

Whakapakari Hunga Tautoko Project

Te Waihanga Phase Report April 2022

A project report prepared by TAS
on behalf of Central Region District Health Boards

HAWKE'S BAY
District Health Board
whānau

 Wairarapa DHB
Wairarapa District Health Board
Taitōwhaiti ki te Kaitiaki o Wairarapa

 Capital & Coast
District Health Board
Ōpoko ki te Urū Hauora

 *Te Whānau o Te Aroaro*
Central Region District Health Board

 WHANGANUI
DISTRICT HEALTH BOARD
Te Whānau o Whanganui

 HUTT VALLEY DHB

Acknowledgements

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- Michelle McGregor (WCTO Nurse, Te Rūnanganui O Te Āti Awa Ki Te Upoko o Te Ika a Māui Inc)

We recognise the significant impact that COVID 19 has had on Well Child Tamariki Ora (WCTO) providers and their wider organisations in the Central Region and the pressure this has placed on the workforce. We acknowledge you all, and the tireless efforts you have made to continue to support māmā, pēpi, and their whānau, whilst assisting with the pandemic efforts – ngā mihi nui ki a koutou katoa.

Despite these ongoing pressures, Tamariki Ora provider management recognised the value of the project to the sector and agreed to release kaimahi to contribute to both the Te Kitenga and Te Waihanga phases of the Whakapakari Hunga Tautoko project.

This commitment has enabled Central Region Tamariki Ora kaimahi to collectively determine a Tamariki Ora training, professional development and clinical support and supervision solution for the future state.

“This is history making, it has never been done before”

(Te Waihanga phase working group member)



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1. Executive summary- Te Waihanga Phase

Te Waihanga phase has built on the rich kōrero shared by the Tamariki Ora provider kaimahi in the Te Kitenga phase. These future state aspirations have provided the basis for solution development. Through an appreciative inquiry approach, Tamariki Ora providers have led the solution design process at each stage, articulating a Kaupapa Māori values framework to determine key principles in which the project has been grounded.

The Te Waihanga phase solution addresses gaps in the provision and availability of Tamariki Ora training, professional development and clinical support and supervision, specific to the Tamariki Ora provider sector in the Central Region. The solution is described in two parts, all inextricably connected.

1. Regional Clinical Leadership/educator roles

Tamariki Ora provider kaimahi have identified the form and function of these roles. Development of a job description for a Tamariki Ora clinical/educator leadership role has been based on kaimahi clinical and cultural requirements.

A geographical and provider analysis shows that a minimum of three 1.0 FTE roles will be required to support the 15 Tamariki Ora providers across the central region. With clinical nursing knowledge and expertise specifically pertaining to the Tamariki Ora provider sector, these roles will partner with providers to deliver essential clinical support and professional development to the clinical and non-clinical Tamariki Ora provider workforce.

The working group identified key characteristics of a future “Host Organisation” along with benefits and the desired outcome of an MOU (between the “Host Organisation” and Tamariki Ora Provider Organisation). The working group recommends that these facets be adhered to, ensuring that the aspirations and values on which the solution has been developed continue into the next project phase and beyond. The working group and advisory group should develop the MOU in partnership with the 15 Tamariki Ora providers in the Central Region.

2. A Central Region WCTO online resource portal

Tamariki Ora kaimahi have identified the form and function of the portal. Content will strengthen and support Tamariki Ora kaimahi in service delivery for whānau. The portal will include up to date WCTO specific information, professional development, and training.

The purpose of the Te Waihanga phase was to design and develop a Central Region Tamariki Ora training, professional development and clinical support and supervision solution. The solution was developed in partnership with Central Region Tamariki Ora providers. It is anticipated that the identified solution will be implemented in the third and final phase of the project Te Whakahaere.

2. Whakapakari Hunga Tautoko

“Whakapakari hunga tautoko”

(Strengthening and supporting the work of the people, Hawke’s Bay District Health Board Kaumatua Hawira Hape)

Whakapakari Hunga Tautoko, is a three-year work programme that aims to address inequities in access to clinical and professional support infrastructure in the Central Region’s Well Child Tamariki Ora – Māori health provider sector (‘Tamariki Ora providers’). Led by Hawke’s Bay DHB on behalf of the six Central Region DHBs, the programme was initiated by respective DHB Child & Youth portfolio managers, with the support of their executive director Māori, and the DHB chief executives. TAS provided project and quality improvement support.

The overall aim of this second phase of the project Te Waihanga was to develop a solution to “improve training, professional development, clinical supervision and support infrastructure” for the Central Region Tamariki Ora Māori health provider sector. The solution would be implemented in the third and final phase - Te Whakahaere - from 1 July 2022.

This report presents the identified solution, the process undertaken to develop it, and makes recommendations for its implementation.



3. Te Kitenga Phase: Brief Background

In the Te Kitenga phase, information was gathered from the Tamariki Ora providers to identify strengths and opportunities in relation to clinical supervision and support infrastructures, and to identify priorities for a future state. A mixed method approach using surveys, interviews, and wānanga were carried out involving more than 30 kaimahi across 15 Tamariki Ora providers. The feedback from the sector was unequivocal in its strong support for a Tamariki Ora training, professional development and clinical support and supervision infrastructure.

The Central Region DHBs agreed to accept the project report and endorsed the recommendations, including proceeding to Te Waihanga phase to design and develop the solution.

4. Te Tiriti o Waitangi & Equity

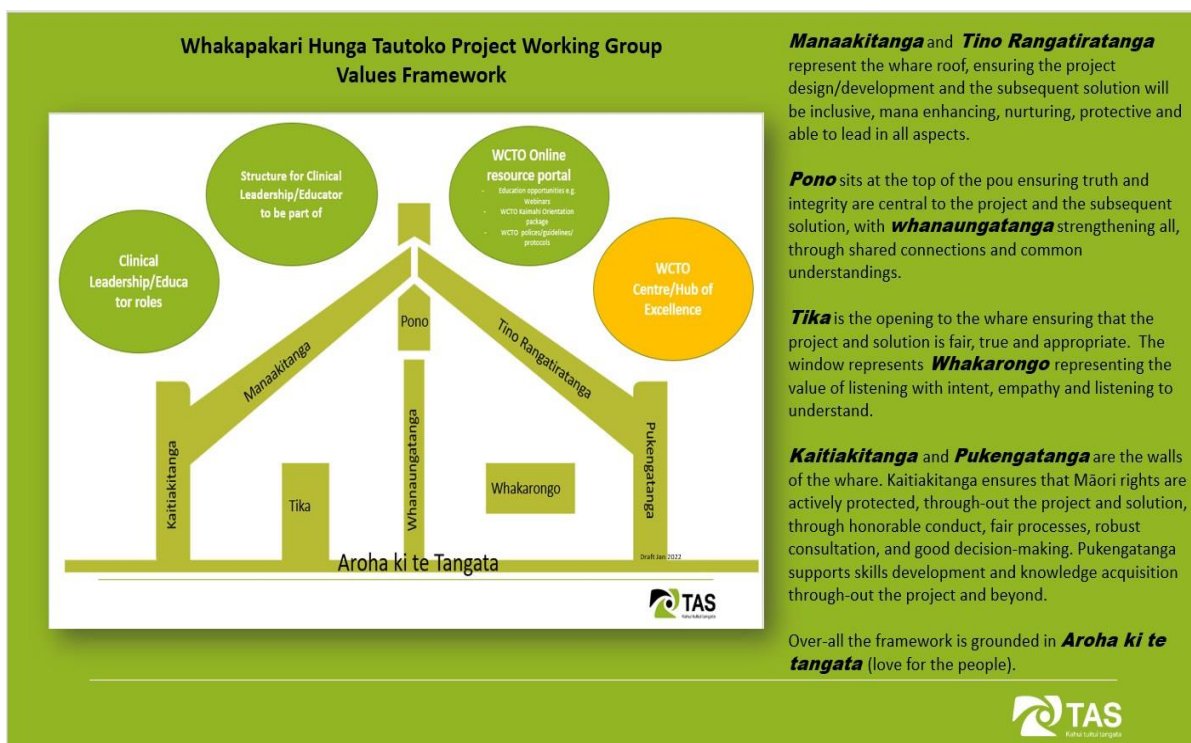
Underpinned by Te Tiriti o Waitangi and a commitment to achieve equity for Tamariki Ora providers, Whakapakari Hunga Tautoko has employed approaches that focus on solutions to elevate the voice of the Tamariki Ora provider sector in decision making, participation at all levels across the kaupapa, and increased support for the Tamariki Ora provider workforce. Mana motuhake has been the driver behind Whakapakari Hunga Tautoko kaupapa to ensure project processes are with, by, and for Tamariki Ora Māori health providers.

The support of the Central Region Child and Youth portfolio managers, Te Koro Matua ki Ikaroa - the Māori executive directors, has been pivotal for setting the strategic direction that is committed to Māori health aspirations that will lead to improved health outcomes for māmā, pēpi and whānau Māori.

5. Project Kaupapa

Developed by participating Tamariki Ora providers, the project embedded a kaupapa Māori values framework (Diagram below) as the basis for working together and for developing the preferred solution. Hui, wānanga, whakawhiwhiti kōrero, and all aspects of the development of the solution from a kakano (seed) to a state of 'whakatō,' (to plant) of the seed to be operationalised for a new future state.

A Tamariki Ora provider-led working group, and an advisory group with Tamariki Ora provider participation have been integral to the application of the framework. An appreciative inquiry approach was applied because it supported this focus of the kaupapa to elevate and give mana to the voice of kaimahi. Whakapakari Hunga Tautoko sought to ensure project practices and principles aligned, reflected, and supported the kaupapa of Tamariki Ora providers.



Appointment of working group and Advisory Group

Expressions of interest (EOI) were invited from Central Region Tamariki Ora providers to participate in the working group. The EOI approach was intentional in seeking representation from kaimahi with varied levels of clinical experience and service delivery environments. Seven kaimahi responded to the EOI representing six Tamariki Ora providers across the Central Region. The resulting membership included a new graduate Tamariki Ora nurse; experienced Tamariki Ora nurses; Tamariki Ora manager; and a Tamariki Ora kaiawhina representing a mix of kaimahi delivering in rural and urban based settings. The members all identified as Māori, with whakapapa connections to the rohe in which they worked. All remaining Tamariki Ora provider kaimahi in the Central Region were kept updated via a bi-monthly project newsletter.

The advisory group formed in the Te Kitenga phase was re-established to oversee the Te Waihanga phase, meeting on a bi-monthly basis.

6. The Design Process

Over a six-month period, a series of wānanga took place. These wānanga enabled in-depth kōrero to happen, delving into the information gathered from the Te Kitenga phase, new information, evidence, specialist advice and lived experience of Māori Tamariki Ora practitioners. The appreciative inquiry approach allowed for new kōrero and whakaaro to emerge and evolve that was then thematically analysed and presented back to the working group for further discussion and refinement. It was within this context where an iterative process occurred that led to the design of the solution. Furthermore, to help guide the discussion and critically analyse the information, a number of questions were posed to make sure the design process was kept relevant to the Tamariki Ora provider setting, aligned to Māori models of service delivery and whānau lived realities. To do this, the following questions were applied:

- a. *What is our story relating to these statements?*
- b. *How would we address these current state survey findings?*
- c. *What resources would be needed to implement this?*
- d. *Who are the key stakeholders?*

Through this lens, the kaimahi were able to reaffirm kaupapa Māori practices and principles that were relevant to their sector, and carefully consider how they were being applied in the solution and design development.

The working group also considered possible risks, barriers and enablers that could arise during the Te Waihanga and Te Whakahaere phases and gave advice to the advisory group to inform decision making to ensure the success of future implementation.

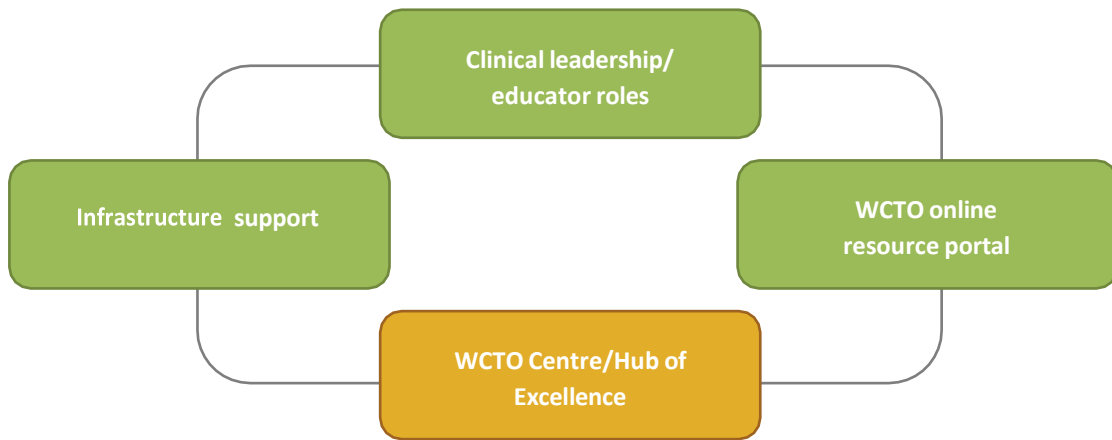
7. The Solution

The clinical support and professional development solution consists of three main components:

- 1) Regional Clinical Leadership/educator/s
- 2) Infrastructure support
- 3) A Tamariki Ora provider online resource portal

A fourth component, a Tamariki Ora centre of excellence was identified as equally important, however, it was agreed that it should be addressed at a national level as it is out of the scope and control of this project.

Solution Components:



7.1. Tuatahi: Clinical Leadership/Educator roles

Regional Clinical leadership/educator roles were identified as a solution to address the inequities in access to clinical support in the Tamariki Ora provider sector. These roles are required to provide the specialist nursing knowledge and expertise specifically pertaining to the Tamariki Ora provider sector, for both clinical and non-clinical kaimahi. As leadership roles, there are both clinical and cultural requirements to ensure the distinctive needs of kaimahi are met.

In scoping the form and function of these clinical/educator leadership roles it was determined that:

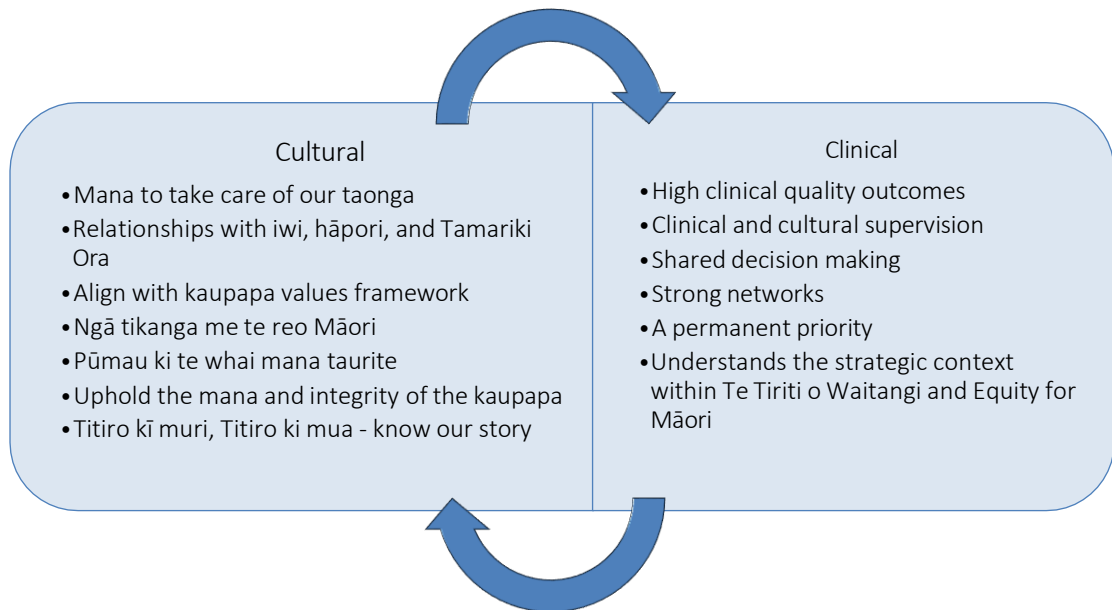
- A minimum of three leadership roles are required to support the 15 Tamariki Ora providers across the Central Region
- An approach built on partnership, where the relationships between the Tamariki Ora providers and the leadership collective are meaningful and genuine, is essential
- Cultural expertise is necessary to deliver clinical expertise effectively.

To ensure consistent and comprehensive clinical support across the 15 Central Region Tamariki Ora providers, more than one role is required. In scoping out the requirements of the role, consideration was given to whether the proposed solution:

- a) Reflects the matauranga and kōrero from the wānanga
- b) Meets the needs of Tamariki Ora provider kaimahi?
- c) Is feasible in terms of geographical spread, provider numbers, and workforce needs.

Infrastructure Support – Host Organisation

As part of the solution implementation it is recommended that the clinical educator/leadership function sit within a host organisation. This host organisation could be seen as a korowai providing an infrastructure support around the kaupapa. Within this infrastructure will sit the clinical educator/leadership roles responsible for nurturing and strengthening the Tamariki Ora provider kaimahi across the Central Region. To carry the Whakapakari Hunga Tautoko kaupapa, the host organisation must possess key clinical and cultural characteristics to ensure success of the kaupapa. Those characteristics include:



Kaupapa Accountability

It is recommended that a Memorandum of Understanding (MoU) is established between the host organisation and the Tamariki Ora providers to ensure there is a clear understanding and commitment to the Whakapakari Hunga Tautoko kaupapa. The benefits of a MoU include expectations for working together, clarity on kaupapa direction, acknowledging the importance and place of the kaupapa, agreed way of working together, protecting the mana of each party, provide consistency and continuity across the Central Region, recognition of a formal arrangement with both parties committed to the outcome.

As a result, there would be a more cohesive and collaborative approach to working together effectively and efficiently. This new way of working together would provide greater opportunity for sharing of knowledge, where it becomes more about the collective rather than the individual. When this happens, silos and duplication are minimised or removed, as the focus is more clearly on maximising whānau experience and outcomes.

The MoU also represents the aspirations and values which the solution has been developed and must continue to be carried into the new future state. The working and advisory groups should assist in the development of the MoU with input from the 15 Tamariki Ora providers across the Central Region.

7.2. Tuarua: Tamariki Ora Provider Online Resource “Portal”

It is essential that kaimahi have access to the essential knowledge, skills, and training to help them support whānau to achieve the best outcomes for their pēpi and whānau. An online resource ‘portal’ for the Tamariki Ora providers was identified as the solution to help improve and protect outcomes for whānau by addressing the

inequities in access to professional support for the Tamariki Ora provider sector. As a gateway service to other specialist health, education, and social services, the online portal is a mechanism to provide regular, evidence based, culturally appropriate and relevant professional training and knowledge for clinical and non-clinical Tamariki Ora provider kaimahi. Following an online survey, five priorities were identified for initial development and implementation of a Tamariki Ora provider online resource portal. The priorities include:

- a. Professional development and training.
- b. Orientation policies, practices, and protocols.
- c. Clinical guidance and best practice support.
- d. Link to research including Kaupapa Māori research.
- e. Tamariki Ora provider directory.

The types and range of information to include in the online resource portal that would benefit kaimahi are:

- Best practice, link to research
- Head to toe video tutorials
- Policies and procedures
- Contact directory
- Tamariki Ora handbook that has links to all Tamariki Ora competencies
- Orientation package
- Includes (Tamariki Ora) vacancies
- Links to professional development
- Online calendar
- Online forum discussion
- Links to whānau resources
- Link to family service directory
- Tamariki Ora and Plunket contact details of clinical leads
- B4SC portal
- COVID-19 national updates/new bulletins that are relevant.

The online portal should be managed by an administrator/coordinator. Active management is key to ensure information is current, relevant, and fit for purpose for the Tamariki Ora provider sector.

8. Strategic fit

The table below shows how the clinical supervision and support, training and professional development solutions contribute to the vision and mission of the Tamariki Ora programme, the outcomes sought at whānau, kaimahi, host, and provider sector levels, and the strategic framework for how they fit and should be applied.

Tamariki Ora Programme					
VISION	Tamariki Ora – Whānau Ora				
MISSION	Helping whānau to improve and protect their pēpi/tamariki health				
Whakapakari Hunga Tautoko					
PURPOSE	To provide high quality clinical advice and information and professional support for the Tamariki Ora provider sector				
VALUES	Tino rangatiratanga	Aroha ki te tangata	Kaitiakitanga	Pukengatanga	Mana enhancing
PRINCIPLES	Relationships built on trust	Evidence based and whānau informed	Māori models of health and wellbeing	Fit for purpose for Tamariki Ora setting	
APPROACHES	Kaupapa Māori methodologies		Equity tools and analysis		High quality information and advice
OUTCOMES	<p>Māmā, and whanau continue to be:</p> <ul style="list-style-type: none"> informed and supported feel safe, heard, and respected experience manaaki and aroha experience equitable access to care and outcomes. 	<p>Tamariki Ora provider kaimahi</p> <ul style="list-style-type: none"> feel valued, inspired, included and supported feel clinically safe feel professionally supported Empowers kaimahi to innovate and supports their continuous improvement. 	<p>Tamariki Ora Central Region provider sector</p> <ul style="list-style-type: none"> feel confident in a cohesive and well-coordinated sector are informed and supported trust the system to ensure equitable provisions. 	<p>Partner/Host Organizations</p> <ul style="list-style-type: none"> genuine and meaningful relationships experience mutual benefits that result in positive outcomes and experiences for whanau. 	
PRIORITIES	Equitable access to clinical supervision and support.			Equitable access to training and professional development.	

9. Elevating the voice of Māori in decision making

As the Te Waihanga Phase of Whakapakari Hunga Tautoko comes to a close, kaimahi participating in the kaupapa have had an opportunity to reflect and share their whakaaro about the kaupapa process. Many of the kaimahi involved have not previously been part of a kaupapa where their voice and leadership was valued in the way it was throughout Te Waihanga. Kaimahi expressed experiencing personal growth in terms of their own self confidence, but also a sense of building trust as they felt the ‘system’ was genuinely listening to what was important to them. A culturally authentic process where the voice of Māori to inform decision making had a

profound impact on kaimahi involved in this kaupapa. To maintain the integrity of the kaupapa, the relationships established over the past two years, it is recommended that the Working and Advisory Group approaches continue into the last and final phase, Te Whakahaere.

10. Conclusion of Te Waihanga Phase

In June 2022, the Central Region Child and Youth portfolio managers endorsed the Te Waihanga phase report in its entirety, including the recommendation to implement the solution as part of Te Whakahaere, Phase 3 of the Whakapakari Hunga Tautoko Project.

The Whakapakari Hunga Tautoko project secured Central Region DHB CE, GM planning and funding and GM Māori support and endorsement. In March 2022 Central Region DHBs recommended that the solution be funded as part of Health New Zealand child health priorities from 1st July 2022.