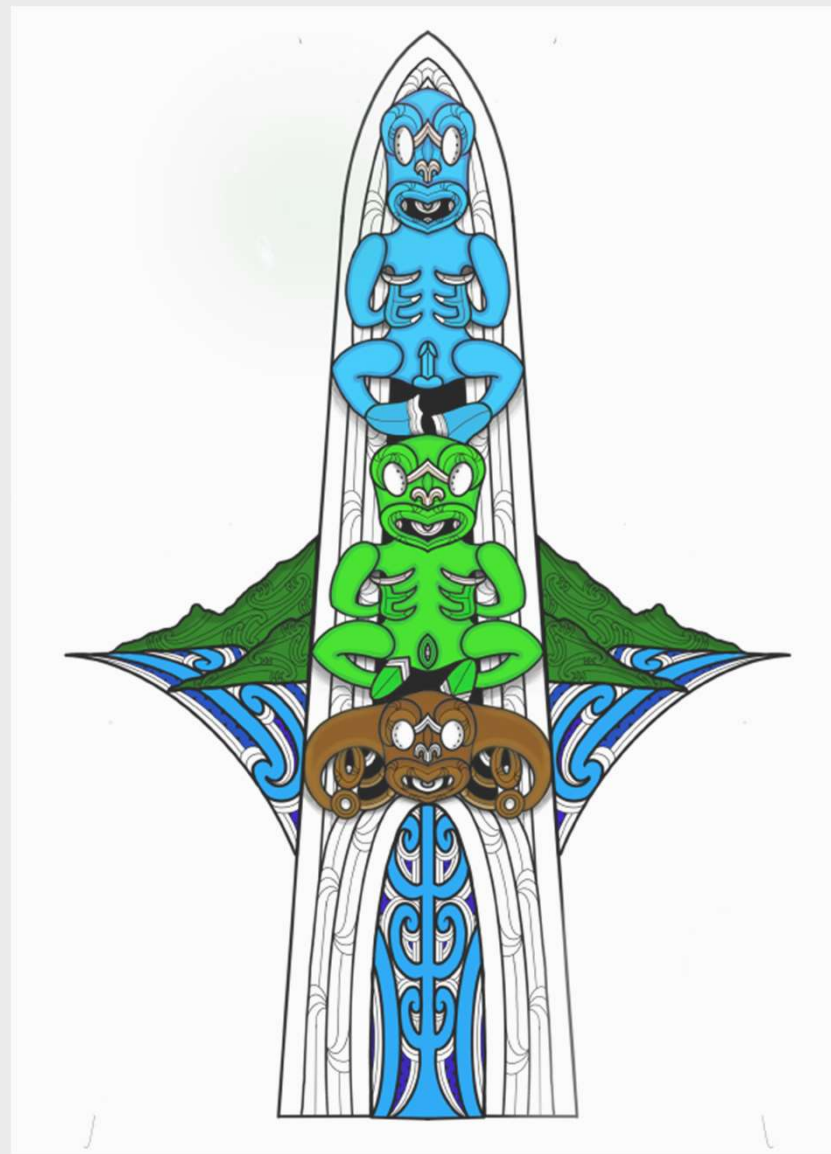


Te Kūwatawata ki Hauraki



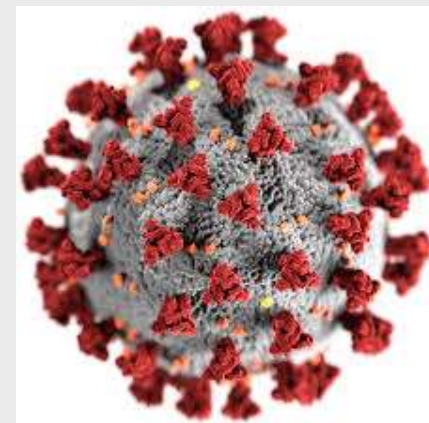
Te Korowai Hauora o Hauraki



- Established in 1994 under the Hauraki Māori Trust Board
- Providing health and wellness services in Hauraki for 25 years
- Services include primary care, home-based support services, mental health, whānau ora, health promotion and public health services.
- Employ over 260 people across the Hauraki rohe.
- Cover 3 District Health Board areas.
- Work closely with Thames Hospital and Waikato DHB to provide services to the community.

Catalyst for Change

- Multiple contracts and service specifications
- 'Mental health' and 'addiction service' silos
- Separation of child and adolescent mental health from the whānau
- Multiple entry criteria – most referrals from primary care or other providers – not from whānau
- Multiple reporting requirements and indicators – predominantly focused on volumes and utilisation not outcomes
- Lengthening waiting times
- Individual practitioner held caseloads and work predominantly in isolation
- Wellbeing Budget promised better access to primary mental health services
- Then came COVID-19.....



Whakapapa

June 2019

Te Korowai Hauora o Hauraki staff attend Te Kurahuna training on Mahi-

a-Atua



Nov 2019

Mental Health RFP writing and proposal to introduce Te Kūwatawata ki Hauraki



March 2020

COVID-19 Pandemic declared. Decision made to implement Te Kūwatawata ki Hauraki immediately



March 2019

Ngā Kōmata-o-te-rangi Hui, Mangatoatoa Paa, Tokanui



July 2019

Mahi-a-Atua wānanga, Manaia



Feb 2020

Dr Di and Papa Mark Kopua engaged to commence implementation of Te Kūwatawata ki Hauraki and Mahi-a-Atua training.





IMMEDIATE RESPONSE HOTLINE

OPEN
Mon-Fri:
8.30-4.30

for
whānau
in distress



Te Korowai Hauora o Hauraki **Immediate Response HOTLINE**

An inclusive service with a holistic Māori approach that values everyone and drives systemic changes on how to work with whānau in distress. The Immediate Response hotline ensures those in distress receive support and treatment as and when they need it.

**FREEPHONE
0508 111 555**

If you, or whānau are in distress,
please contact our **FREE Hotline**
for immediate support
and treatment

www.korowai.co.nz

March to current

- Project team established
- Hotline set up and promoted
- Changes made to call flow system
- Roster created for Hinengaro team
- Matataki (triage) process and 1st wananga all delivered by phone or ZOOM
- My Outcomes introduced for supporting Feedback Informed Treatment
- ZOOMvision introduced
- Marketing and promotion of the service

Kōrero o te wā HINENGARO



Dr Diana Kopua, pictured here with her husband Dr Mark Kopua

One size approach does not fit all

The Mahi a Atua approach supports the fact that one size does not fit all, says Dr Diana Kopua. The approach values whānau being able to choose the wānanga (forum) that suits them best – be it by phone, in person, on their own, with whānau – however and whenever they like.

"It doesn't mean that the approach we offer someone if they are Pakeha is creation and customs stories – but it will ensure that we listen to what whānau preferences are, so right from the initial phone call, we will be asking them what they prefer – men, women, someone old or young, one person, two people, a group?"

"We are promoting bringing the whānau network in but if they don't want to, they don't have to – do they want to be seen today, tomorrow or next week, do they want to see a clinician, artist, support worker, psychologist, nurse, our Whānau Ora nurses, or do they want our tuhuna?"

"We are asking the questions at the front door and that's Mahi a Atua."

Just two weeks after the launch of Te Kūiatawata ki Hauraki, the success of its blueprint was

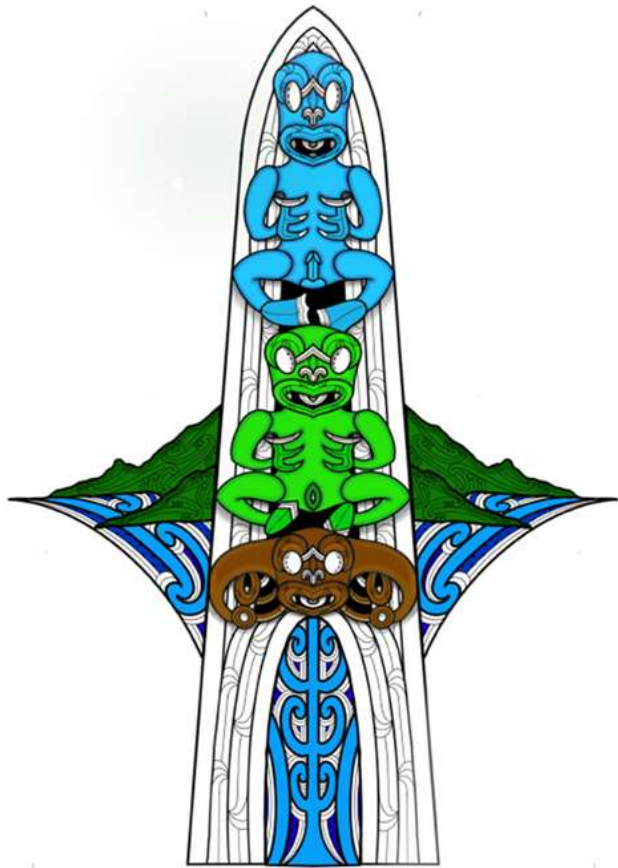
proven with the Ohu Hinengaro (mental health) whānau distress waitlist slashed 100%, reducing from 25 to five within the first week.

Dr Kopua says too many people are left by the wayside due to not being able to access the services they need and/or in a way they feel comfortable with.

And while she says the system was broken before COVID-19, the onset of the virus and subsequent measures imposed to stop its spread created an opportunity to roll out Te Kūiatawata ki Hauraki Mahi a Atua immediately, while at the same time being mindful to first attend to the "identified families" who were on the waitlist with Te Korowai.

CONTINUED: P96

TE KŪWATAWATA KI HAURAKI



- Waharoa or gateway for all whānau experiencing distress
- Deliberate embodiment and reclamation of indigenous knowledge
- Uses tikanga, pūrakau and wānanga as part of the engagement process and therapeutic relationship
- Includes Feedback Informed Treatment and MyOutcomes as part of whānau-centered service delivery
- All client information held in Consult One
- Mental health practitioners work as part of an Ue (2-3 people) with whānau – many eyes
- Establishes the Mataora role – workers with diverse skills and expertise who work as part of the Ue

Tenei te po, nau mai te ao - Indigenising our space
Ka ma te ariki, ka ma te taurira - Remain an active learner
Hongihongi te wheiwheia - Embrace negative feedback

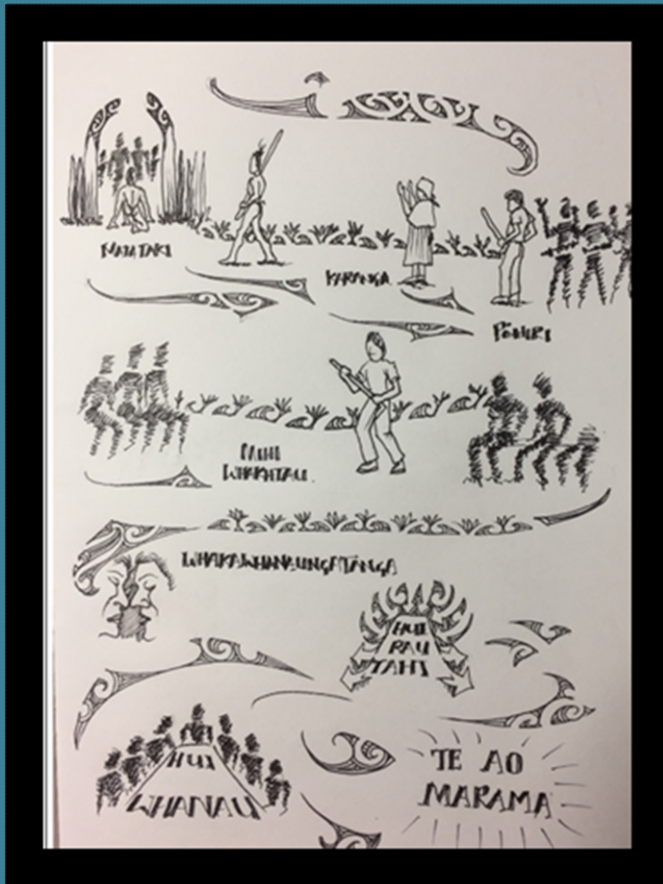
“Health policy will work best if it sits within a mana motuhake framework that is community focused, that puts Māori in charge of the programme”

Sir Edward Taihākurei Durie (2018) submission to the Waitangi Tribunal 2575 Kaupapa Māori Health Claim

Aims of the service

- ✓ Single 'waharoa' for all mental health and social services
- ✓ Equity for Māori
- ✓ Indigenous approach
- ✓ Ability to scale up
- ✓ Address institutional racism
- ✓ Increase access to primary mental health
- ✓ Improve responsiveness to whānau in distress
- ✓ Eliminate strict access criteria and overcome 'silos'
- ✓ Improve collaboration with primary care and other referrers
- ✓ Utilise skills of the whole multi-disciplinary team (many eyes)
- ✓ Improve engagement and involvement of whānau
- ✓ Feedback informed treatment and practitioner performance feedback
- ✓ Shared client record

Whānau Pathway



Tono – whanau, primary provider, education, other services



Matataki team engage with Kaitono – establish relationship



Matataki team engage with whānau



Matataki share Ue biography with whānau



1st Whānau wānanga set up with Ue and whānau



EKE team contacted if appropriate

First contact questions



What are you worried about?



Who knows about these concerns?



Has there been contact with our services before?



Is there danger of hurting self or others?



Sleeping?



How urgently do you feel you need to be seen?



Who would you like to be invited to the first wānanga and where should we meet?



Phone number: we'll get back to you asap

EKE PROCESS

E

Explore uncertainty, concerns, risks and complaints through discussion and seek clarification.

K

Knowledge sharing – information or concerns raised with kaimahi, whanau or others

E

Escalation to leadership to support problem solving and development of an appropriate plan



Wānanga

Mahi a Atua in practice

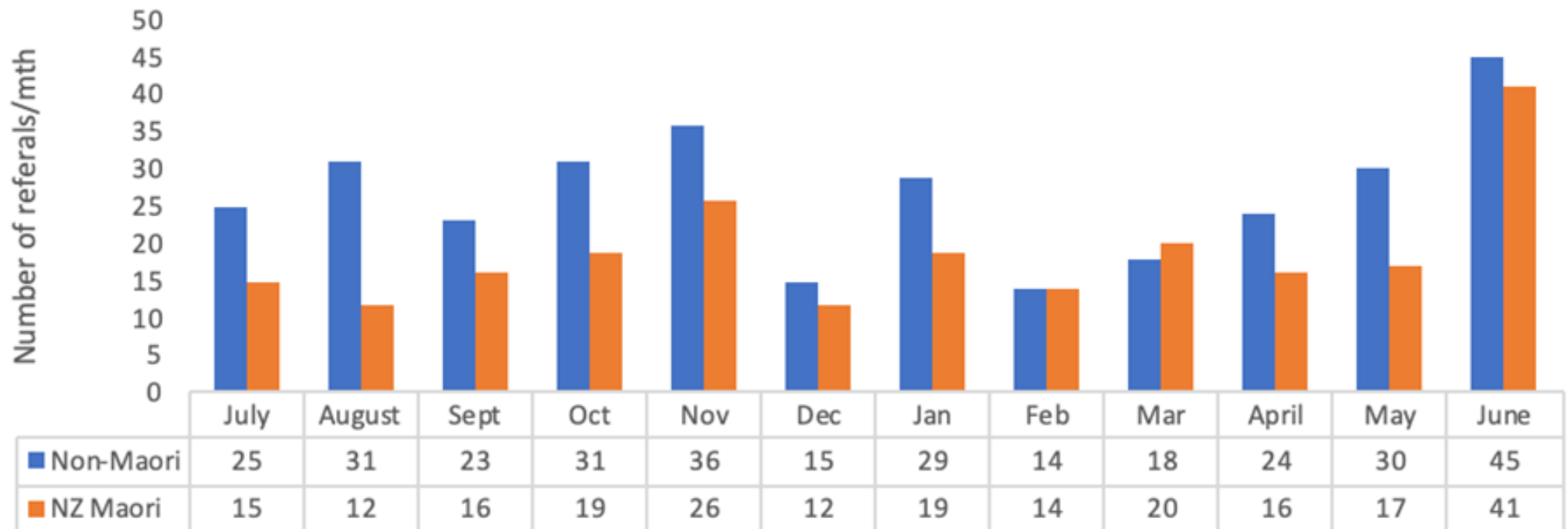
FIT and MyOutcomes

- Feedback-Informed Treatment (FIT) uses measures to solicit feedback about progress and the quality of the therapeutic relationship in real time
- Involves session by session data collection and output reporting
- Red cases are reviewed by wider team weekly
- Essential for creating a 'culture of feedback'



For more information see: <https://www.myoutcomes.com> and <https://www.scottdmiller.com/how-does-feedback-informed-treatment-work/>

Total number of referrals to Hinengaro services by ethnicity - 1 July - 30 June



Total number of referrals by ethnicity 1 July 2019 – 30 June 2020

Note: COVID period March – June 2020

PRE- COVID

- Multiple referral waitlist management processes
- Majority of referrals from GP's, external providers
- Majority of referrals non-Māori
- 1st contact made within 3 days
- Individual practitioners carried own caseload and saw clients 1:1
- Clinical and non-clinical workers
- Range of tools/assessments and care plans
- MDT reviews held without whānau voice – language biased and judgmental
- Based on Western knowledge systems
- Biomedical reasoning and diagnostic/ disorder terminology

POST COVID

- Single point of entry or 'waharoa' for all referrals for anyone in distress
- Majority of referrals coming directly from whānau – majority are now Māori
- All referrals are assessed immediately as part of the Matataki process
- Choice of Ue offered and 1st wananga held within 3 days
- Diverse workforce trained in Mahi-a-Atua practice
- ORS and SRS completed with whānau and service agreements outline whānau goals
- No discussion about whānau without them
- Based on Indigenous knowledge and pūrakau
- New language and descriptions of distress

Challenges

- Managing change
- Supporting staff
- Managing expectations including Funders
- Primary care buy-in
- Developing new ways of being
- Implementing new policies and processes
- Sustainability