

Whāriki: Whānau First 2040.

Health and happiness is ‘a meaningful life where everyone feels connected and worthy, where everyone has a purpose to get up in the morning’ (*participant feedback - Kia Tōtika Te Tū 2019*).

EXECUTIVE SUMMARY

We recently carried out engagement and consultation across Te Tairāwhiti for feedback regarding a new way forward for Mental Health and Addiction (MH&A) in our communities. We presented a new vision ‘Whānau First 2040’ vision, and ‘Whāriki’ – a framework outlining how we will work together to better respond to whānau and communities seeking help. What we have heard has informed and reinforced our decision to adopt Whāriki inclusive of recommendations changes from whānau and communities outlined below. ‘We have great hopes for this... vision for the future to bring us together and guide our collective work towards equitable health outcomes within our community’ (*participant feedback*). Recommended changes include:

- a) A clear definition of Equity.
- b) A clear definition of Whānau-centred.
- c) Four key principles.
- d) Some amendments to language to avoid repetition and ensure it Whāriki is simple and clear.
- e) Ensuring the final design and layout of Whāriki appropriately reflects Te Ao Māori concepts and the underpinning Te Tiriti co-leadership relationship.

Overall, what we are hearing is consistent with the findings and recommendations of our local review in 2019, the National Inquiry into Mental Health¹, and the Health and Disability services review². ‘I believe we need more emphasis around services working together otherwise this will remain another document that just sits on the shelf’ (*participant feedback*). There is also a call from community for assurance that Whāriki will not be shelved as part of the pending health reforms, and will continue to be prioritised, supported, and resourced in our region. ‘Depends on them at the top (Government) what they’re proposing to what we’re proposing – [what if it] comes into conflict’ (*participant feedback*).

BACKGROUND

Whāriki is the next phase of development following our local review ‘Kia Tōtika Te Tū’ in 2019. Kia Tōtika Te Tū reinforced the complexity and devastating impacts of MH&A that whānau and communities are grappling with. It emphasised that a ‘one size fits all’ solution, remedy, or service cannot respond to the myriad of challenges whānau face, and many whānau were not getting the help they need. The call from community to the health sector, is to ensure that all whānau, no matter who or where they are, get the help they need when they need it. This initiated the development of Whāriki outlining the key components needed for a ‘One Service Many Providers’ response. It was agreed that to be of value Whāriki needed to:

- a) Have relevance first and foremost to whānau – the users of services at every level and/or entry point of the service system.
- b) Support service providers and decision makers to negotiate and also navigate complexity in a changing environment
- c) Support decision makers to manage resource constraints.

Whāriki represents a significant policy and investment shift from now to 2040 that initiated the formal consultation process prior to adoption and implementation. The next sections outline the approach undertaken to consult, summary of findings and recommendations, including significant issues highlighted.

¹ He Ara Oranga 2019

² Pūrongo Whakamutunga 2020

Consultation Objectives

The main objectives of the consultation were to:

- Give effect to Hauora Tairāwhiti Consultation principles outlined below.
- Reinforce collective ownership of Whāriki.
- Ensure Iwi were engaged and consulted early with opportunity to make meaningful contribution to decisions impacting their representative communities.
- Reinforce a coordinated and systematic approach.

Consultation Principles

The principles outlined in the Hauora Tairāwhiti Consultation Policy as follows:

- Working with others: Hauora Tairāwhiti will work with other organisations/agencies during consultation, as necessary.
- Inclusiveness: All stakeholders are encouraged to present their views.
- Information provision: Clear information is provided at the outset about the purpose of the consultation and the scope of any subsequent decisions.
- Accuracy: If necessary, quantifiable research methods are used to ensure information gathered summarises the views of the whole community.

CONSULTATION

We were mindful that this process was starting on the heels of multiple national reviews and that due to the inter-relationships between these different kaupapa (e.g. Whānau Ora, Health and Disabilities), and their importance to whānau, communities and the health and social services sector, Te Tairāwhiti were very much engaged and contributing.

Furthermore, COVID-19, unprecedented in our living history, requires supportive leadership, clear and open communication, and strong partnering arrangements to refocus time, skill and resources so that whānau and communities are well informed and supported to navigate a new and unknown threat to collective health and wellbeing. COVID-19 has shown that these strengths and attributes exist in Te Tairāwhiti and how well we come together in times of need and crisis. In this context, we considered the following issues that may have impacted our consultation process for Whāriki. Namely,

- Engagement Fatigue.
- Disengagement of key stakeholders, community and whānau.
- Potential cynicism that in light of the many kaupapa, staggered development to refocus attention to COVID-19, and the pending health reforms, that this kaupapa would not be progressed and adopted.

Consultation Methods and Participation

We carried out a very targeted and open engagement and consultative approach (outlined in table one below), to ensure key stakeholders, whānau and communities, were provided time, multiple opportunities and methods to participate and make suggestions.

Over and above the direct/targeted hui, 40 people attended public hui, 11 utilised the online survey, 3 requested direct 1:1 conversations with the Project Manager (one of these represented a whānau group), and one Zoom hui was held to accommodate agency staff located outside of district who deliver services in Te Tairāwhiti. The participants/contributors were representative of the frontline workforce, primary health, clinical services, community groups, agencies, including PICT (Pacific Island Community Trust), and whānau, iwi and hapori Māori.

Table One: Methods and Target groups/communities³

Methods	Target Groups ⁴
Targeted hui: Commenced 2020 into 2021	<ul style="list-style-type: none"> ▪ Mahi Tahi Steering Group (Mental Health and Addictions)⁵ ▪ Te Waioira o Nukutaimemeha ▪ Hiwa i te Rangi ▪ Iwi (direct correspondence and via established forums) ▪ Tūranga Health ▪ Ngāti Porou Hauora ▪ Emerge ▪ Pinnacle and GP network ▪ Te Kupenga Net Trust ▪ Hauora Tairāwhiti Service Provision Arm (clinical services)
Public Hui - Commenced 24 th March to 13 April	<ul style="list-style-type: none"> ▪ 2 x Service provider workforce ▪ 3 x Open to public, community, and whanau (Held in Gisborne, Ruatorea, and Te Karaka)
Email	Invitation to provide direct feedback
Online Survey 24 March – 18 April 2021	Via the Hauora Tairāwhiti website
Booklet	To fill in and return if preferred. Circulated at hui, distributed to local agencies and groups, including the library and council facilities.
1:1 and via Zoom	To provide direct feedback if preferred.
Vignettes (accompanying material)	A short video of visual and audio vignettes (direct quotes from Kia Tōtika Te Tū) via Facebook and the Hauora Tairāwhiti website to re-socialise the kaupapa. This was well received.

All options, dates, and hui were advertised via social media (Hauora Tairāwhiti website), WAKA weekly, Facebook, on radio and in the newspaper.

SUMMARY OF FEEDBACK

Overall the feedback positively reinforces support for the ‘Whānau First 2040’ vision, including the vision statement, and ‘Whāriki’ outlining the component parts of the framework, and how they should work together towards a ‘One Service Many Providers’ model of care. Within this, a sense of urgency to commence implementation. The feedback and recommendations have been summarised into 10 (ten) areas outlined in table two below. It does not provide all the feedback as there was some repetition across different sections, and/or most answers were simply ‘yes’. Specifically identifying feedback has been considered but are not included in the summary.

Table Two: Summary of Feedback - Whāriki

Specific Areas	Summary of Feedback	Examples of feedback
Kia Tōtika Te Tū	Agreement that the findings and proposed recommendations represent feedback provided in Kia Tōtika Te Tū. That the way the current system was presented reflects both positive and challenging aspects including an overt focus on clinically-led services – reinforcing the need for a holistic approach as part of a continuum of care.	<p><i>‘There are pockets of great support, great services, great workforce and we are part of an amazing community’</i></p> <p><i>‘I don’t believe you’ve missed anything out. I think it’s been covered’</i></p> <p><i>Yes, We ideally want ONE service in Tairāwhiti, working together, knowing where one starts and another begins’</i></p>

³ The open public consultation period was 24 March to 18 April 2021

⁴ This included invitation to Boards, Executive and Management

⁵ Representatives within Mahi Tahi include agencies working in MH&A sector including the Police, Manaaki Tairāwhiti, & Mauria Te Pono (whānau driven addiction support group), the Consumer Lead, and Whānau Lead.

Specific Areas	Summary of Feedback	Examples of feedback
		<p><i>'We heard it all before. Now we need to go all the way. Need to accelerate the process. Action today, our people need it'</i></p> <p><i>'Current policy is that clinicians are the experts, and you have barriers'</i></p> <p><i>'Whānau should be able to access different models of care ...instead of having to choose one or the other'.</i></p>
A Shared Framework	<p>Agreement that a shared framework 'One Service Many Providers' (Model of Care) will strengthen collective efforts, define roles and responsibilities, and promote shared accountability.</p> <p>There is some feedback that suggests a perception that 'one service – one framework' means a loss of choice rather than the call from whānau (lived experience – Kia Tōtika Te Tū) for an integrated response tailored to individual need.</p>	<p><i>'This is what we should be doing, it is long overdue...'</i></p> <p><i>'I feel positive about the concepts put forward ...the practical application is the challenge'</i></p> <p><i>'Collaboration and cooperation, done gently, with honesty, is a powerful thing. With consistency and commitment great things can be achieved'</i></p> <p><i>'I believe we need more emphasis around services working together otherwise this will remain another document that just sits on the shelf'</i></p> <p><i>'Yes because current policies impede whānau journey'</i></p> <p><i>'Government funded groups work in silos. Now coming to us. We work on the coal face. We are disillusioned about the services'</i></p> <p><i>'The how starts with us, making the difference. Multi-disciplinary team needed at community level. We are getting caught up with grievances'</i></p> <p><i>'We cannot forget about whānau choice. One framework shouldn't mean one service for all. Whānau need a choice regardless of race'.</i></p> <p><i>'Services talking together not working in silos'</i></p> <p><i>'One framework shouldn't mean one service for all'</i></p>
Whānau First Vision 2040	<ol style="list-style-type: none"> 1. Strong Agreement 2. Agreement with the importance of Te Tiriti o Waitangi. 3. Overall support for the timeframe to 2040, with some challenge that urgency is 	<p><i>'We can all work together on this to achieve whānau wellbeing'</i></p> <p><i>'Long term, we can do this. This is a big shift a huge shift'</i></p> <p><i>'We have had hui after hui, discussion has been great and we have been listened to but the outcome has not been what we</i></p>

Specific Areas	Summary of Feedback	Examples of feedback
	required in practical application	<p><i>have needed. It is important now to deal with these issues - my hope with this is that it will come back [so that we can] work in the way that it is owned by whānau'</i></p> <p><i>'2040 marks 200 years since the signing of The Treaty of Waitangi – when will Te Tiriti o Waitangi be implemented?'</i></p> <p><i>'Great concept but why not right now/as soon as possible?'</i></p> <p><i>'Too much change happens within this sort of a timeframe. Its pushed out too far'</i></p> <p><i>'I hope the changes will occur urgently to achieve the goals'</i></p> <p><i>'Over my time in clinical practice, I have heard stories of family frustration at not being taken seriously about a whanau member's deterioration. [We] must work with the whole family over time to form good relationships and confidence on both sides'</i></p> <p><i>'Yes but I hope the vision will be fully in place by 2040 (and not that we will still be talking about the vision in 2040).'</i></p>
<p>Monitoring</p> <ul style="list-style-type: none"> - Current and Future State - Whānau-level Outcomes 	<ol style="list-style-type: none"> 1. Agreement with the proposed measures outlined in Current and Future State 2. Agreement with whānau-level indicators to track progress over time. 3. Some of the feedback suggests confusion regarding the roles and contributions of agencies and community groups and how their contributions should be measured. 	<p><i>'The points are excellent from my perspective [Current and Future State]. It's about inequity. It's about how the NGO sector access the services required [for whānau]'</i></p> <p><i>'These are the indicators we should be reporting against [whānau-level] not employment or dental or... our role is to listen, to support whānau to make their own choices, so they feel confident to take control of their own addiction...'</i></p> <p><i>'Many whānau come with social issues, there are no clear pathways for us and we are [currently] measured against what we don't have control over'</i></p> <p><i>'The aims are very good. I didn't read any detail about practical out workings - the how. I hope changes will occur urgently to achieve the goals'</i></p>
Prevention and Early Intervention	Requests for increased investment and information in prevention and	<i>'A community case worker must work with the whole family over</i>

Specific Areas	Summary of Feedback	Examples of feedback
	early intervention and more community and whānau-centred and supports.	<i>time to form good relationships and confidence on both sides’ ‘[Whānau] are feeling that they are trying to cope with the service users in crisis. We didn’t know that we could access help before getting to this point. This is a really relevant issue to address’</i>
Values and Principles	Most contributors agreed with the values and principles but there was some challenge in respect to utilising Hauora Tairāwhiti WAKA values for a whole of sector model of care. Also reinforcement of the findings of Kia Tōtika Te Tū regarding deficit and paternalistic practices. Suggestions to refine and elevate the proposed principles.	<i>‘If we think about it in kawa and tikanga then this will be the expectation’ ‘If I think services across health these values have not been upheld. The values are not working now in health services...’ ‘The Waka values are tokens and not taken seriously. I have seen and heard comments said about patients and how our whānau have been treated hurts my heart and soul’ ‘There needs to be a stronger set of principles laid out across Tairāwhiti’ ‘I like the principles – they are great’ ‘Principles are like ethics, ethical or principled practice – yes’. ‘Maybe reduce the principles – some repetition in other parts of the document or saying the same thing in a different way’</i>
Mātauranga Maori	Some contributors felt that the document failed to reflect the Māori terms and concepts utilised such as ‘Whāriki’ and ‘whānau-centred’, alongside the proposition for a ‘co-leadership/partnership’ approach. The suggestions are to strengthen Te Ao Māori concepts and practices.	<i>‘We think Whāriki is a great metaphor for this mahi ... it puts everyone on a level playing field – we hope this will be presented clearly in the final model’ ‘Creating the space for our whānau – we are looking at a more Māori look’ ‘If you use our tohu then please do so respectfully’ ‘The ‘Tohu’ [presentation] is a dire illustration of the mahi that is trying to be undertaken’ ‘Current mission/vision/aim are lip service statements - strengthen Te Ao Māori perspectives’ ‘If it’s about us, but not with us, then it’s not for us’ ‘Is there something that we can tell whānau for now? Cynicism is rife. We talk about whānau-centred care etc it is lip service to my ears’</i>

Specific Areas	Summary of Feedback	Examples of feedback
Equity	Agreement with the focus on 'equity' especially as a key enabler and a priority focus area. Need to clarify the term 'equity' as this is used differently in different aspects of the document. Within this, positive reinforcement for the whānau-centred approach to equity	<p><i>'We love that equity is whānau-centred in this – this is different though on the priorities page?'</i></p> <p><i>'Is this your equity statement? Then ok. You can't just focus on numbers though aye but needs and barriers ...and racism is a barrier'</i></p> <p><i>'We see and hear a lot of the lack of resourcing around the coast'</i></p> <p><i>'No disrespect to other communities but we want a guarantee that you're going to do something about the inequities that Māori deal with'</i></p>
Whānau-centred	To clearly define the term 'whānau-centred' and promote a shared and consistent understanding across the sector commencing with mainstream service provision - as the feedback suggests confusion in different parts of the sector as to what this means and how it is applied in practice	<p><i>'We all want this, even us who are not Māori... everyone should have holistic and supportive whole of family care no matter who you are or where you go for help'</i></p> <p><i>'What if their whānau are the problem – how does that work? What if they have no whānau? What if they are not Māori – what about their family – is this for them too?'</i></p> <p><i>Some people are so unwell they can't make decisions for themselves and their 'whānau' is half the problem'</i></p>
Language	To revisit some of the language used within the document; to ensure it is not overly prescriptive or potentially deficit; to remove confusing or outdated terms; and ensure it is more accessible and relevant to all stakeholders in the community – specifically recipient communities.	<p>Specifically:</p> <ol style="list-style-type: none"> 1. <i>Irrespective</i> 2. <i>Clarifying and being consistent with 'equity' in different places of the document.</i> 3. <i>Definition for whānau-centred</i> 4. <i>Tidy up current and future state language and remove lineal – wrong use of word.</i>

NEXT STEPS and AMENDMENTS

Hauora Tairāwhiti has approved adopting Whāriki inclusive of recommendations from the community and will ensure that the final design and layout appropriately reflects Te Ao Māori concepts and the underpinning Te Tiriti co-leadership relationship with the recommended amendments. A shared work-programme of activities (12 to 24 months) is in development and will be discussed and finalised with the Mental Health and Addiction sector. The recommended changes are as follows:

1. **Equity:** 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust'⁶. Whānau and communities experiencing inequitable health outcomes are treated with respect, and are fully supported to access quality health care that enables them to achieve equitable health outcomes.
2. **Whānau-centred:** A culturally grounded holistic approach focussed on improving the wellbeing of whānau, and addressing individual needs within a whānau context'.
3. **Four key principles:**
 - Whānau-centred
 - Empathetic
 - Flexible
 - Trustworthy
4. **Current and Future State:**
 - a) Replace 'Lineal – treats individual symptoms' with 'Treats individual symptoms without addressing the causes or contributing stressors'.
 - b) Replace 'Culturally inclusive and safe – responsive to all whānau irrespective of differences' with 'Culturally inclusive and safe – responsive to all whānau respectful of diversity and difference'.

⁶ Taken from Whakamaua: Māori Health Action Plan