HEI ORANGA NGĀKAU

Report to the Chief Executive of Hauora Tairāwhiti following an investigation of a complaint dated 16 April,2018.

Mahuru/September 2018

Tiakina Ltd | Kaiti, Gisborne

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Executive Summary

Distinguised pyschiatrist, academic and Māori mental health thought leader Professor Sir Mason Durie observed recently a significant shift in the way in which approaches to mental health services are being developed and thought about.

In doing so he makes an important point that warrants exploration in the context of this inquiry. He says that,

> *"mental distress is not the same as mental disorder that meets the Diagnostic Statistical Manual (DSM) criteria. Even the most serious examples of diminished mental health, such as suicide, do not automatically indicate the presence of a psychiatric illness. Neither is distress always a precursor to disorder. The distinction between distress and disorder is important because interventions to improve mental health are not necessarily best delivered by a specialist mental health service. Nor for that matter are they the sole province of health services. Instead, greater relief may be obtained from changes to the environment that aggrevates the distress. Quite apart from the provision of clincial services, the environmental approach leaves room for different types of interventions aimed at altering a potentially harmful environment. Creating an environment that is user friendly can significantly alter the mental health of any one with mental or physical disabilities.*

(Durie in Te Kani et al, 2018, Māori Health Transformations, Huia Publishers, Wellington)

In the letter of complaint written to the Chief Executive on April 16, 2018 a range of issues and concerns are raised in a way that suggests that the thinking and intent that drove the somewhat hasty establishment of a new pilot service for Māori may be well understood by Prof Durie, and the team who developed the RFP, and the evaluation team out of EIT, but for the majority of those affected by this transformational change there appears to have been little opportunity to really engage in the thinking ahead of the change programme bearing down on their own professional assumptions, livelihoods and careers.

The problem Te Kuwatawata, Te Kurahuna and their Mahi a Atua approach are trying to solve is clear to some, but not to all. Despite the well documented fact that Tairāwhiti has

one of the highest levels of Mental Health distress in the country and that Māori have continued to have persistently inequitable health outcomes – the opportunity to engage in solving this problem has not been presented to a broad range of stakeholders as part of a cohesive change programme. What appears to have happened here is that a highly motivated yet small group of health professionals have moved heaven and earth to do something about this problem and encountered resistence to change and their hastily developed pilot along the way.

Clarity, honesty and courage from the leadership of Hauora Tairāwhiti and the Ministry of Health is required now to re-present both the problem and the opportunity to do something about it to all stakeholders while acknowledging the impact of the transformational change programme to date on those affected.

The transformational change programme requires a fresh approach to ensure that any gains made can be built on and the workforce badly needed can be engaged respectfully in a world leading service development opportunity right here in Tairāwhiti.

This reframing is important and will require considered attention and culturally competent leadership to enable the intended benefits of an indigenous approach and delievery to find its place and deliver the kinds of mental health services that support wellness into the future.

Background to this inquiry

Over the last three years mental health services at Hauora Tairāwhiti have been affected by a range of different yet related issues. Prime among these are difficulties in recruiting to key roles, the incidence of mental stress in the community and the acuity of people requiring care within the services.

There have been particular cases which have resulted in additional strain on services and increased staff turnover.

There has been an amalgamation of adult and child/youth services.

There have been service developments and improvements which have resulted in changes in the way services are delivered, resulting in staff having to adjust to new ways of working.

Recently Hauora Tairāwhiti was successful in recieving funding through the Ministry of Health for an innovation pilot – Te Kuwatawata – which is a single point of entry for all services in Tairāwhiti (primary and secondary), delivered within a kaupapa Māori framework utlising Mahi a Atua, and in a three way partnership with Te Kupenga Net Trust and Pinnicle Midlands Health Network.

The pilot commenced in September of 2017 and the service changes, pattern of flow and effects on individual staff have been significant. All of this occured alongside the issues with secondary services, as noted above.

Against this background the PSA has written to the Chief Executive setting out a number of alleged deficiencies in management, policy and approach in Te Ara Maioha, the mental health services of Hauora Tairāwhiti. These issues as documented require a response and this report sets out to respond to them by identifying learnings, suggested improvements and actions for the Chief Executive to consider. The Terms of Reference agreed are attached at Appendix A.

Approach

Notwithstanding the issues, and the multiple challenges facing the Chief Executive it became clear after just two meetings that in the absence of trust being built staff were unlikely to share their insights.

A kaupapa Māori principled approach was selected to offer the best opportunity to build rapport and establish a safe space for open ended discussion.
The operating principles for the investigation of the issues were:

- Tika – doing what is right
- Pono – being true to ones word through ones deeds
- Aroha – paying attention to and being kind to people

In addition to this a wānanga context was created to enable participants in the interview to participate as fully as possible. In kaupapa Māori research, wānanga helps to equalise any percieved or actual power imbalance through a style of enquiry which places the interviewee at the centre through open ended, broad questions. This is a common practice which is highly respectful of participants and recognises their agency as holders of and ultimately in control of their own knowledge.

Participants understood that their anonymity would be protected and that no identifying language or terminology would be used in the report so as to inadvertantly identify them. All participated and agreed for their transcripts to be submitted for inclusion in the report on this basis.

Participants were invited to participate in interviews in either English or Māori languages and the tikanga for commencing and ending each session was determined by participants. Permission was sough to use an i-Pad to gather notes from the session, and where participants indicated a preference for hand written notes this approach was adhered to. Some participants sent additional information after an interview session which ranged from academic articles to guidelines and plans. The full range of documents reviewed is noted at appendix B.

For the purposes of this inquiry participants were sent their transcripts within 48 hours of interview for review. Permission to utlise their kōrero for the purposes of this report was sought and obtained from 90% of those interviewed.

In line with the terms of reference and the principles outlined above participants in the inquiry who appreared to be in distress were engaged in a further conversation after the interview about pathways for support. With their blessing their names were also provided to Human Resources and the Chief Executive for immediate support. Over the course of the interviews undertaken 9% of those interviewed were identified as requiring additional support.

Data collection included document review and informal interviews with staff who chose to take up an opportunity to share their views following the submission of the 16 April letter to the Chief Executive.

Document review

Key points from the 16 April letter

The main point of the letter was to indicate a vote of no confidence in two senior leaders in the organisation, both named in the letter.

Other key points included:

- The lack of a Stratgic Plan for Mental Health Services: Te Ara Maioha
- A lack of action in respect of concerns raised since September 2017
- Concern about the rapid decline of staff numbers in secondary services
- Concern about bullying [redacted]
- Poor change managment practice in general and in particular around the Te Kuwatawata pilot in the context of Te Ara Maioha: Mental Health Services as a whole

- Concern about clinical safety at Te Kuwatawata
- Concern that Privacy and Human Rights have been breeched at Te Kuwatawata
- Failure by leaders to adhere to the WAKA values in their practice

A written response to the 16 April letter from the senior staff named

- Impact of change on Te Ara Maioha as a result of the Te Kuwatawata pilot was acknowledged, in particular the speed of change as a result of MoH deadlines
- Notes Te Kuwatawata is a service still in development therefore lots of work is required to get it operating to its full potential
- Notes that there are valid systems and process concerns to address and that this work is underway
- Notes that there is a Strategic Plan and points to the 'Te Ara Maioha Quality and Service Plan 2018 – 2020' (attached at appendix b)
- Believes fear of change and potential job loss due to disinvestment in secondary services is creating distress for staff
- Reiterates the importance of health and safety for staff and desire to help remedy distress
- Notes that the bullying issue for Hauora Tairāwhiti and Te Ara Maioha is a longstanding one, does not accept accusations of bullying noting very difficult conversations have been had
- Do not agree that privacy and human rights have been breeched
- Would like to work with Te Ara Maioha as a while to implement the WAKA values

Clarifying the scope of the Te Kūwatawata Pilot as originally proposed

In line with the refreshed direction of the NZ Health Strategy a 'Fit for the Future' (FFTF) programme was established. The key objective of the FFTF was to build a robust evidence base for services for people with moderate mental health needs.

Funding was provided with a proviso that a robust evaluation process that clearly identifies the outcomes for whānau would be undertaken. This service was provided by EIT, under the leadership of Prof David Tipene-Leach.

At a high level these are the basic elements of the pilot according to the RFP (request for proposal dated 7 February 2017).

The joint proposal was submitted by Hauora Tairāwhiti, Pinnicle Midlands Health Network & Te Kupenga Net Trust.

The three key aspects of the initiative was described as:

1. Te Kuwatawata – a single point of access to all mental health support services in Tairāwhiti (clinical and non-clinical) for all whaiora and their whānau experiencing distress.

2. Deliberate reinstatement of Matauranga Maori into services through a collaboration with Te Kurahuna and the embedment of Mahi a Atua.

3. Strengthening whanau and increasing community capacity across Tairāwhiti.

These three aspects were proposed to come together to ensure that any individual is acknowledged as part of a whanau and community system and, will receive appropriate assessment and treatment tailored to their needs.

The service was proposed to span the continuum of care and life course from the first point of contact and will work towards providing care closer to home.

The initiative was founded on a discourse that deliberately reinstates matauranga Māori into health services and recognises the importance of effective change management and collaborative community wide governance.

The RFP goes on to describe the core elements of the proposed new service as follows:

Te Kuwatawata

Te Kuwatawata aims to transform mental health and addiction services. Essential to this service will be a fundamental philosophy that acknowledges indigenous people of Aotearoa, their values and beliefs, their traditional psychology, and practice. Te Kuwatawata will uphold the kaupapa and principles of Mahi a Atua in all service development and delivery, change management processes, and governance.

The service has been named Te Kuwatawata to better reflect our commitment to Mahi a Atua which allows us to explore deeper meanings from our history and ignite innovative solutions.

Te Kuwatawata will be working with whaiora of all ethnicities experiencing distress, and their whanau, and will align the most appropriate support services that will greatly improve the stabilisation, recovery and long term outcome for individuals and reinforce supports to our wider community.

Te Kurahuna and Mahi a Atua

The Mahi a Atua wānanga are convened in a whare wananga (traditional Māori learning forum), called Te Kurahuna. Te Kurahuna aims to develop, grow and sustain indigenous approaches, and to grow the capabilities and confidence within health and non-health services in the Tairāwhiti. Over 20 community organisations have been invaluable in shaping Te Kurahuna. The organisations involved are Te Kupenga Net Trust; Hauora Tairāwhiti (Mental Health and Addictions, Women, Children and Youth Department, Māori Health Advisory Population Health, Planning and Funding) ; Emerge Aotearoa; Turanga Health; Desmond Rd GP Practice; Te Rūnanga o Ngāti Porou and CYFS Youth Justice; Te Aitanga a Hauiti, Ministry of Education, Tairāwhiti Māori Artists, Te Whare Wananga o Aotearoa, GP Trainee Registrars, and Ka Pai Kaiti.

The first of three critical principles for Te Kurahuna is to indigenise the space occupied. Mahi a Atua has been the vehicle to do this as it is not solely focused on the methods of 'intervention', but has broadened our clinical lens to consider a 'way of being' for health services in Tairāwhiti, particularly mental health services. This principle drives the continuous ambition to undo the institutional racism in our society and guides the development of services that are intrinsically founded in Matauranga Māori rather than applying "culturally appropriate services".

Ka mā te ariki, ka mā te tauira (Active learning) and Hongihongi Te Wheiwheiā (Embracing feedback) are the second and third principles of Te Kurahuna which guide practitioners to be immediately responsive to whaiora, whānau and the community they are a part of.

Mahi a Atua as an intervention draws from Māori creation and custom stories, known as pūrakau, to understand how Māori ancestors made sense of their realities. The pūrakau act as mental frames; scaffolding that can help us understand ourselves, our world, our place in it, and shape how we respond to distress, unearthing existing resilience and resources within the whānau.

In summary Mahi a Atua deliberately reinstates Maori psychology into the Tairāwhiti community. Through our pūrakau we are able to consider a range of new ways to analyse, explore and act; motivating whole communities to respond differently and collectively to mental health and addictions service delivery. This analogy captures the effect Mahi a Atua is having on whaiora, whanau and services.

> *'When the waka is in the doldrums and the crew have lost faith in their journey it only takes the sighting of one bird to reignite them and give them hope.''*
>
> *Hector Busby, Tohunga Waka*

NZ Health Strategy: Future Direction

The Ministry of Health has expressed this vision for New Zealand in its latest strategy document which discusses a human centred approach to doing things differently in the future and signals a desired shift in approach and behaviour across the system.

The high level vision and implementation ideas are set out below:

> *All New Zealanders live well, stay well, get well, in a system that is people-powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system.*

To make this strategy work, our behaviours, actions and approaches consistent across the system. We need to put people at the forefront of our thinking and actions.

Moving ahead will involve some changes in behaviour, which we can use to identify success, in particular when there is a shift from:

- *treatment to prevention and support for independence*
- *a focus on the individual to a wider focus on the family and whānau*
- *service-centred delivery to people-centred services*
- *competition to trust, cohesion and collaboration*
- *working in fragmented health sector silos to taking integrated social responses.*
- *Refreshed guiding principles for the system*
- *Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi*
- *The best health and wellbeing possible for all New Zealanders throughout their lives*
- *An improvement in health status of those currently disadvantaged*
- *Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors*

- *Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay*
- *A high-performing system in which people have confidence*
- *Active partnership with people and communities at all levels*
- *Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing*

Hauora Tairāwhiti Annual Plan 2017-18

This plan picks up on the human centred themes of the Health Strategy setting out a range of targets in the Mental Health area.

Mental Health: People powered

- *Analyse and identify existing client group subject to Section 29 to understand the factors that contribute to use of the Mental Health Act*
- *Utilising Te Kuwatawata model to implement service improvements.*
- *Continue to work towards the elimination of seclusion within Tairāwhiti by 2020*
- *Analysis complete and work plan established by end quarter 1*
- *Quarterly reporting against work plan progress*
- *Provider narrative update as required PP36: Reduce the rate of Māori on the mental health Act: section 29 community treatment orders relative to other ethnicities.*
- *Expand the understanding and application of Mahi a Atua across the care continuum within the district. Mahi a Atua is at the core of mental health and addictions service improvements in Tairāwhiti (e.g. Te Kuwatawata and Te Hiringa Matua). Reinstating Mātauranga Māori both as a philosophy of each service and as a specific Māori therapeutic intervention offered. Growing community capabilities and leadership in Mahi a Atua is being fulfilled through weekly wānanga.*
- *Implement Te Kuwatawata - a " Fit for the Future" initiative - an up-scaling of existing services into an Integrated Single Point of Entry to all mental health support services in Tairāwhiti (clinical and non-clinical), for all whaiora and their whānau experiencing distress.*

- *Implement Te Hiringa Matua (Parenting and Pregnancy Service)*
- *Increased participation (whaiora, whānau and organisations) in Mahi a Atua wānanga.*

The Te Kuwatawata Evaluation – interim report

As this review kicked off the final touches on the interim evaluation report were being completed. The report makes some helpful observations and useful conclusions which help address some of the issues in the complaint and inform a range of learnings and potential next steps for consideration.

Led by the team at EIT (Eastern Institute of Technology) under the guidance of Prof David Tipene-Leach, the report sets out a far broader context for consideration than the terms of reference for this report, which is worth noting as it goes to the heart of the drive for change, which is an issue to be wrestled with for Hauora Tairāwhiti.

The report states:
New Zealand's mental health services have been experiencing increasingly severe capacity problems, with stressed mental health workers and a call for wider attention to the cultural and social context of distress. Tairāwhiti has one of the highest levels of mental health distress in the country (2018:Williment et al) and Māori have persistently had inequitable outcomes, which appear to be at least in part due to a systematic 'cultural competence' gap in services. (2017:MoH Report, Improving the Health status of people with severe mental illness through improved access)

Te Kūwatawata is a 'single point of entry' (SPoE) service for all whānau in the Tairāwhiti District Health Board (DHB, Hauora Tairāwhiti) region experiencing mental distress. It involves both primary and secondary mental health services and uses a Te Ao Māori framework. Te Kūwatawata is funded for sixteen months (1 June 2017 – 30 September 2018) via the Ministry of Health's Mental Health and Addictions Project, "Fit for the Future – a Systems Approach". The service is a collaboration of four quite different mental health care

providers in Gisborne; Hauora Tairāwhiti DHB's Mental Health and Addiction services; Pinnacle Midlands Health Network Primary Health Organisation (PHO); the community based non Governmental organisation Te Kupenga Net Peer Support and Advocacy Trust; and Te Kurahuna, a Māori whare wānanga whose training of mental health (and other) workers in cultural competency skills produces 'graduates' called Mataora. Te Kūwatawata opened on 1 September 2017. (2018:p7)

The primary evaluation question addressed by the team was this:

Will the building of a primary mental health care service around a framework based on Māori cultural values and knowledge successfully serve the Tairāwhiti community, both Māori and non-Māori, who are experiencing mental distress?

The interim evaluation is attached at Appendix C

Interviews

Between July – August 2018 I engaged just over 45 people in a range of wānanga in groups, pairs and as individuals. Of the total group engaged 90% provided written consent for me to utlise their transcripts and/or whiteboard notes for the purposes of this report.

As I sat down and listened to what people had to say I noted that the majority of those I met were disgruntled, but despite this they wished to convey their support for the idea of Te Kuwatawata, they just didn't like the way in which the change had been implemented in the main. There were also some clear concerns about [redacted] not being consistent with their own espoused values and those of Hauora Tairāwhiti (WAKA values).

Of the total number of interviewees 0.6% expressed a view that Te Kuwatawata should not continue.

Issues identified through the process of interview are captured at a high level below.

1. **A lack of a (known) clear strategic direction**
    a. General confusion about the future state of Mental Health Service provision in Tairāwhiti, especially around the place of primary and secondary services in the future system in development.
    b. A general view that Hauora Tairāwhiti has not adequately invested in Māori cultural/clincal leadership at all levels of the organisation to assist the changes needed to address community need.
    c. Wide support for lifting the effectiveness of mental health service provision for Māori, but a clack of clarity around what this means in practice for all aspects of the system.
    d. Concern about a shift in resources from secondary to primary services without clarity about the strategic intent or a clear plan outlining how the shift is to be implemented and managed.
    e. Majority support for the kaupapa of Te Kūwatawata and Mahi a Atua.

2. **Staff wellbeing & behaviours**
    a. Concern for the wellbeing of staff members affected by rapid and constant change, a reduction in resourcing in their teams and workplace bullying.
    b. Concern about poor professional conduct by [redacted]
    c. Some concern that reputational damage had occured for Hauora Tairawhiti as a result of poor professional conduct [redacted]

3. **Implementation challenges for Te Kuwatawata**
    a. Concern that ‘scope creep’ may have occurred around the pilot project developed for Te Kūwatawata.
    b. A general view that the ‘change’ aspect of the pilot project developed for Te Kuwatawata had not been done well and was/is under-resourced.
    c. Concern that the ‘SPoE’ had moved to a pilot project which was/is still in development.

d. Lack of clarity about the way in which clinical and mahi atua approaches propose to operate together.
e. Some concern about data integrity in the monitoring of the perfomance of services delivered by Te Kuwatawata and Mental Health Services: Te Ara Maioha.
f. Worry from some about the lack of clinical robustness in the Te Kuwatawata aproach

Findings

1. **The kaupapa of Te Kuwatawata is widely supported by those interviewed**
   Despite establishment and implementation issues there is widespread support for Te Kuwatawata as an innovative new service.

   The majority of staff affected by the impact of change or poor professional conduct maintained their support for a need to do things differently and acknowledged that the kaupapa of Te Kuwatawata offers an important kaupapa Māori service for the region.

   One person stated, "*Te Kuwatawata has been a wonderful opening for many, mostly young and Māori people who would have never engaged a service before". Others said, "I think the idea of Te Kuwatawata is good", "we totally support this new way of working with whānau, its so much better than what we had before".*

2. **Lack of clarity about the scope and focus of Te Kuwatawata**
   However, clarity of scope, the focus of the service and operating interface with mental health services more broadly remains unclear for those interviewed working within Hauora Tairāwhiti.

As one interviewee shared *"I was expecting to be inspired by the wonderful ideas being woven into the Te Kuwatawata service but found a chaotic disconnected set of services instead".*

There was also a lack of clarity for those interviewed about the SPoE functions of Te Kuwatawata, with some fearing that the SpoE pilot had been 'randomly added' to the Te Kuwatawata pilot with little consideration. It is clear from the RFP documents that the SPoE was function was a part of the plan for Te Kuwatawata from the very early stages of it's development and is consistent with the Hauora Tairāwhiti Annual Plan.

Further to this for some, Te Kuwatawata was understood to be a strictly Primary mental health service, while the evaluation makes it clear that it is a 'SPoE with secondary and primary service collaboration', and the RFP describes the service as spanning the care contiuum. This may be due in part to the description of the Fit for the Future fund which describes its funding focus as 'for people with moderate mental health needs'.

3. Clinical risk identified and under active management

I note at time of writing that sigificant progress has been made (evidenced by the Operations Manual and findings in the Interim Evaluation) on addressing clinical risk and clarifiying intake and other processes, although the extent to which these service improvements have been successfully communicated outside of Te Kuwatawata is unknown.

What is also not clear is the extent to which the operating guidelines across all mental health services, primary, secondary and tertiary, are effectively aligned and commonly understood. Some interviewees noted that while *"the focus has been on Te Kuwatawata, the other services also need to pull their socks up"*. Such comments and observations point to an opportunity to provide greater clarity across Mental Health Services generally and a chance to examine the interface between each of

them again in given the introduction of the new service Te Kuwatawata and its kaupapa Māori approach.

4. Poor change management

Evidence of a committed change team, change leaders and change programme was not found in any of the data reviewed or collated.

As one interviewee rather candidly shared, *"I think those… who were well versed with the concept and philosophy of Te Kuwatawata, lost sight of the huge paradigm shift for the rest of Te Ara Maioha staff who did not have intimate knowledge of it. We implemented revolutionary change without adequately socializing it first".*

Given the background of complexity and unrest in Mental Health Services prior to the implementation of the pilot and the significance of the challenge that Te Kuwatawata seeks to address, investment in change leadership and best practice was warranted but appears to have been overlooked.

From the perspective of those interviewed for this review and the interim evaluation provided by EIT, change in this instance has not been managed well at all.
The interim evaluation also found evidence of the impact of poor change management (p38) in the overly negative feedback encountered despite almost all participants expressing that they wanted Te Kuwatawata to work.

Participants in this review and in the interim evaluation process described *"rapid decision making and poor consultation", "feeling not listened to", and "not valued". People also discussed their concern that "secondary services resources are being drained", and "the way this has been done has left a really bad feeling with people"*.

The rapid implementation of the service in response to Ministry of Health timeframes, (Hauora Tairāwhiti was notified in April 2017 that they had been successful in their bid and directed to commence the service in June 2017), placed significant pressure on a small group, who remained focused on building and

delivering the new service rather than managing the change according to best practice principles.

The service opened its doors on 1 September 2017 after just four months implementation time, which in hindsight resulted in a chaotic and stressful change experience for the majority of people interviewed.

5. **A problem with bullying and poor professional conduct**

A significant number of those interviewed described incidences of bullying and poor professional conduct [redacted]. These descriptions and complaints seem to be intertwined with the impact of rapid change [redacted]

This was compounded by a lack of faith in the wider leadership to act appropriately to address issues of bullying and poor professional conduct, one interviewee stated, *"the issue here is that in the past I have escalated these issues...nothing gets done, then the affected person (sic) just leaves"*.

This behaviour was described by one interivewee as something that *"we have all become so accustomed to...that we just tend to roll with it"*. Another shared that they had been *"sworn at, cursed at, talked over, told I don't understand about equity, told to shut up"*.

Such behaviour as described by the interviewees is not consistent with the espoused values of Te Kuwatawata nor the WAKA values of Hauora Tairāwhiti. As such, these behaviours present a risk to the success of the programme and the reputation of Hauora Tairāwhiti if not managed appropriately.

6. **A lack of clarity around the vision for Mental Health in Tairāwhiti**

The majority of people interviewed and the complainants who wrote to the CE in April all complained about a lack of a clear vision or strategy for Mental Health in Tairāwhiti.

What is clear is that the respondents to the April 16 complaint to the Chief Executive are very clear about how their new service, Te Kuwatawata, fits with the NZ Health Strategy, aligns with the Fit for the Future Programme and responds to deliverables in the Hauora Tairāwhiti Annual Plan 2017/18.

This polarisation was also noted in the interim evaluation report and is consistent with change implemented in haste where an insufficient level of resource has been assigned to the important work of change management which includes communication and engagement among other things.

It is also common in operational contexts where engagement with strategy and vision occurs sporadically if at all due to a high level of demand from the community for service.

What is clear is that the people interviewed and voicing concern wish to be engaged in this thinking and visioning and connected to the reasons why change to the way we 'have always' done things might be warranted, desirable and lead to a significant shift in well being for the people of this region suffering from mental distress.

7. Working with Māori & using Mahi a Atua

For many of the people interviewed the shift represented by Mahi a Atua as a new way to work with Māori is not only new, it is inaccessible.

For others one of the key issues faced is the small numbers of culturally competent people available to work with whānau Māori in distress in a culturally appropriate way. This is despite the fact that the majority of people requiring support are Māori.

While the Kura Huna is understood to be working to address this issue, its training programme and approach is arguably not well understood, and given the people running the Kura Huna are understood to be the same as the people running Te Kuwatawata, where there have been issues or a lack of trust in Te Kuwatawata, the same issues exist for Te Kura Huna.

The other issues with access are complex in and of themselves and appear to have come about due to a range of intersecting issues and experiences. For some, the exploration of Māori models of practice that operate in the Māori language is challenging and sits outside of their levels of professional comfort. For others the robustness of the approach, expecially in respect of the expectation that negative feedback will be freely given, is too much of a stretch.

For others the stories they've heard about their collegues being ridiculed for their poor Māori language pronounciation or lack of knowledge has exacerbated their reluctance to explore Mahi a Atua.

For some people I spoke with the idea that Mahi a Atua sits outside of the known practice approaches held by the kaumatua they have developed clinical support relationships with was a cause for concern. For others the issue is that there are far too few culturally completent Māori employed within the service to help guide and influence best practice in working with Māori.

As far as the literature describes, there appears to be a lack of focus on lifting the overall Māori cultural competency of leaders and influencers across the board. When one person tried to 'count' the number of Māori senior leaders in Hauora Tairāwhiti they said, *"I can count them on one hand".*

As is often the case with something new, shifting one's professional practice takes time, consideration and lots of coaching and support. I've had some interviewees express a level of disconsternation with the Māori names for the processes utilised

within Mahi a Atua, but curiosity about the approach and a willingness to learn within an environment safe from ridicule.

Recommendations

These recommendations are presented in a priority order and are reasonably high level. They are designed to create an environment that supports transformational change in a human centred way while building on the success and the promise of this new service in development.

1. **Urgently strengthen the Governance capabilities within Te Kuwatawata**
   The interim evaluation report notes this as an area for improvement and stengthening. Work with the evaluation team to design a strengthened Governance Group witout delay who are duly authorised and resourced to manage and mitigate risk and optimise opportunity within the scope of the approved programme.

2. **Urgently clarify the scope and focus of Te Kuwatawata for all stakeholders**
   Once the scope and focus is clear, successful engagment, communication and planning can commence on that basis.

   Central to this is clarification of the place of Te Kuwatawata within Mental Health Services and the status of the service as a permanent service or an extended pilot with a fixed term life.

3. **Appoint an experienced change team**
   A team experienced in leading change needs to be appointed urgently, this includes the identification of key influencers within the community, Mental Health Services and Te Ara Maioha who can act as change champions and help shape the ongoing development of service specifications, processes, communications approaches and coach mental health professionals needing support through the change process.

There is an opportunity to establish a clear, shared vision for the future of Mental Health Services in Tairāwhiti based on trusted data, known problems and existing opportunties. The communication of this is best led out by an experienced change team in partnership with Hauora Tairāwhiti leadership and the wider community.

A baseline must be established without delay that assesses the impact of change so far on the workforce, communuity and whānau experiencing mental distress and an urgent assessment of the gap between the current state and desired future state of Mental Health Services in Tairāwhiti.

4. Establish a WAKA values taskforce

It is apparent that there is widespread support for the WAKA values and the kaupapa of Hauora Tairāwhiti. However, the process for the implementation of these values is unclear and does not appear to be well resourced or supported beyond the pamphlets and posters. Waka values are attached for reference at Appendix D.

There was also a reluctance to report behaviours inconsistent with the values based on the experience of 'nothing happening.'

Clarity is urgently needed around 'what happens' when someone is accused of bullying and/or poor professional conduct. The process for investigation must be clear and independant of current line management to win the early confidence of staff.

A restorative approach works best when parties are willing to accept that their behaviour is not welcome and will not be tolerated. Behaviour change needs to be supported by Coaching and/or Mentoring.

A WAKA values taskforce made up of Senior Leaders and Key influencers could attend to these gaps and develop (with support and in consultation with staff and other key stakeholders) a process for holding people to account and supporting each other to act in accordance with the WAKA values.

5. **Strengthen training and development to complement Te Kurahuna**

   If the overall workforce is to benefit from training in kaupapa Māori approaches to service provision, a range of approaches to provide this may be required to assist Te Kurahuna to achieve its goals.

   Te Kurahuna aims to develop, grow and sustain indigenous approaches, and to grow the capabilities and confidence within health and non-health services in the Tairāwhiti.

   These should be explored without delay and a training and development plan for Hauora Tairāwhiti, Pinnicle Midland Health and Te Kupenga Net Trust scoped, completed and implemented as part of the overall change plan. A critical mass of trained professionals at all levels will help drive the transformational change programme forward in a more informed and robust way.

6. **Aligning capability to our core demographic – achieveing a strategic shift**

   If Te Kuwatawata is to build on its success noted in the interim evaluation (see appendix D) and suceed as a new model of service delivery it will need champions at every level of Hauora Tairāwhiti and across every corner of the community.

   The (yet to be appointed) change team and the multi-level leadership of Hauora Tairāwhiti will need to be across the kaupapa to such an extent that they can speak knowedgably about it in any context as the interest in transformational models of health provision for Māori grows. Any gaps in understanding or questions will need addressing ahead of the emerging confluence of shifting policy settings, rising need and a nation wide focus on improved outcomes for Māori.

   As a kaupapa Māori model it will require a level of cultural capability to be present and able to influence at every decision point affecting the service. This is a significant ask for two reasons. First, there is little evidence to suggest that a stocktake of cultural capability has been planned or discussed, and second, the

current wānanga addressing this gap locally (Te Kura Huna) appears to be practice focused in the main rather than addressing gaps in leadership, governance and management. This will need to be addressed and the broader training and development needs sized and addressed.

Durie (in 2018:p 82-83) points to a period of change in Mental Health characterised by two major shifts in policy and practice. *"The first was the move away from large pyschiatric hospitals in favour of general hospital treatment and community care between 1972 – 1996. He notes that deinstitutionalisation was a process that earned ridicule, apprehension and fierce opposition despite the mounting evidence that the old approach was not consistent with good health or timely recovery.*

The second significant shift was in the indiginisation of the Mental Health system by Māori health perspectives, cultural protocols for assessment, treatment and rehabilitation and a growing Māori workforce. They all contributed to a recognition of the importance of culture as an important component in assessment and recovery.

"transformation of Mental Health services occuring now that is characterised by delivery systems that comprose a range of diciplines, sectors and agencies with goals that reach beyond recovery to wellness; environmental scanning to detect and minimise risks to health and a workforce that is culturally attuned and able to look inwards, to meet the need of individuals, while looking outwards, to understand the social, economic and physical environments".

What is clear to everyone involved in Mental Health engaged for the purposes of this inquiry is that Te Kuwatawata represents a significant shift in the right direction. What is required now is a period of consolidation to stabilise gains made, clarity of scope and resource, support to address issues that have emerged and plan for a future where the way we work is as important as what we do.

Appendix A – Terms of Reference

Appendix B – Documents reviewed

- NZ Health Strategy
- Hauora Tairāwhiti Annual Plan 2017/18
- WAKA values document
- RFP Te Kuwatawata, Te Kura Huna and Mahi a Atua
- Complaint from PSA to Chief Executive April 16, 2018
- Letter from respondents to Chief Executiv, April 24, 2018
- Emails to CE March – July 2018
- Notes from meetings Sept 2017 – March 2018
- Te Kuwatawata Evaluation Interim Report, EIT
- Te Ara Maioha Service Quality Plan
- Terms of reference for Government Inquiry into Mental Health and Addiction
- Submission to the Government Inquiry into Mental Health and Addiction by NZ Human Rights Commission
- Prevention and Responding to Workplace Bullying – February 2014
- Operations Manual Te Kuwatawata, February 2018
- Native Wisdom is Revolutionising Health Care – Shari Huhndorf (Stanford Social Innovation Review/Summer 2017)

Appendix C: Interim evaluation report (June 2018)

Appendix D - Waka Values

Appendix E – Best practice change leadership (Kotters 8 steps)

https://hbr.org/product/hbr-s-10-must-reads-on-change-management-with-featured-article-leading-change-by-john-p-kotter/12599E-KND-ENG

1. Establish a sense of urgency

– Examine the reality of the situation.

– Identify and discuss crises, potential crises or opportunities.

– Create the catalyst for change.

2. Form a powerful coalition

– Assemble a group with enough power & influence to lead the change effort.

– Develop strategies for achieving that vision.

3. Create a Vision

– Create a vision to help direct the change effort.

– Develop strategies for achieving that vision.

4. Communicating the Vision

– Using every channel and vehicle of communication possible to communicate the new vision and strategies.

– The guiding coalition has a key role in teaching new behaviours and leading by example.

5. Empowering others to act on the vision

– Removing obstacles to change.

– Changing systems or structures that seriously undermine the vision.

– Encouraging risk taking and non-traditional ideas, activities and actions.

6. Planning for and creating short term wins

– Planning for visible performance improvement

Recognising and rewarding employees involved in these improvements.

7. Consolidating improvements and producing still more change

– Using increased credibility to change systems, structures and policies that don't fit the vision.

– Hiring, promoting, and developing employees who can implement the vision.

– Reinvigorating the processes with new projects, themes and change agents.

8. Institutionalising new approaches

– Creating the connections between new behaviours and corporate successes.

– Developing channels to ensure Leadership development and succession.