as:

- The expectations participants had of the Kaumatua Mirimiri Programme.
- The extent to which it differed from other health services they had experienced.
- What they enjoyed about the programme – and what they found less enjoyable.
- The benefits they felt that they gained from the programme – including other activities and services in which they had become involved through the Kaumatua Mirimiri Programme.
- The improvements which could be made to the service.

The discussion was animated and free-flowing. Participants were very keen to tell us about their experience of the Kaumatua Mirimiri Programme and needed little prompting. Nevertheless, our guidelines were useful in helping us to track the progress of the discussion and, from time to time, to gently steer it to cover our evaluation objectives.

Focus Group interview with staff

A second focus group was held with staff. The four participants included both administrative and clinical staff. Some had made referrals to the Kaumatua Mirimiri Programme. Some had used the service themselves. Thus, participants were in a good position to provide an informed perspective on issues such as who the programme

works with best, the strengths of the programme, and areas of the programme needing development. They also identified significant organisational issues which affect the operation of the programme and the outcomes for clients.

As with the client focus group, we prepared guidelines for our discussion, but, as was the case with the earlier focus group, we needed little recourse to this as again the discussion was animated and participants needed little prompting.

We found the information from the staff interviews was relevant to addressing all three evaluation objectives. Unfortunately we could not interview the person who had been delivering the Kaumatua Mirimiri Programme, as he had competing family commitments. (These commitments also mean that he is no longer available to provide the service.)

Ethical review

Our research was approved by the Department of Psychology's Research and Ethics Committee acting under the delegated authority of the University of Waikato Human Research Ethics Committee.

Findings

Improving access to health care

In this section, we present our findings relating to the first research question, *to what extent does the Mirimiri Programme attract clients who might not otherwise receive primary health care?*

While it appears that most if not all, clients had been receiving *some* primary health care before enrolling in the Kaumatua Mirimiri Programme, there is considerable evidence that such care was not fully meeting their needs. Moreover, participants in the focus groups strongly emphasised the accessibility of the service, often contrasting it with other services in this regard.

Health status

The *Client Assessment Form* provided a good snap-shot of the health of clients when they enrolled in the programme. For example, clients were asked to rate their health on a 3-point scale; *very good*, *good* or *fair*. A summary of the responses is shown in Table 4.

Table 4: Global self-rating of clients' health
(n=47)¹

Rating	N	Percent
Very good	14	30%
Good	25	53%
Fair	8	17%

1. Not recorded for 1 client.

The *Assessment Form* also contained a number of check boxes relating to various common ailments. Analysis of this data provides more detailed information about the health status of clients. This is summarised in Table 5.

Given the age profile of the clients (see Table 1) it is unsurprising that over half reported vision problems and almost a third reported having arthritis, but as Table 5 shows, these clients were also experiencing significant cardio-vascular and respiratory problems. In addition, as described in Table 6, most were experiencing pain or muscular tension.

Table 5: Identified health problems at intake
(n=48)¹

Problem	N	Percent
Vision problems	27	56%
Numbness or tingling	23	48%
Blood pressure	22	46%
Headaches	21	44%
Dizziness	20	42%
Arthritis/gout	20	42%
Sleep disturbance	18	38%
Diabetes	14	29%
Breathing problems	14	29%
Heart problems	13	27%
Chest pains	12	25%
Easy bruising	12	25%
Varicose veins	12	25%
Asthma	8	17%
Skin problems	8	17%
Digestive problems	7	15%
Allergies	5	10%
Other ¹	23	48%

1. Multiple responses possible.
2. Includes infections, blood clots, menopausal and menstrual problems, hernias, OOS, fluid retention and unspecified circulatory problems.

Treatment being received at intake

Twenty-nine clients (60%) were recorded as receiving medical treatment at the time of the initial assessment. The type of information recorded varied. In some cases, the specific condition for which the client was being treated was recorded but not the treatment. Conversely, in other cases, the names of medications were listed but not the condition for which they had been prescribed. As some of the medications have several uses, it is not possible to report a complete analysis of the sort of treatment being received or of the conditions being treated. However, we can report that many of the clients appear not to have been receiving treatment for problems they were experiencing. For example, only 2 of the 8 clients with asthma, 9 of the 14 with diabetes and 2 of the 20 with arthritis appeared to be receiving treatment for their respective conditions. On the face of it, this suggests that a significant number of the clients were, at intake, not receiving adequate primary health care, even though all but one client was recorded as having a GP.

Some of the clients in our focus group reported that they were no longer receiving health care from other sources because they could not afford it. Others said that they had been told by their GP or specialist that nothing more could be done for them. As one commented:

The first time I came I could barely walk. I ended up going to Koro Sonny and I was off work at the time. Koro Sonny took me in straight away and I had nobody that could help me out at the time like chiropractors and that, so he took me into the little room and he did a beautiful massage on me, mirimiri, and told me where it was that I was going wrong.”

Thus it does seem likely that the Kaumatua Mirimiri Programme is attracting people who are not receiving the primary health care they need. Although mirimiri may not cure them, it does provide them with relief. Others are looking for an alternative to the methods that they have tried, which have been unsuccessful in treating their ailments.

Treatment sought

The vast majority of clients were self-referred. That is, of the 46 clients for whom the source of the referral was recorded, 44 were self-referred and 2 referred by another (unspecified) health provider. Although “GP” was an option in this fixed-choice field, no clients were recorded as being referred by their general practitioner.

According to the *Assessment Form*, all but two of the clients were experiencing pain or tension in specific parts of their bodies. (See Table 6.) The origin of the “tension” or “pain” was not recorded but old injuries undoubtedly accounted for some of these problems. Several participants in our focus groups were suffering the after-effects of forestry accidents and had sought relief from mirimiri, or knew others who had done the same.

Table 6: Identified area of tension or pain
(n=48)¹

Part of body	N	Percent
Back	18	38%
Legs	18	38%
Shoulders	15	31%
Head	10	21%
Neck	10	21%
Arms	6	13%
Hands	5	14%

1. Multiple responses possible.

Factors in accessibility

Participants in our focus groups described several aspects of the service which made it particularly accessible for them. These are described below.

Māori focus

A major factor in accessibility, identified by both clients and staff, is that the programme is run using Maori protocol, methods and beliefs, in a Maori cultural environment, and by Maori people.

It was made very clear to us that many Māori, especially Kuia and Kaumatua, feel more comfortable in the Maori setting that the Kaumatua Mirimiri Programme provides than in “mainstream” settings. We were told that some will not utilize other services because they are not congruent with their beliefs about how ones health care should be managed. Particular emphasis was placed on addressing health holistically, including ones physical, mental, emotional, and spiritual well being. Māori were described as feeling more comfortable being touched by a Maori person. For example,

We have a lot of Kaumatua and Kuia who would feel comfortable coming up here. I mean I don't think they would go anywhere else if they know they have someone here and being Maori they feel more comfortable with their own”

Rituals of opening and closing were observed. As one said, “so we begin in a prayer and end up in a prayer when he's finished.” Culturally appropriate arrangements for protecting one's modesty were also made. Clients appreciated the way the staff worked hard to make them feel comfortable. One woman, who was experiencing quite a lot of pain to the extent it was interfering with her work, was initially reluctant to attend.

I actually wasn't comfortable with the idea of Wiremu and that's because I only ever let my tane touch my body because it's my body but you know... I've got to come to work so who is going to, you know, help me? So I came in to Wiremu and sat down and I had to have a korero first because I was really quite - because he's so big you know, and I had these visions in my head and I was quite scared to start off with... but after

we had talked for a little bit I jumped up on the bed and it was really sore and I screamed a lot, actually I think I swore a couple of times, but he talked the whole time he was doing it and it wasn't what he was doing (which was causing the pain) it was just that everything was in such a bad way with my legs... every Monday after that I would come in and see Wiremu and it's just such a relief to the point where my body actually taught itself to take care of itself, you know and that was through coming to mirimiri with Wiremu"

The staff received high praise from participants in the focus group. They were considered to be the essence of the service.

The uniqueness... that I see is te aroha o kaimahi, it's the workers themselves and what they put into it. That's the uniqueness of the service. The aroha, the mahi they put in – to the people.

It should be noted that not only Māori clients appreciated these things. Both Pakeha and Cook Island participants at the client focus group spoke powerfully about the inclusiveness of the Kaumatua Mirimiri Programme and how much they have enjoyed being part of it.

Physically accessible

One of the attractions for the Kaumatua Mirimiri Programme, identified by both staff and clients, is that it is a local service. As one client said, "having it available in small Tokoroa is great." Moreover, clients do not have to get themselves to and from the clinic as transport is provided by a Raukawa Health Services van.

At the same time, the provision of transport is currently limited to clients living in Tokoroa. One staff member said that she has clients who live outside Tokoroa who would like to join the Kaumatua Mirimiri Programme but cannot do so because of the travel required. "We've had to say to them 'sorry we can't get that (transport)'".

Free and flexible

Another attraction identified by both staff and clients of the programme is that it is free of charge. Again this attracts a wider group of people, as many people cannot afford health care or to pay for a massage to relieve their pain. As one staff member noted, "A lot of people won't go to the doctor's because it costs too much to go." A client gave the following account:

I work in the shop for seven days, 12 hours a day and after I finished work I could hardly walk, I was that stiff, I went to the hot pools and I noticed that they had a sign over there for massage...and she was charging \$30 and hour...so anyway I went for half an hour and after that I felt like I hadn't even had a massage because she was too gentle, I wanted someone with more power...(after learning about the Mirimiri Programme) I was told it cost nothing as it's funded by the government and I said "really?" so I enquired and made an appointment and then every fortnight there's Wiremu, and I felt that I had a massage, every fortnight that I came here then all of a sudden (the pain) stopped

Compared to other services, the Kaumatua Mirimiri Programme was considered to have a more relaxed attitude to appointment times. This was appreciated by some clients. For example:

When you come into mirimiri you have no hours and this is the sort of thing we are experiencing with these people coming in. And I've been to Rotorua, I've been to all these things and the difference between twenty

dollars and coming in here and having a cup of tea, it's a big thing when you're doing mirimiri. The hours that you have got to put in, the extra hours for these old people are so important. You go to the hospital, you're not there at nine o'clock then it's cancelled. And that's the uniqueness that we have, you come in here, it doesn't matter what time you get in as long as you get in.

Staff were reported to work flexible hours which best suited the clients' needs. Clients appreciated the way staff would go out of their way to accommodate them rather than having to fit into rigid schedules and feel unwelcome.

Benefits of mirimiri

In this section, we present findings relating to the second research question, *what do clients and staff perceive as being the benefits of participating in the Mirimiri Programme?*

The Kaumatua Mirimiri Programme reflects an holistic approach to improving health, and both clients and staff reported a range of benefits from their experiences. The main reason for clients participating in the Mirimiri Programme was to relieve symptoms. Many found that their health problems were relieved from the use of mirimiri, which was sometimes used in conjunction with Rongoa, the use of Maori medicinal plants both internally and externally. In addition to the physical health benefits, clients also identified social benefits which provided an extra dimension to the programme.

A global rating of benefit from the treatment is available from the *Progress Forms* sampled in our database. As can be seen in Table 7, almost three-quarters of clients returning for a second or subsequent visit reported improvements since their previous visit. The focus groups gave us a more rounded description of the various benefits experienced. These are described below.

Table 7: Recorded improvement from previous visit
(n=20)¹

Improvement?	N	Percent
Yes	52	71%
No/Not yet	17	23%
Yes and no	4	5%

1. The sample of *Progress Forms* came from the files of 20 clients with a mean of 3.9 forms per file. However, this probably under-estimates the number of return visits as it is likely that forms were not completed for every visit.

Relief from pain

When clients attended the programme it was often in search of relief from the pain they were suffering. We were told about a number of clients who had trouble walking and relied on walking aids, but with the help of mirimiri they were able to regain full unsupported use of their spine and legs.

The other guy that lives down here – he used to have an aid –bent over – there were many that walked through this door with something helping them to walk. Now today, if you see them, there's many walking around backs up straight.

Stiff muscles and limbs are often associated with those aged over 40 years, particularly for those with a history of work or sport related injuries. Such problems can reduce a person's quality of life and lead to other health related problems. Some of the participants in the focus groups told us they would attend the clinic on a weekly basis so that their muscles and joints were kept in good condition.

For a kuia we sent over, hers was just to have a bit of TLC, go there and get pampered. Help her with her aches and pains, which are probably a sickness, but just to give her that relief.

For some participants in the focus groups, the Mirimiri Programme was a preferred form of treatment when it came to back pain, contrasting this with negative experiences with osteopaths and chiropractors, who were reported as having cracked bones or used needles to reduce pain, which usually only gave temporary relief.

I had my husband here and it gave him a lot of relief - better than the chiropractor did cos all they used was needles and cracked a few bones here and there which Wiremu didn't do.

Participants appreciated the role of the Mirimiri Programmes in helping people live with a disability, especially stroke victims. It was reported that staff would teach family members, and the clients themselves, how to relieve the pain at home. Specific techniques were taught which helped to maintain the benefits gained during weekly or fortnightly visits on a long term basis.

Any of our people that have had strokes or anything else...you know they had to learn a whole new thing, how to live again, basically, but a new way of doing things, and they (Raukawa Mirimiri staff) were here, bring her (stroke victim) down here and show her or they will even go to her house and show her.

Reducing blood pressure

Clients told us that regular sessions helped to lower their blood pressure. This accords with Durie's (1994) view that mirimiri helps to promote blood circulation. One example of this is a client's experiences after her mirimiri sessions,

My blood pressure came back down, I didn't have sugar diabetes and when I went to the specialist I was healthy as.

Reducing stress

Clients, including some who were also staff of Raukawa Health Services, talked about mirimiri as helping them deal with the accumulated stress of work and family life. For example,

I've used it for myself. I've needed to release some stress, aches and pains because of what we carry for our own jobs.

When I used to access the service...it was just a time-out, and to talk because you knew that it was going to stay there in that room, as a confidentiality thing, so once they start the mirimiri you can just release all that stuff, just leave it there and carry on.

Several entries in the *Weekly Progress Forms* referred to the stresses in clients' lives. These related to such things as caring for whanau members who were ill, worrying

about extended family living in distant places and coping with the demands of employment.

Social support

Caring and supporting clients was reported to be an important part of the Kaumatua Mirimiri Programme. Participants in the focus groups talked of this in terms of whanaungatanga. Staff of the programme would always go out of their way to look after their clients. As mentioned earlier, clients were picked up from their homes and dropped off there after their mirimiri. Refreshments were provided at the clinic. All this was seen as part of the process.

Well they even supply you if you're hungry...on the van they go pick them up, bring them back, when that lots finished...they deliver them back home and at the same time pick someone else up and there's heaps waiting here but they all get attended to, they don't mind waiting.

As reported earlier, the majority of clients are Māori – as are the staff. This was felt to add to the sense of being supported and feeling comfortable in this setting. Having a traditional mirimiri performed in a Māori based setting generally put people at ease.

I feel comfortable going to a Māori to be done and I felt comfortable because it was at the marae, but if it's a Māori, in my mind I'd go. It's so different – you can relate to them.

Facilitating primary health care

In this section, we present findings relating to the third research question, *to what extent does the Mirimiri Programme facilitate the provision of appropriate primary health care for participants?*

As reported earlier, although a *Provider-Client Referral Form* had been developed for the client files, this appears not to have been implemented. Focus group discussions revealed that the Mirimiri Programme did facilitate clients' access to other services, but without formal records, it is difficult to ascertain exactly how often this happened or the nature of services to which clients were referred.

Internal referrals

What is clear is that the Kaumatua Mirimiri Programme was well integrated with other services provided by Raukawa Health, especially the Rongoa Clinic. This was very evident in the client focus group in which participants often spoke of rongoa and mirimiri as virtually inseparable aspects of the same service. For example, some described their "treatment" as receiving a combination of mirimiri and poultices. Similarly, a staff member observed that "It's a bit hard to notice who's in there for the rongoa (as opposed to mirimiri), because they go hand in hand."

Staff confirmed that the Kaumatua Mirimiri Programme was often the conduit for clients accessing other Raukawa Health services – and vice versa. It is not uncommon for clients to be receiving treatment from more than one of Raukawa's programmes. Not only are the rongoa and mirimiri programmes closely intertwined, but the counsellors also like to offer mirimiri to some of their clients to build on their treatment. As one counsellor said, they make such referrals "to enhance what's already going on." It was pointed out that such an approach is consistent with traditional, holistic approach to health and well being. The aim, according to one staff member is to provide multiple layers to people's treatment.

It's also about the whole touch thing. That's another side to it (counselling) on an emotional and mental level. It can be very therapeutic.

Facilitating access for whanau members

As well as referring mirimiri clients to other services, the programme was also reported to have enhanced access to primary health for members of clients' whanau. That is, as a result of one whanau member attending the Mirimiri Programme, others would follow, attending either the Mirimiri Programme and/or other Raukawa services. Two staff members noted:

Besides the person themselves, there's the whanau. A lot of the old people in there, we have their kids on our programmes.

Especially with the older ones, because they tend to have more whanau around them ... the older people have either a driver, mokopuna, or someone coming in picking them up, and they end up becoming clients as well.

And another pointed out the value of whanau recommendation:

Who else would you trust if you heard it from your own whanau? If your Auntie said to 'go check out this service, It's really awesome' so you go along as well.

Complementarity with Western medicine

As noted earlier, many clients of the Kaumatua Mirimiri Programme were also receiving other kinds of health care. Both clients and staff believed that the combination of treatments was extremely effective, and that mirimiri sits very comfortably alongside traditional 'Western' treatments. Thus receiving mirimiri in no way limited one from receiving other kinds of health care. For example, many clients were taking some kind of prescribed medication while receiving mirimiri and other traditional healing methodologies. As one client commented,

There was nowhere, at no time did they recommend that you leave one for one, we were allowed to take on alternative medication as well as.

Discharge from the programme

We had hoped to provide information on how many clients had been formally discharged from the service and the reasons for their discharge. We expected to be able to extract this information from the *Discharge* forms which had been developed for the programme. However, no completed *Discharge* forms were located.

Given the significant gaps in record keeping, any conclusions about the discharge of clients must be quite tentative. However, it is relevant to note that, on the whole, the clients we spoke to were seeking relief from pain associated with chronic conditions. It is unlikely that mirimiri would "cure" those problems. Rather, from what clients told us, mirimiri was able to give relief from their symptoms and improve their quality of life. In this context, discharge from the programme is likely to be relevant to only a small number of clients.

Conclusions

Our evaluation had three objectives. We address each of these below.

1. To what extent does the Mirimiri Programme attract clients who might not otherwise receive primary health care?

Although (nearly) all clients had a GP, there is a lot of evidence that they had health needs which were not being met. There were four aspects to this. Some clients felt that there was no other treatment which provided them the relief they sought. Some clients experienced adverse side effects from the treatment they were receiving. The cost of other services was a barrier for some. For some, the Mirimiri Programme enhanced treatment they were already receiving.

There is also evidence that the programme may have improved access for members of clients' whanau. Things which made the programme particularly attractive was its Māori focus (which was also enjoyed by non-Māori), the fact it was free, and that transport was provided.

2. What do clients and staff perceive as being the benefits of participating in the Mirimiri Programme?

Although *Weekly Client Progress Forms* were not completed consistently, the information contained in the ones which were completed showed that clients mostly reported that they had improved as a result of their previous visit. Of course, repeat visits can probably, of themselves, be regarded as a measure of perceived benefit. It is unlikely that clients will return to a service which has failed to provide them with what they were looking for. Benefits mentioned in the file information and/or in the focus groups included pain relief in respect of chronic conditions, reduced tension and stress reduction, socialising with others and restoring mobility and flexibility.

3. To what extent does the Mirimiri Programme facilitate the provision of appropriate primary health care for participants?

It is difficult to quantify the extent to which the Programme facilitated the provision of further care to participants. However, the Kaumatua Mirimiri Programme obviously became an integral part of Raukawa Health Services, with clients freely moving between the programme and other services provided by the Trust. This seems consistent with a holistic approach to primary health care. In addition, word-of-mouth referral seems likely to have brought whanau members into the ambit of the various services provided.

Recommendations

The Kaumatua Mirimiri Programme was funded as a Service to Improve Access project. Under a contract which ran from 1st September 2004 to 30th June 2005, Raukawa Health Services were required to enrol a minimum of 50 clients in the programme. When we collected our evaluation data approximately four months later, we found that the programme had enrolled over twice the minimum number of clients.

Those we spoke to were extremely positive about the programme and anxious that it recommence. For example, one said

Our bones need attention, we need mirimiri, and my bones are sore sitting here talking to you now but I'm saved by the Pakeha strap-up, otherwise I wouldn't be sitting on the floor...I feel that we need mirimiri...we do need help.

Another commented

I miss my massage now. Now I'm over 70 and I need another massage, somehow, but I'm not going to pay \$30 an hour for a massage that I get no benefit from...and so whatever comes out of this meeting I hope that our community gets Wiremu or someone like him back, to get us all back to better health again

Discussion in both focus groups and the information on file point to significant benefits arising from the programme. While it is prudent to recall that we spoke to only a small proportion of clients and reviewed records relating to fewer than half of them, the information collected in the evaluation paints a very positive picture. The Kaumatua Mirimiri Programme appears to be a valued and important part of the suite of services provided by Raukawa Health Services.

On the other hand, there are significant gaps in the information available to us. The main problem here is that client records have not been kept consistently. The record keeping system which has been designed would, if consistently implemented, provide a measure of accountability for the programme. Specifically, it would allow the outcomes of the programme for individual clients to be monitored. As mentioned earlier, the Raukawa Health Services Manager is planning to review the programme record keeping system to ensure client records are maintained consistently. If this is done, it should be relatively easy to collate evaluative data.

Accordingly, we recommend:

- THAT the Mirimiri programme be funded for a further year, and**
 - THAT procedures be put in place to ensure that programme record-keeping is accurate, complete and up-to-date.**
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Appendix A: Panui

Kaumatua Mirimiri Programme.

You are invited to take part in a hui to discuss the Kaumatua Mirimiri Programme.

The Mirimiri Programme is being evaluated to ensure that the services provided are meeting your needs. The evaluation is being carried out by the Māori and Psychology Research Unit of the University of Waikato under contract to Pinnacle Health Group who have funded the programme. The evaluators are

- Neville Robertson (Pakeha), who is the Convenor of Community Psychology Programme.
- Casey Rawiri (Ngati Porou/Ngati Kahungunu) who is currently studying for her Post Graduate Diploma in Community Psychology.
- Lisa Gregg (Pakeha) is currently studying for her Honours Degree in Psychology.

As part of this evaluation, you are invited to meet with the evaluators on **Monday 31st October 2005 at 10am at the Rongoa clinic.**

This will be a group discussion of questions such as

1. What did you expect from the programme?
2. What benefits have you got from mirimiri?
3. What other benefits have you got from attending the programme?
4. What suggestions do you have about improving the programme?

With everyone's agreement, the discussion will be recorded so that the researchers can later check their notes for accuracy (after which the recording will be wiped).

The information collected will be used in a report to Pinnacle Health and in an academic article for publication. In both cases, the researchers will ensure that participants remain anonymous. If you would like a summary of their report, the researchers will send you one. You will have an opportunity to ask any questions you have about the process.

We will provide kai for our participants after the focus group. We expect the hui to take around two hours.

Raukawa Health Services will provide transport if you need it. Please contact Dickie or Cheryl if you need a lift.

Appendix B: Guidelines for client focus group

Getting to the programme

1. How did you initially hear about the programme?
2. What attracted you to the programme?
3. What were your expectations?

Experience of the programme

4. What is the programme like?
5. What difference has it made for you?
6. What improvements has it made in your health?
7. What other benefits have there been from being in the programme?
8. How have you found the follow up care / care plans provided?

Evaluation of the programme

9. How does the programme compare with other (Western) treatments? (What is the particular contribution that this programme makes?)
10. What do you like about the programme?
11. What changes would you suggest?
12. Would you recommend the programme to others?

Appendix C: Guidelines for staff focus group

1. What do you think are some of the benefits of the mirimiri programme?
 - a) Sorts of health problems that have been helped?
 - b) Other benefits?
 - Social
 - Future care plans (What goes in these? How do they help?)
 - Referrals
2. How does the programme compare with other treatments?
3. Has the programme attracted clients who might not otherwise get health care?
4. What changes would you suggest? Examples?

Evaluation Objectives

1. To what extent does the Mirimiri Programme attract clients who might not otherwise receive primary health care?
2. What do clients and staff perceive as being the benefits of participating in the Mirimiri Programme?
3. To what extent does the Mirimiri Programme facilitate the provision of appropriate primary health care for participants?