

22 July 2021

Ethan Griffiths
NZME

Via email: ethan.griffiths@nzme.co.nz

Tena koe Ethan

Official Information Act Request - OIA 13617 Te Awhina

On 6 July 2021, under section 12 of the Official Information Act, you requested the following information from Whanganui District Health Board (WDHB):

The following request for information is made under the terms of the Official Information Act 1982.

- The number of patients/residents Te Awhina Mental Health Care Facility is designed to accommodate at any given time.
- A full breakdown of the number of occasions Te Awhina Mental Health Care Facility has been over-capacity between January 1 2021 and July 1 2021. I ask that this information be broken down by date and number of patients/residents on each particular occasion of overcrowding.
- A full breakdown of violent incidents that have taken place at Te Awhina Mental Health Care Facility between January 1 2021 and July 1 2021, including but not limited to assaults, sexual harm, sexual assault, head-butts, spitting, punching, and threats of death. I ask that this information be broken down by date and type of incident. I ask that each incident is distinguished between an assault against a patient and an assault against a member of staff.
- Any communication between Dr Jo Stephen and Peter Skilton related to or mentioning overcrowding/periods of overcapacity within the facility, including, but not limited to, emails, text messages and letters.
- Any written communication between Russell Simpson and Health Minister Andrew Little related to or mentioning the Te Awhina Mental Health Facility, including but not limited to, emails, text messages, letters and reports.
- Any reports received or commissioned by the DHB specifically related to Te Awhina and its operation within the last 24 months.

The information sought in this request is to be used as part of a report by the Whanganui Chronicle/NZ Herald into Te Awhina Mental Health Care Facility in Whanganui.

It is understood elements of the requested information might not be considered public information. If this is the case, I would ask each element is considered separately, described as best it can be, and reasons for any information being declined being set against the information sought.

There may be aspects of the information sought which require names to be redacted to meet section 9(2)(a) of the Act. In situations such as this, I would ask you indicate the employer and position of the person whose name is redacted for the purposes of clarity.

I anticipate receiving the information under the terms of the act, which stipulates a maximum period of 20 business days. Written confirmation of receipt of this request would be appreciated.

If I can be of any assistance, please call me. I would like to receive the information electronically.

Chief Executive | Phone 06 348 3140



100 Heads Road, Private Bag 3003
Whanganui 4540, New Zealand

Whanganui District Health Boards response:

1. The number of patients/residents Te Awhina Mental Health Care Facility is designed to accommodate at any given time.

Te Awhina is an acute 12-bed inpatient unit based on the Whanganui Hospital campus. Te Awhina treats tangata whai ora in the acute phase of mental illness. Te Awhina has additional rooms for day support, activities and whanau support - these rooms are designed for flexible use depending on the need. Tangata whaiora may also be on leave from Te Awhina yet remain as an inpatient for a short period as they transition back to their home environment depending on the individual's needs.

Capacity is increased by one Transition Bed at a Community Facility managed by an NGO partner supported by Te Awhina Staff.

2. A full breakdown of the number of occasions Te Awhina Mental Health Care Facility has been over-capacity between January 1 2021 and July 1 2021. I ask that this information be broken down by date and number of patients/residents on each particular occasion of overcrowding.

Based on midnight census of Te Awhina, with a bed capacity of 12 beds.
Excludes patients who are within DHB systems, but their admission status is "On Leave", so we only count occupied beds.

There were 8 occasions where Te Awhina exceeded the 12-bed capacity. Dates listed below.

Ward	Date	Occupancy
Te Awhina	8/01/2021	13
Te Awhina	12/01/2021	13
Te Awhina	13/01/2021	13
Te Awhina	23/01/2021	13
Te Awhina	24/01/2021	13
Te Awhina	25/01/2021	13
Te Awhina	24/02/2021	13
Te Awhina	25/02/2021	13

3. A full breakdown of violent incidents that have taken place at Te Awhina Mental Health Care Facility between January 1 2021 and July 1 2021, including but not limited to assaults, sexual harm, sexual assault, head-butts, spitting, punching, and threats of death. I ask that this information be broken down by date and type of incident. I ask that each incident is distinguished between an assault against a patient and an assault against a member of staff.

There were 14 incidents that involved 8 patients as the instigator and 1 patient as the subject of intended harm.

#	Date of incident	Type of incident	Towards Staff or other patient	Gender of patient
1	17 June 2021	Spitting at staff	Staff	Female
2	29 May 2021	Serious threats to harm staff	Staff	Female
3	24 May 2021	Punched and serious threats to further harm	Staff	Female
4	15 May 2021	Assault	Staff	Female
5	11 May 2021	Threat to kill with sharp object held towards staff	Staff	Female
6	5 May 2021	Struck in head by heavy thrown object, report to police	Staff	Female
7	29 April 2021	Struck by shoved heavy object	Staff	Female
8	13 April 2021	Bailed up in corner, threat to harm	Staff	Female
9	31 March 2021	Assault	Staff	Male
10	20 March 2021	Threat to harm with raised heavy object	Staff	Female
11	31 January 2021	Assault, struck staff in face with piece of splintered wood	Staff	Male
12	20 January 2021	Serious threats of harm	Staff	Male
13	12 January	Serious threat to kill staff members child	Staff	Female
14	11 January 2021	Serious threats to attack another patient in proximity	Patient	Male

4. Any communication between Dr Jo Stephen and Peter Skilton related to or mentioning overcrowding/periods of overcapacity within the facility, including, but not limited to, emails, text messages and letters.

Tecos is our phone contractor and any information required will have to be obtained through them, their position is they will only respond to a legal request from police for text messages. We can find no emails between Dr Jo Stephen and Peter Skilton related to or mentioning overcrowding/periods of overcapacity within the facility between January 1 2021 and July 1 2021.

5. Any written communication between Russell Simpson and Health Minister Andrew Little related to or mentioning the Te Awhina Mental Health Facility, including but not limited to, emails, text messages, letters and reports.

Tecos is our phone contractor and any information required will have to be obtained through them, their position is they will only respond to a legal request from police for text messages. We can find no emails between Russell Simpson and Health Minister -Andrew Little related to or mentioning the Te Awhina Mental Health Facility between January 1 2021 and July 1 2021.

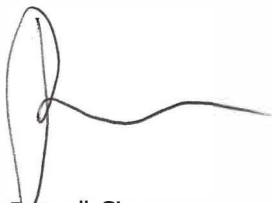
6. Any reports received or commissioned by the DHB specifically related to Te Awhina and its operation within the last 24 months.

Ombudsman report 2021 (publicly available)
Cultural review (attached)

As per our phone conversation, I would like to invite you to visit with Te Awhina staff and have a tour of the facility, at your convenience.

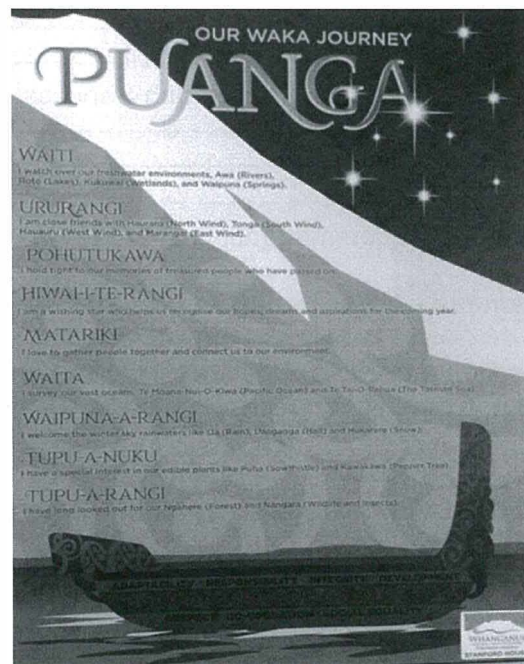
Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at anne.phoenix@wdhb.org.nz

Nga mihi

A handwritten signature in black ink, consisting of a large, stylized initial 'R' followed by a long, wavy horizontal line.

Russell Simpson
Chief Executive

Final Report
Review of Stanford House
Medium Secure Forensic Service
And
Te Awhina Acute Community Mental Health and Addiction Services.
Tikanga and Kawa Practices
Whanganui District Health Board.



Prepared by: Phyllis Tangitu
Wi Huata
May 2021

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"E rere kau mai te awanui, mai te kahui maunga ki Tangaroa, Ko au te awa, ko te awa ko au"

"The great river flows from the mountains to the sea, I am the river, the river is me."

This whakatauki (proverb) defines the Iwi (Maori people) of the Whanganui River and region.

From the sacred mountains of the Central Plateau, the Whanganui River begins its journey of nearly 200 kilometres when it eventually released into the Tasman Sea, off the western coastline of Whanganui along its length the people of Te Ati Haunui-a-Paparangi (Whanganui Iwi) have descended for over 40 generations

1. ACKNOWLEDGEMENT

Tena koutou, Tena koutou, Tena koutou katoa.

We are grateful to all of the participants of this review.

A special acknowledgement to Rowena Kui (Kaiuringi) Maurice Chamberlain (Associate Director of Nursing), and Te Hau Ranga Ora whom welcomed us in to Te Piringa.

Mihi Aroha ki a koutou.

Thank you to the Clinical leads, staff, and Whaiora of Stanford and Te Awhina, for the welcome, and sharing the information. Our visit was very special.

We were overwhelmed by the way we were embraced, supported, and acknowledged throughout the duration of our initial communication, site visit and post review requests.

Nui nga mihi

Phyllis Tangitu
Wi Huata

1.0 INTRODUCTION

1.1 Overview:

In May 2021, Rowena Kui (Kaiuringi, General Manager Maori Health and Equity), and Maurice Chamberlain (Associate Director of Nursing Hospital and Clinical Services) commissioned a review of Kawa and Tikanga practices within Whanganui District Health Board (Whanganui DHB) Stanford House and Te Awhina Acute mental health and addictions inpatient services.

The review was prompted by concerns raised by a staff member, during an employment process.

External reviewers were contracted to complete this review.

1.2 Purpose:

To review, Stanford House and Te Awhina Acute mental health and addictions inpatient services tikanga and kawa practices; to ensure that the practice meets Maori/Iwi best practice standards and requirements of the Iwi and Whanganui DHB; and that they align with the Ministry of Health, Whakamaua (Maori Health Action plan) MoH 2020.

The review Terms of Reference were developed in liaison with Rowena Kui and Maurice Chamberlain. (Copy of ToR can be sourced from Maurice Chamberlain)

1.3 Scope:

The review will:

-Focus specifically on the services delivered from Stanford House and Te Awhina (and any associated services that may be delivered from these).

-Include Whanganui DHB leadership and organisational structure, relationships, policies and practices that provide leadership to the development and delivery of Tikanga and Kawa services.

1.4 Responsibilities and Functions:

- Conduct an independent review of Stanford House and Te Awhina (Tikanga/Kawa) practice.
- A desktop review of DHB lead documents, relevant, and recent reports and accreditation documents.
- Consider the practice (Maori/Iwi - Tikanga and Kawa) and assess its implementation and effectiveness through discussions with staff, Whaiora and Whanau.
- Consider the effectiveness and outcomes of these practices.
- Provide a report to the Associate Director of Nursing Hospital and Clinical Services, and the GM Maori Health and Equity, within the agreed timeframe. (Draft and Final)
- Presentation of the findings of the review to governance or executive management Hui may occur outside of the review timeframe in line with scheduled meeting days, on request and will be provided through zoom.

1.5 Reviewers:

Phyllis Tangitu and Wi Huata were contracted to undertake the review. Phyllis and Wi come with extensive experience in the Mental Health and Addictions field; Phyllis has worked in Mental Health and Addiction mainstream services, established Kaupapa services in Lakes District and has participated in Maori Mental Health developments in the health sector for 30 years. Phyllis is currently the Community member of the Mental Health Review Tribunal of New Zealand and is a member of Matanga Mauri Ora (national Maori leadership group Maori mental Health).

Wi has lived experience from the 80's and 90's. He has worked in Mental Health service delivery for over 25 years as a support worker, and a leader, participant in regional and national committee's and forums. He is the Chair of Te Kete Pounamu (national network of Maori with lived experience) Wi currently works part time as a Whanau Advocate in a Provider in Rotorua.

They were chosen to conduct this review because of their extensive experience and their passion and commitment to ensuring that Maori receive the best care in the Health System.

1.6 Whanganui DHB Lead:

Maurice Chamberlain, Associate Director of Nursing Hospital and Clinical Services. With the support of Rowena Kui, Kaiuringi General Manager Maori Health and Equity.

1.7 The Review Process:

- Phyllis and Wi worked with Rowena Kui (Director Maori Health and Equity) and Maurice Chamberlain (Associate Director of Nursing), to understand what was required.
- A Terms of Reference was agreed.
- Relevant information was provided to Phyllis Tangitu to consider.
- A site visit was arranged for the 11/12 May 2021 - interviews and discussions were conducted with Clinical Leaders, staff and Whaiora of Stanford House and Te Awhina;
- A draft report prepared;
- Final Draft presented and confirmed.

The reviewers noted at the onset that there were aspects of this review that would require significant consideration, particularly as it relates to the legal requirements that are important to the care and treatment of whanau resident in Stanford House and for those who are under compulsion in Te Awhina. What will be important is to consider the application of Tikanga and Kawa within a mainstream service setting and more importantly within the legal framework.

2 EXECUTIVE SUMMARY

This executive summary contains the following sections, after each section we provide acknowledgements and recommendations.

- Vision, Leadership, Wanganui DHB
- Iwi Relationships, Maori Kawa and Tikanga
- Mental Health and Addiction Services
- Te Hau Ranga Ora (Maori Health Services)
- The Service - Stanford House and Te Awhina;
- Central Regional Forensic Services Adult Mental Health
- Peer Support
- Alignment to Whakamaua - Maori Health Action Plan MoH

- Recommendations.

2.1 Vision, Leadership, Wanganui DHB;

He Hapori Ora - Thriving Communities

Kaua e rangiruatia te hapai o te hoe, e kore to tatou waka e ii ki uta.
Do not lift the paddle out of unison or our canoe will never reach the shore.

Whanganui District Health Board is responsible for ensuring the 68,395 people living in its district have access to a wide range of health and disability support services across primary, secondary and tertiary health care settings. This includes the secondary services provided at Whanganui Hospital as well as funding many primary services delivered in the community, and public hospital services delivered to their population outside the Whanganui District Health Board area.

It is responsible for improving, promoting and protecting their health and the health of the communities in which they live. Whanganui DHB has a formal relationship with Iwi through the "Hauora an Iwi" collective that represents the six Iwi of the Whanganui DHB district. This partnership with Iwi and the Maori Health leadership and structure in the DHB is central to providing the direction, leadership and support to enabling greater outcomes for Maori.

Whanganui District Health Board strategic document He Hapori Ora sets the overarching strategic direction and focus areas that guide the Board, executive, management and staff. Te Waka (Indigenous framework) is the framework and service delivery model that operationalises He Hapori Ora in practice, expanding on the DHB's four core values - Kotahitanga, Aroha, Manaakitanga and Tino Rangatiratanga and modelling whanau centred care in practice. Te Waka is captured in a visual diagram in the appendix section.

The Review team saw and experienced Te Waka, and the principles and values of the organisation in action. All staff were able to clearly articulate Te Waka, and also the importance of applying these as they work with their patients/clients and whanau.

We heard from staff a commitment to ensuring that the services they delivered had the "right" people in the "right" place at the "right time", to deliver the best service to the Whaiora.

The organisation as a whole strives to maintain a high level of commitment in the delivery of Te Ao Maori content throughout all that they do. On our arrival to Whanganui Hospital we were accorded a Powhiri (formal welcome) into Te Whare Piringa by Te Hau Ranga Ora (Maori Health service), members of the Executive team. We reviewed strategic documents and the web page for the Whanganui DHB, and there are strong evidence Maori principles and values woven through the Strategic direction.

Practices from a Te Ao Maori world view, were evident in service delivery. Maori practices and rituals, organisational signage in Te Reo, use of Te Reo among staff and in interactions with Whaiora was clearly evident. Te Hau Ranga Ora were also an integral and important part of the services. The reviewers note that Stanford House did have a separate cultural advisory service. While this service provided leadership and guidance to Stanford house there was an obvious disconnect with Te Hau Ranga Ora.

The Clinical Leadership in Stanford House and Te Awhina were exemplary. They shared

openly and unashamedly their commitment to nurturing Whaiora within "Te Waka" context and ensuring that they have the "right" staff to work in the service. We heard of many initiatives and developments in both Stanford House and Te Awhina and the clinical leader of Te Awhina shared with us initiatives that aimed to bring life to "Te Waka" and the organisations values.

The Review team sat in the team training/meeting room (Te Awhina) and saw evidence of best practice, Maori development, and developments that would support staff best practice from a Te Ao Maori world view. The use of Maori models of practice was currently being considered (examination of existing models, with Mana Whenua models to support staff knowledge and understanding) all of these workings adorned the room's walls. The Clinical Nurse Manager (CNM) also shared his commitment to employing new graduate Maori nurses and other professional disciplines, so as to be able to support them in their early years of professional development. It was his view that to nurturing new practitioners into a work environment that is inclusive and caring was important. Both Stanford and Te Awhina staff imbued kindness and respect, and importantly worked to serve. There was also a high number of Maori staff employed in Stanford House and Te Awhina.

The organisation is acknowledged for its strong commitment to Tikanga Maori, and Kawa, and a philosophical approach to serve and nurture the potential of those in their care.

***Kia taea e te whanau me te hapori
i tona ake tino Rangatiratanga***

**Together we build resilient communities,
empowering whanau and individuals to
determine their own wellbeing.**

Acknowledgements and Recommendations:

THE review team note, that the Whanganui District Health Board, has a formal relationship with Hauora a Iwi (Iwi Relationship Board). The partnership is valued, and supported to give leadership direction and advice to the DHB.

THE review team note, that Te Waka (Indigenous Framework and model) is well known and understood by all staff (that were met by the review team);

THE review team acknowledge the clear leadership and commitment of the Chief Executive (CE), and the Senior Executive team in achieving the Vision and Aspirations of the District Health Board, more important the development of a culture that nurtures and respects staff, Whaiora and their whanau.

THE review team acknowledge that Whanganui DHB has a clear vision, and strong leadership, toward enabling Tikanga and Kawa to be an integral part of service delivery.

THE review team acknowledge, that Maori leadership is strong, Hauora a Iwi (Iwi Relationship Board), Kaiuringi, Te Hau Ranga Ora provide clear direction and support to the organisation in all things relating to Maorillwi. This is reflected in the organisations Strategic documents, Annual Plans and other documents viewed by the review team.

THE review team recommends that the Kaiuringi consider the establishment of

regular evaluations of the application of Tikanga and Kawa.

2.2 Iwi Maori Kawa and Tikanga

"E rere kau mai te Awa nui mai Te Kahui Maunga ki Tangaroa. Ko au te Awa, ko te Awa ko au"

Captures the deep relationship that Whanganui people have with the Awa.

District Health Boards were established in 2000 through the New Zealand Public Health and Disability Act 2000, the purpose of this Act is to provide for the public funding and provision of personal health services, public health services, and disability support services, and to establish new publicly-owned health and disability organisations, in order to pursue greater health for their population.

A significant focus of the act was the need for District Health Boards to reduce health disparities by improving the health outcomes of Maori and needed to consider Maori representation in the formation of District Health Boards. Further in order for District Health Boards to recognise and respect the principles of the Tiriti o Waitangi, and with a view to improve health outcomes for Maori, Part 3 of the Act provides for mechanisms to enable Maori to contribute to decisions on and to participate in the delivery of, health and disability services.

In August 2002 a guide for District Health Boards was published by the Ministry of Health that this guide described the imperative of establishing Maori / Iwi Relationship Boards in each district. Whanganui DHB has an intertribal forum "Hauora an Iwi" established by a confederation of six Iwi as high level partners with the DHB.

The primary function of Hauora a Iwi is to contribute to the advancement of Maori health outcomes and ensure access and delivery of health services to Maori in the WDHB area. Hauora a Iwi is made up of Iwi (tribal entities who have influence within, or partly within, the Whanganui DHB region) and their organisations which represent tangata whenua. On behalf of the Iwi collectives in which they represent, Hauora a Iwi provides advice on the needs and aspirations for the health and wellbeing of the region's Maori population. Hauora a Iwi aims to assist the WDHB in its efforts to reduce health disparities by improving the health and wellbeing outcomes of Maori.

Iwi recognised by Whanganui DHB and represented on Hauora a Iwi are Whanganui, Nga Rauurua, Ngati Apa, Mokai, Patea, Ngati Hauiti, and Ngati Rangī.

The work of Hauora a Iwi has focused on providing advice and strengthening the Iwi governance partnership with the Whanganui DHB. They have continued to instil a **Whanau Ora** philosophy into the purchasing strategy for Kaupapa Maori Services. This has been reflected in the shift towards integrated contracts across all the Kaupapa Maori Services and a shared model of working across these providers. Quarterly board-to-board meetings between Hauora a Iwi and WDHB have contributed to the influence of Hauora a Iwi.

2.3 Te Hau Ranga Ora (Maori Health Services), Te Awhina and Stanford House

*Kaua e rangiruatia Te hapai o te hoe,
e kore to tatou waka e u ki uta*

*Do not liff. the paddle out of unison
or our canoe will never reach the shore*

Whanganui DHB funds and delivers Maori Health services and a range of mental health and addiction services in the community, rural areas and on the Whanganui Hospital campus.

2.3.1 Te Hau Ranga Ora (Maori Health Services)

The Maori Health service is central to the services that are delivered. **Te Hau Ranga Ora Maori Health Service** is available to all whanau/families during the day, on call after hours and in the weekends. The team of Haumoana navigators are part of the healthcare teams. They support patients and their whanau/family during their stay in hospital, they also assist whanau/family centered care by working alongside staff to support and engage with Maori whanau.

The Haumoana, participate in multidisciplinary teams, discharge planning and work with whanau/families to advocate, support and more important navigate the health services and enable them to improve and self-determine their health journey.

The Haumoana also assist and facilitate a link back to services in the community to ensure that whanau are supported when discharged home. The Haumoana provide an after hours on call service that is accessible is via the telephonists or by speaking to the hospital care teams in all the ward and services.

Kaumatua and kuia (elders) are an integral part of the service by providing guidance and support to Haumoana, staff and patients.

Te Hau Ranga Ora also offer facilities that cater for whanau/family needs that are governed by tikanga Maori, such as:

- **Mauri Ora** - a whare for emergency and temporary accommodation for out of town whanau.
- **Whare Whakatau Mate** - a whare to support whanau who experience the sudden loss of a whanau member.
- **Te Piringa Whanau** - a whare that supports whanau/family-centred care through education, wananga and Hui.

2.3.2 Mental Health and Addiction Services:

Mental Health and addiction services are available for people of all ages and include different aspects of the mental health and illness continuum. Most of our mental health services are for people living with severe mental illness except for our alcohol and other drug service which focuses on early and youth intervention.

The Mental Health and Addiction Services work in conjunction with primary health, mental health and addiction non-government organisations (NGOs), Kaupapa Maori services and community agencies to ensure service users/tangata whaiora needs are met in all aspects

of their lives. These needs include crisis work, housing, income, cultural, spiritual, day-to-day living support, recreational, educational and employment needs.

The Mental health and addiction services work from a recovery approach based on promoting hope, supportive environments, self responsibility and self determination while working within the legal and best practice guidelines for professional and industry standards.

All services have a multidisciplinary team of health professionals who work together with the service user and their family to ensure they receive integrated care to help with their recovery and discharge. The Kaitakitaki and Haumoana are integral to the team, and are important to support Te Ao Maori knowledge and understanding with staff and for Whaiora.

2.3.3 Te Awhina - Inpatient acute mental health service.

Te Awhina is a 12-bed inpatient unit for people between the ages of 18 and 65 based on the Whanganui Hospital campus. Te Awhina treats people in the acute phase of their mental illness when they would typically find it hard to deal with at home.

The review team spent considerable time with staff and the clinical leader who shared with us the "need to do things differently" and focus on transformational change. The clinical leader shared considerable work and effort of bringing He Hapori Ora, Te Waka and the values and principles of the DHB to life. "Every door has to be the right door" for whanau, "What is good for Maori, is good for all!" he talked about the radical change that the service has travelled in the past few years.

A number of strategies that enable this transformation:

- Peer Support role that is employed by Whanganui DHB and a partnership with Peer Review Service, Balance Whanganui.
- Creating an environment that enables healing and support.
- Enabling and supporting the workforce e.g. the recruitment of a younger Maori workforce that can be nurtured to work in a transformational model;
- Maori Health is integral to all that they do, Te Hau Ranga Ora - Kaitakitaki (Lead) Ned Tapa , and Haumoana, Ren Tapa, Kuia and Kaumatua.
- Stanford House has achieved seven years of 0% seclusion (a national standard and exemplar)
- Acknowledge the lwi of the rohe and the need to confirm a lwi centric model of care that descends from Te Waka;
- Enabling an opportunity for staff to go through the history of mental health and addictions and Maori health and understand published models of care (Maori) e.g. Tapa Wha, Te Wheke.
- Te Ripo is a model that Kaitakitaki (Mental Health) is sharing with the team and the integration of this within service and staff practice.

- The support of leaders across service development and staff having an opportunity to lead development in area's e.g. Hui Whai Ora, WRAP and Plans, Day services etc.
- Data - understanding baseline data, and statistics, and maintaining internal audit process.
- Information from Whaiora and Whanau - the use of conversation Cafe (regular Hui with community) to share what they want.
- Maintaining a high level of Quality and managing the risks.
- Thematic Analysis - "Nothing about me without me"

The review team spent time with the Haumoana in Te Awhina, he shared (with much humility) his confidence in the staff and services of Te Awhina and Stanford House to deliver effective services to Maori Whaiora. His responsibility in the health settings covers, the Emergency Department, Mental Health and Addiction services across the Whanganui hospital site. He noted how important the leadership is, from the Chief Executive Officer (Whanganui DHB), the Kaiuringi, Service Managers, and clinical leads. He acknowledged their constant commitment and supportive.

He shared the online data capture system, and models of care developed by Maori in support of whanau these were - "Hapai te Hoe" (that builds on existing programmes) and the Te Ripo model (an indigenous model of practice) that guides the work that is delivered, Te Ripo begins at the engagement stage, assessment, identification of client patient needs through to discharge.

The review team also were provided with documents that supported Te Awhina staff approach. The clinical leader informed us that regular training and development sessions occur with a leadership team that ensures ongoing development for staff. All staff, contribute to this development and some of the key documents that were shared were about working with Whaiora and their whanau, Maori models of practice. He talked about the on-going and constant commitment to Maori content and context in service delivery, and working with Maori in an enabling and supportive way. Enabling access to Te Reo, and Maori rituals and processes was also noted. A full list of the documents received is in section 2.3.7 of this report.

"Our Awa Tupua has resided over our tribal boundaries since time immemorial. She knows every community along her shores: Marae, kainga, wharekai, urupa, wahi tapu, pa tuna, puna and utu piharau."
(Turia.) T Oct 2021, speech Whanganui river claims)

2.3.4 Central Regional Forensic Adult Mental Health Services:

The Central Regional Forensic Adult Mental Health Service covers Wellington, Manawatu-Whanganui, Hawke's Bay and Gisborne districts. The forensic mental health services operate between the criminal justice system and general mental health services. They focus on managing and giving expert advice about people who present with serious mental health conditions in a variety of settings including prisons, courts, specialised inpatient units and the community.

The forensic service works closely with the justice system to provide secure assessment, treatment and rehabilitation services for mentally ill offenders, alleged offenders, or adolescents who pose a high risk of offending.

2.3.5 Stanford House - extended secure rehabilitation regional forensic service:

Stanford House is a 15-bed residential unit for people needing long-term rehabilitation. It is provided by the Regional Forensic Service and all referrals are managed through Capital Coast District Health Board (DHB). Stanford House is funded from Capital and Coast DHB.

Stanford House provides rehabilitation around health, mental health, community living, day-to-day skill development, employment, recreation and education. Stanford House is located on the Whanganui Hospital site.

The review team were welcomed into Stanford House by the Whaiora, and Staff. All of the Whaiora participated in the P6hiri process, and certainly Whaiora were comfortable with the setting and process. We ended with hongi, and hariru, and had morning tea together.

We then met with the Clinical Nurse Manager (CNM), Acting Clinical Nurse Manager (CNM) a Senior Registered Nurse and Associate Director of Nursing. The Acting CNM, said that it was important to "pause and listen" to what the Whaiora are saying, and somehow within the constraints of the system, enable Whaiora to flourish. "Stanford is their home we need to ensure that they are supported to live the best they can"

She advised that the (Cultural Advisor) Stanford House supports the staff and Whaiora in developing Te Ao Maori tikanga and kawa. (The Review team note that the Cultural Advisor was on leave at the time of the visit.)

All visitors are accorded a welcome (by the Whaiora) when they visit Stanford House. The staff has worked with the Whaiora and the Cultural Advisor, to develop the process. We were advised that the priority was to enable the Whaiora whakaaro (thoughts and considerations) - to lead this process.

The review team were concerned that the Tikanga and Kawa that is applied across the Whanganui DHB services, through Te Hau Ranga Ora, were not delivered in the Stanford House setting. In the P6hiri/Welcome process, the Te Hau Ranga Ora (Maori Health Team), who accompanied us into Stanford House, were seated at the back of the room. The Whaiora indeed led the process. The review team acknowledge this "way of working" however Stanford House must align with the direction of the Te Hau Ranga Ora and be guided by the Kaumatua and Kuia, and Kaitakitaki. Leadership of the Kawa and tikanga process needs to be consistent.

While in Stanford, the review team were provided lunch (prepared by the staff Health Rehab Support team and Registered Nurses). We sat with them and they introduced themselves and shared their role and responsibility. These women not only provided the kai - food for the Whaiora, they were integral to the support and aroha accorded to them. They "Are integral to the whanau of Stanford House", and given that most of the Whaiora may never be released (Special Patients), supporting them to have the best quality of life in the current situation, was important.

We asked what a "typical day" would look like for a Whaiora and were told of the supports from Te Oranganui (Activities based Centre) providing a range of activities for the Whaiora inclusive of the in house programme and individualised programmes each Whaiora have, it's a very structured day.

Rituals e.g. Karakia are an integral part of Stanford process. . Karakia occurs on a Monday, Wednesday and Friday;

The Acting CNM took us on a tour of the Whare:

- Stanford House has a number of Allied health roles that focus on Rehabilitation.
- The environment (Taiao), the unit is a 15 bed inpatient facility within this area they have an outside garden where they grow their own vegetables, and flowers. Whaiora are encouraged to till the soil.

The garden area was well kept and obviously a place of pride. We were introduced to the "Coby" the Rabbit who lived in the garden. Coby was cared for by one of the Whaiora. We witnessed the therapeutic value of Coby being an integral part of this setting.

- We had the privilege of a Whaiora showing us his room, and pictures of him and Coby (ward rabbit). This Whaiora has been an inpatient of Forensic Services for many years (Lakes Alice). He was very proud of his space, and the have responsibility he has for Coby the rabbit.

The reviewers note that we were given the opportunity to view the living spaces of the Whaiora and we saw the pride that many of them have in their personal space. We were told by the CNM that many of these men have been in institutional care for over 30 years.

- Art is integrated into activities and as we walked through the halls of the unit we could see the Whaiora artwork adorning the walls. Puzzles were completed and framed.
- We saw the Clinical Psychologist room (she provides support to Whaiora). The room was welcoming, adorned with artwork, cushions, and Te Reo.
- Stanford House has a programme that supports tangata whaiora to learn new skills and support the wider community by brining back to life abandoned and broken bicycles. . We met the "Bike man" a jolly charismatic person He shared with us, his responsibility for running the Stanford House workshop as one of the programmes where tangata whaiora have the option to do carving, welding, woodwork and more. The upcycling bicycle project is added to these activities. He shared how he and the tangata whaiora collect the unused bikes from the community and repair them; using parts from other bicycles they have collected and repaired. Once brought back to life, the bicycles are donated to children and adults in the Whanganui community.

To date they have rescued, restored and donated over 150 bicycles. The CNM shared with us that the strength and ability of this staff member is hugely valued.

- Pasifika Wahine support: We met the support person who works one day a week providing support to Whaiora. An incredibly vibrant, woman she lunch with us and talked about the work that she does. We were impressed with this incredibly vibrant person, she works one day a week, also offering cooking classes and delivers Housie with the Whaiora.
- Stanford House also has a Maori Peer Support person who provides 16 hours per week. The position sits alongside the Whaiora, offering support where needed.

We learned of his lived experience, and the importance of establishing a rapport with the whaiora, and gain their Trust. He said that only then will the support be effective.

- We also learned of the endeavour to move whaiora from a "Kahupo" state to "Mauri Oho". (From the darkness into the light.).
- The CNM shared with us the importance of having staff with a suite of skills that can also support in house activities with the Whaiora.

There were many staff (Health Rehabilitation Supports) who provided in house activities e.g. Bike fixing (a community initiative where broken bikes would be bought into the unit, and the staff with Whaiora would repair these) Photography - Framed photo's adorned the walls of Stanford House, pictures of the Whaiora participating in activities.

2.3.6 Peer Support: - Balance

The review team had the opportunity to have lunch (day two) with the Peer Support lead, Poutu Whakahaere (General Manager), from Balance Aotearoa, Balance Aotearoa is a Whanganui and District based peer support services. The Poutu Whakahaere, shared with us how important it is to ensure that his service works within a "Maori frame", he said that "mental well-being rests in a much bigger picture of holistic well-being, which includes all the factors acknowledged in the Maori model of health Te Whare Tapa Wha" He also said that he can see how this way of working can also be used to support Pakeha, and he acknowledged that it may take a different expression (as it does for each individual within their cultural group also).

He said that the need to address Trauma and consider the use of Trauma informed care as critical to enable greater support for Tangata Whaiora to work through issues. He acknowledged the transformational change that is occurring in Whanganui DHB Mental Health and addiction services, and applauded the work of the leadership management and staff.

Balance Aotearoa provides support to Tangata Whaiora (those seeking wellness) is by providing:

- Peer workers, using their own lived-experience, to provide hope and recovery Education in strength-based approaches to mental health and addiction Issues.
- A wide range of weekly groups and activities aiding holistic well-being.
- Social connection.
- One-on-one support.
- Advocacy.

They also provide practical tools to regain well-being and reduce hospitalisations, such as Wellness & Resiliency Action Planning (WRAP)

At Balance Aotearoa; emphasis is about growing safe, healthy relationships.

Staff are trained in Korimana Peer Support, Intentional Peer Support and the Art of

Facilitating Self-determination, which all have relational safety at the heart of their kaupapa. Our programme Korimana weaves in all the elements of Te Whare Tapa Wha.

It was a privilege and honour to meet the Poutu Whakahaere.

He aha te mea nui?

He aha te mea nui o te ao?

Maku e kiatu

He tangata He tangata He tangata

What is the greatest thing?

What is the greatest thing in this world?

I will say

The people, The people The people

2.3.7 The review team received **DOCUMENTS** in support of the review, these were:

- **Stanford House - Operational Framework:** The document is provided to Tangata Whaiora and Whanau when they are admitted into Standford House. The booklet is easy to read, and adorned with pictures of Stanford facility. It explains and defines the services provided and policies and procedures to the Whaiora and their whanau. The booklet states that Stanford House is committed to safely and equitably balancing the rights, treatment and rehabilitative needs of the individual patient alongside the safety of the public.

The document explains that Stanford House staff aim to provide a service which is the least restrictive for individual tangata whaiora, enabling them to reach the greatest potential on their recovery journey. Co-design principles are described that enable all stakeholders participating in activities and interests in Stanford House to build and maintain authentic partnerships with tangata whaiora. The whaiora are actively involved in change and improvement of as many aspects of their care and living environment as appropriate.

They have a "rights based approach" which aims to promote and protect human rights, the recovery approach and supporting tangata whaiora to live a fulfilled life and to reach their potential.

They acknowledge the challenging clinical, cultural and behavioural situations that can be influenced by the nature of the restrictive features of the environment.

Tangata Whaiora actively participate in every step towards being physically and mentally well.

The document includes information relating to the journey that tangata whaiora will travel, and processes and policies guiding this journey, the roles and responsibilities of staff and the enablers and supports that will make this occur.

The organisations Values, principles, 'Te Waka' framework is also included And the Whanganui DHB Treaty of Waitangi Statement.

The review team also received:

Ombudsman Report's August 2017, and September 2020:

The Ombudsmen is designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act 1989 (COTA), with responsibility for examining and monitoring the conditions and treatment of clients detained in secure units within New Zealand hospitals. They make unannounced visits.

A summary of their findings relevant to this review finds that Stanford House:

- Has empathetic, polite and meaningful interactions between staff and clients;
- Whanau feel welcome and respected;
- There is a co-design approach to care, and encouraged clients and whanau are involved in decision making;
- The Unit is clean spacious and homely;
- There are a range of meaningful activities;
- Strong cultural support
- Active support to staff to learn Te Reo, and understand Te Ao Maori Tikanga and Kawa.

Minutes from the - Releasing Time to Care, Quality/Health and Safety, meetings that provided an examples of the team's support of Tangata Whaiora.

New Staff Orientation Booklet - with details organisations principles, values, "Te Waka, a description of the service and the processes and procedures of all facets of the service. It was noted that all new staff are welcomed and accorded a Whakatau (Maori welcome) that Tangata Whaiora and staff participate in

Stanford House Mahi Toi - Art Exhibition Catalogue - with examples of the Tangata Whaiora artwork, and the inclusion of these in Art Exhibitions locally.

Matariki - a celebration of Matariki in Stanford House; this showed the staff supporting Tangata Whaiora participation in significant events.

Articles from the Whanganui Chronicle

(Highlighted significant work of the staff and Tangata Whaiora

- "Bikes get new lease of life at Stanford House"
- Art exhibition focuses on inclusion and aiding recovery.

Position Description - Te Taura-whiri Cultural Support Worker for Stanford House.

The review team note that the position is required to work under the guidance of the Whanganui DHB Kaumatua and Kuia who provide essential guidance and cultural advice.

The review team acknowledge receipt of these documents and acknowledge the considerable effort in collating the information for Tangata Whaiora and Whanau.

Acknowledgements and Recommendations:

THE reviewers acknowledge the LEADERSHIP of the CE, Kaiuringi (General Manager, Maori Health and Equity,) Director of Nursing Hospital and Clinical Services, the Clinical Managers/Leaders, Staff and Whaiora of Stanford and Te Awhina.

THE reviewers acknowledge the clear leadership and commitment of the Senior Executive team in achieving the Vision and Aspirations of the District Health Board, more important the development of a culture that nurtures and respects staff, Whaiora and their whanau.

THE reviewers acknowledge the LEADERSHIP of the Kaiuringi (General Manager Maori Health and Equity) for the support and enablers that she has accorded to her colleagues in the EXECUTIVE of the DHB and for her staff. Her leadership has been

pivotal in enabling Maori practice and support to occur across the organisation.

THE reviewers acknowledge the Te Hau Ranga Ora (Maori health services) Kaitakitaki and Haumoana for their commitment to delivering the best service to the whanau.

THE reviewers acknowledge the Maurice Chamberlain, and Peter and Peter the Clinical Leadership and Management of Stanford House and Te Awhina for their commitment to enabling Maori/lwi rituals and processes that will support Whanau.

THE reviewers experienced the mana rangatira of Whanganui lwi, and acknowledge the Maori Health Teams for their clear leadership and commitment to tikanga and kawa.

THE reviewers witnessed application of a whanau approach to its organisation functions; it was also obvious to the reviewers that the organisation carried out good management and operational practices. In particular the reviewers identified good evidence of strategic and business planning, policy and procedure development and quality and risk management systems having been put in place.

RECOMMENDATION

The review team note that the Kawa Tikanga guidelines for implementation of rituals and processes in Stanford House are guided by the Whaiora alongside the Cultural Advisor. While this is acknowledged, direction needs to come from Te Ranga Hau Ora and the Kaumatua/Kuia of Whanganui DHB.

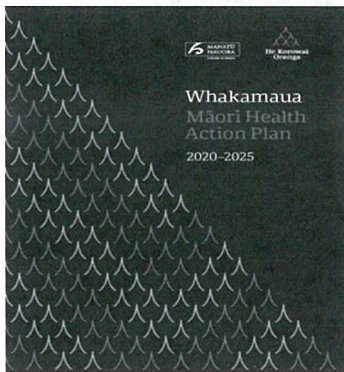
THE review team notes that to achieve change within a mainstream system considerable effort, commitment and a planned approach is required. We were confident that the commitment is there and a number of strategies underway.

3 Whakamaua - Maori Health Action Plan

Whakamaua: Maori Health Action Plan 2020-2025 (Ministry of Health 2020) sets the government's direction for Maori health advancement over the next five years. Whakamaua outlines a suite of objectives and priority areas with tangible actions that can be implemented to achieve high-level outcomes that will contribute to pae ora (healthy futures) for Maori. The Ministry will measure and report progress regularly as the plan moves forward. The plan guides the Ministry and the whole health and disability system to give practical effect to He Korowai Oranga. It enables the health and disability system to implement actions that can contribute to the Crown meeting its obligations under Te Tiriti and the United Nations Declaration on the Rights of Indigenous Peoples.

Achieving the actions listed in this plan will contribute to the Government's wellbeing agenda and priorities for the health and disability system, including improving child, mental and general wellbeing by developing a strong and equitable public health and disability system. This health action plan is a living document with the ability to evolve in collaboration with stakeholders to ensure it meets existing and emerging Needs and is well placed to achieve better health outcomes for Maori.

The reviewers considered frameworks and developments that Whanganui DHB works with and acknowledge the alignment with the national Te Tiriti framework and Whakamaua actions. Of note is the work that has occurred by Te Hau Ranga Ora on Mana Whenua specific frameworks and developments. Whanganui Awa is integral to their very being.



4 Service Delivery - The model of care and application of Tikanga and Kawa

Tungia te ururua kia tupu whakaritorito te tupu o te harakeke
Set the overgrown bush alight and the new flax shoots will spring up

He iti tangata e tupu; He iti toki tonu iho
A small child will grow; a small axe will remain small.

This section of the report focuses on the requirements of legislation, in the care and treatment of whanau who come under the Mental Health Act 1992. The reviewers acknowledge the importance of this section particularly as it relates to how we balance the requirements for adhering to "Law" as per Acts of government, and how we practice and respect Tikanga and Kawa, balanced against a backdrop of managing potential risks for the Tangata Whaiora and staff.

There are many factors that impact a person's life which might lead to them expressing feeling of distress in ways that others might deem to be a risk - either to themselves and or others. Making decisions about a person's care based on the belief that we (staff working in mental health and addiction services) can predict risk is fundamentally flawed as an approach and needs to be considered carefully. Mental Health and addiction professionals, place an impossible expectation on themselves to "manage risk" and wider society mirrors this expectation.

The conundrum of how risk is framed has consequences, which pose a formidable barrier to the development of mental health and addiction services that are more evidence-based, recovery enhancing and endeavours to weave Maori practice (tikanga and kawa). Whanganui DHB, and in particular the leadership of Stanford House have begun to transform the way the work and implement a culture that supports greater openness, reduction in defensive practice (when managing risk), a commitment to working collaboratively with Whaiora and whanau, and they support Whaiora to flourish.

Stanford House has peer support working alongside clinical/allied and Maori practitioners. This collaborative working relationship is one of respect and acknowledgement and interdependence is nurtured.

The Mental Health (Compulsory Assessment and Treatment) Act 1992 (the **Act**) provides for the compulsory assessment and treatment of people who are considered to be '**mentally** disordered' within the meaning of the **Act**.

Regional forensic mental health services are responsible for the care and treatment of special patients and restricted patients within the legislative framework of the **Mental Health (Compulsory Assessment and Treatment) Act 1992** and the **Criminal Procedure (Mentally Impaired Persons) Act 2003**. The New Zealand legislation specifically allows for people who have been charged with or convicted of an offence, and who meet certain criteria in terms of their mental illness, to be treated for that condition in hospital. Treatment of mental illness can be an important step in helping an individual to acknowledge and address the reasons for their offending, and in doing so reduce the chances of future offending and significantly improve their wellbeing.

When managing special patients, forensic mental health services, are required to balance the rights, treatment and rehabilitative needs of the individual patient against the safety of the public and the concerns of victims. The clinical management of special patients lies with the patient's responsible clinician. However, leave and change of legal status require consideration and approval by the Director of Mental Health and (depending on the legal status of the patient) the Minister of Health and/or the Attorney-General. This level of decision-making reflects the seriousness of special patients' status and the need to ensure that a wide range of factors are considered when making decisions about such patients.

The reviewers considered literary writings that could best describe a Forensic and or Acute Mental Health environment and that of using Tikanga and Kawa practice and note the writings of Ta Mason Durie. Ta Mason wrote a paper presented to Health leaders in 2019

"Improving the quantity and quality of mental health services so that Maori access and Maori outcomes are enhanced. The Blueprint for Mental Health Services in New Zealand contains the first comprehensive description of what is needed to provide effective services for the 3% of the adult population. The Blueprint breaks new ground and warrants support from Government as well as the community generally in order to overcome the glaring inadequacies which have marred mental health services for two or more decades. Attention to the needs of Maori forms a significant part of the Report, and better Maori accesses to mainstream services, as well as the establishment of specific Maori services are recommended. There are now more than 30 special Maori mental health services. Known as kaupapa Maori services because their focus is on cultural as well as clinical goals, Maori elders work alongside Maori (or sometimes non-Maori) clinicians to bring a more comprehensive approach to treatment than is possible in usual treatment settings. Maori language, family support and involvement, and Maori culture are integral to the programs. If they are to be effective, mental health services must coincide with Maori realities. According to the Treaty of Waitangi principle of options, Maori should be able to access services which are geared to their own cultural expectations if that is what they wish.

Ta Mason shares the importance of aligning Maori centred frameworks with the current medical model, and profiling evidenced based practices (Maori and non-Maori). He notes the importance of the development of outcome measures based on frameworks that are capable of reflecting Maori notions of wellbeing and good health. Services designated as Maori health services should be measured according to agreed upon outcome measures which make sense to Maori. Similarly, assessment measures should be more than a simple statement about DSM-IV categories. They should also be capable of measuring the degree to which cultural and spiritual factors are associated with the problem.

Finally, clinical research forms the basis for best practice and although a cultural focus is contained in some research, there is also a need for methodologies which can give expression to Maori health perspectives and to Maori priorities. However, relatively little clinical research has been undertaken and opportunities for partnership between clinicians and Maori researchers abound.

Whanganui DHB has a relationship with Iwi that provides direction and support to the Maori Health service in delivering Kaupapa services to their Whaiora. Ta Mason notes the importance of this development being integral and important for that Whaiora to have access to their culture and Maori world view. This can only occur if the direction and leadership comes from Maori.

Further Ta Mason notes:

The fourth strategy for improved mental health requires accelerated workforce development. Disparities between Maori and non-Maori standards of health are matched by disparities between Maori and non-Maori in the workforce. Across the range of professions and mental health disciplines Maori are grossly under-represented. Less than one percentage of clinical psychologists, nurses or occupational therapists are Maori and only 1.6% of New Zealand doctors are Maori. Two responses to that situation have occurred.

A new category of worker has emerged: not necessarily possessing formal qualifications but being well qualified in terms of culture and customary knowledge, accessing Maori networks and interacting with family networks. The so-called Maori community mental health worker has many skills which professionals do not possess and in that sense is invaluable. However, there has also been a tendency to exploit those skills by failing to provide career pathways and not encouraging the acquisition of formal qualifications on top of existing competencies. That situation must change. There is a serious need to facilitate entry into programs of study so that Maori community workers are not trapped or unable to transfer to other work situations and better long-term prospects.

The reviewers note that in Stanford House and Te Awhina we saw evidence of the recruitment of staff that were the best fit and staff that are able to bring to life the vision and aspirations of the organisation. Whanganui DHB also has policies and procedures that support the recruitment of Maori into health employment.

There are many literary writings on mainstream service delivery and Kaupapa service delivery, enabling greater access and support to Maori patients and their whanau. As Ta Mason Durie notes, it's about ensuring and enabling greater Maori Health outcomes for those receiving services. Mainstream services need to work in partnership with Iwi, with Maori Health leadership and Kaupapa services to ensure that this occurs in a planned, informed way, and in a manner that enables the Kaupapa service to be implemented as required by the Kawa Rangatira of Iwi.

Further, the organisation needs to regularly review and evaluate the services ability to implement Kawa and Tikanga. Is this occurring in a way that is respected and honored? Is the organisation free from racism and bias? What are the challenges and how can these be mitigated.

5.0 A Summary of Acknowledgements and Recommendations:

He kowhatu i taka mai i te pari, e kore e taea te whakahokia.

A stone falling from the cliff face cannot be replaced again.

The review team found that Whanganui DHB provides significant leadership and support to their staff in ensuring that He Hapori Ora, and Te Waka model of care is embedded into their culture and service delivery. He Hapori Ora, and Te Waka also provide the platform for tikanga and kawa in practice, and the organisations values are acknowledged and adhered to. This review, was commissioned to consider if Tikanga and Kawa was implemented and how? The review team were impressed with what we saw, read, reviewed and experienced.

Whanganui DHB has key leadership across the organisation that supports Maori values - from their strategy document He Hapori Ora and through Te Waka service delivery model. The leadership of these is everywhere, from the CE, Executive Management, Clinical Leaders, and staff. The organisation has been through transformational change over the past seven years.

Tikanga and Kawa practice is led by Te Hau Ranga Ora, with the support of local Kaumatua, Kuia and experts in Te Ao Maori. Te Hau Ranga Ora, Kaiuringi (Director Maori Health and Equity) provides the leadership and oversight and supports her team to be able to deliver. The position provides advice to the chief executive, Executive Management Team and the Board on strategic issues and is associated with reducing disparities and relationship with Maori communities. The Kaiuringi is also the primary contact for Hauora a Iwi, and has involvement with the contracted Kaupapa Maori health providers through a Maori Health Outcomes Advisory Group. The Kaiuringi has oversight of the operational responsibility for the DHB services provided to Maori.

Te Hau Ranga Ora, Kaitakitaki team provide operational leadership, cultural advice and guidance to management teams and departments and lead quality improvement initiatives and projects such as the equity education program. The cultural advisor and educators lead the "Hapai te Hoe" and "He Waka Hourua" cultural education program and "Te reo" sessions. The senior advisor also leads whanau hui with staff, particularly as a result of the DHB complaints and clinical investigation processes. Support is also provided to staff restorative employment processes, for those who request these processes to be conducted under tikanga.

The Kaitakitaki work with the Kaiuringi to lead the implementation of Whanganui DHB commitment to He Korowai Oranga and the implementation of delegated Maori Health Plan initiatives. They support service leads to implement actions to improve Maori health indicators and service targets. Whanganui DHB has adopted He Korowai Oranga and the implementation work plan of the Whanganui DHB "Pro-Equity Check-Up" action plan as guides and drivers to accelerate Maori health outcomes and achieve equity in health outcomes for Maori.

The Kaitakitaki (Clinical and Haumoana services) has the day to day operational responsibility and leadership of the Haumoana Service. This person has responsibility for the implementation of the Te Waka model of service delivery (whanau centred care) and to ensure culturally safe, effective care to whanau and support to staff. Leadership and supervision of the team is supported by the wider Kaitakitaki team.

This position also provides Maori health clinical and cultural advice to the director of nursing & patient safety and leads the Maori nursing development and supervision program Te Uru Pounamu.

Kuia and Kaumatua advise and support Te Hau Ranga Ora and provide cultural advice to the Kaihautu Hauora, Board Kaiuringi and Te Hau Ranga Ora. They are available to support patients/service users/tangata whaiora and their whanau, if required. Requests to involve kaumatua and kuia are made in consultation with the patient/service user/tangata whai ora or their whanau. This process is facilitated by Te Hau Ranga Ora.

The workforce is their greatest asset and Te Hau Ranga Ora also have two Kaitakitaki workforce development co-ordinators that support and establish workforce activities and initiatives that aim to increase the Maori workforce capacity in Whanganui DHB organisation, services and region. Also linking into national initiatives such as Kia Ora Hauora and Workforce NZ Maori workforce development initiatives and funding support.

Working within a mainstream environment, using a Kaupapa frame and or from a Te Ao Maori perspective can be challenging. We have seen much development in the Mental Health and Addiction sector in the past three decades and what's important is that we understand and respect both well, and how to navigate a way forward together.

The legislative requirements of the Mental Health Act and the Criminal Justice Act are clear. Whaiora who are under compulsion, who may be special patients and or have other restrictions upon them, are limited in their ability to do most things that we can do as individuals. We have to understand this, and abide by the law, however this can be done (as shown by Stanford House and Te Awhian) in a way that is inclusive, collaborative, has a recovery focus, and weaves tikanga and Kawa throughout.

The forensic service works closely with the justice system to provide **secure** assessment, treatment and rehabilitation services for mentally ill offenders, alleged offenders, or adolescents who pose a high risk of offending.

Kaupapa Maori service delivery in Mental Health service settings are services that are delivered by Maori, have a Te Ao Maori philosophy underlying all aspects of services, and focus on wellbeing - oranga. Kaupapa Maori is distinguished by its Kaupapa and its set of cultural characteristics or inputs that are generally not found in other settings. The services operate using Maori Tikanga, Maori beliefs, values and practices and these are incorporated into the operational aspects of the service

The organisation as a whole strives to maintain a high commitment to the delivery of services that are responsive to Maori *whanau acknowledging tikanga Maori values and beliefs*

This review was sought following concerns by a staff member in regard Stanford House applying Kawa and Tikanga in practice. The reviewers visited Stanford House in one day, and spoke to staff, whaiora and Te Hau Ranga Ora (Maori Health services). We note that our summary in this report can only focus on the discussions we had, and a review of the information we received (organisation documents).

The reviewers, experienced services (Stanford House and Te Awhina) that have been going through a number of years of transformational change, which aimed to enable Tangata Whaiora to flourish within restrictions of the environment they lived.

The relationship with Iwi, the leadership of the Kaiuringi, Te Hau Ranga Ora and Kaitakitaki and Haumoana were well evidenced as being integral to the service that is delivered to Tangata Whaiora.

He toka tumoana he akiinga na nga tai
A prominent rock in the sea lashed by the tide

5.1 Acknowledgements and Recommendations

Whaia e koe te iti kahurangi, ki te tuohu koe me maunga teitei.
Seek that which is precious; if you have to bow down make it to a lofty mountain.

THE review team note, that the Whanganui District Health Board, has a formal relationship with Hauora an Iwi (Iwi Relationship Board). The partnership is valued, and supported to give leadership direction and advice to the DHB.

THE review team note, that Te Waka (Indigenous Framework and model) is well known and understood by all staff (that were met by the review team);

THE review team acknowledge the clear leadership and commitment of the Senior Executive team in achieving the Vision and Aspirations of the District Health Board, more important the development of a culture that nurtures and respects staff, Whaiora and their whanau.

THE review team acknowledge that Whanganui DHB has a clear vision, and strong leadership, toward enabling Tikanga and Kawa to be an integral part of service delivery.

THE review team acknowledge, that Maori leadership is strong, Hauora an Iwi (Iwi Relationship Board), Kaiuringi, Te Hau Ranga Ora provide clear direction and support to the organisation. This is reflected in the organisations Strategic documents, Annual Plans and other documents viewed by the review team.

THE review team recommends that the Kaiuringi consider the establishment of regular evaluation of the application Tikanga and Kawa.

THE reviewers acknowledge the LEADERSHIP of the CE, Kaiuringi (General Manager, Maori Health and Equity, Director of Nursing Hospital and Clinical Services, the Clinical Managers/Leaders, Staff and Whaiora of Stanford and Te Awhina.

THE reviewers acknowledge the clear leadership and commitment of the Senior Executive team in achieving the Vision and Aspirations of the District Health Board, more important the development of a culture that nurtures and respects staff, Whaiora and their whanau.

THE reviewers acknowledge the LEADERSHIP of the CE, Kaiuringi (General Manager, Maori Health) for the support and enablers that she has accorded to her colleagues in the EXECUTIVE of the DHB and for her staff. Her leadership has been pivotal in enabling Maori practice and support to occur across the organisation.

THE reviewers acknowledge the Maori Health staff Kaitakitaki, and Haumoana for their commitment to delivering the best service to the whanau.

THE reviewers acknowledge the Clinical Leadership and Management of Stanford House and Te Awhina for their commitment to enabling Maori/Iwi rituals and processes that will support Whanau.

THE reviewers experienced the mana rangatira of Whanganui Iwi, and acknowledge the Maori Health Teams for their clear leadership and commitment to tikanga and kawa.

THE reviewers witnessed application of a whanau approach to its organisation functions; it was also obvious to the reviewers that the organisation carried out good management and operational practices. In particular the reviewers identified good evidence of strategic and business planning, policy and procedure development and quality and risk management systems having been put in place.

RECOMMENDATION

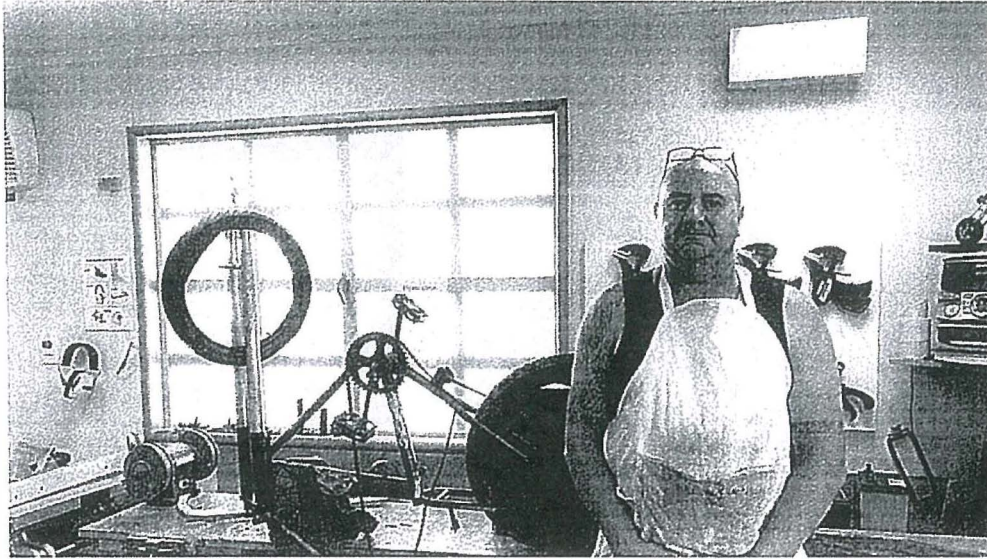
The review team note that the Kawa Tikanga guidelines for implementation of rituals and processes in Stanford House are guided by the Whaiora alongside the Cultural Advisor. While this is acknowledged direction needs to come from Te Ranga Hau Ora Kaumatua/Kuia.

THE review team recommends that the Kaiuirangi consider the establishment of regular evaluations of the application of Tikanga and Kawa.

"Ma te Kimi Ka Rapu ka mohio, ma te mohio ka marama, ma te marama ka matau. Te manu kai Miro, nona te ngahere, te tangata kai matauranga nona te Ao"

"By searching we will find, by finding we will know, by knowing we will gain understanding. The manu that partakes of the Miro berry, the forest is theirs. The person that partakes of education, the world is theirs."

Bikes get new lease on life at Stanford House



Shane Cossey in the Stanford House workshop.

Shane Cossey, healthcare assistant at mental health and addictions rehabilitation unit Stanford House, and clients/ta ngata whaiora are learning new skills and supporting the wider community by bringing back to life abandoned and broken bicycles.

Shane started at WDH in December 2019. Before this, he worked for retail display manufacturers GDM Whanganui and as a painter.

Shane has assumed responsibility for running the Stanford House workshop as one of the programmes where clients/tangata whaiora have the option to do carving, welding, woodwork and more. The upcycling bicycle project will be added to the activities.

Shane and clients/tangata whaiora collect unused bikes from the community and repair them, using parts from other bicycles they have collected and repaired. Once brought back to life, the bicycles are donated to children and adults in the Whanganui community.

To date they have rescued, restored and donated more than 100 bicycles.

Peter de Roo, clinical nurse manager, is happy that Shane's strengths and abilities are being used in his role at Stanford House.

APPENDIX THREE

Art exhibition focuses on inclusion and aiding recovery

teach



Peter De Roo, clinical nurse manager at Stanford House, and Marie White, the exhibition organiser.

19 February 2021

A rather special art exhibition opened in Whanganui on Tuesday.

The Stanford House *Mahi Toi* exhibition – launched at the Community Arts Centre on Taupo Quay - features the work of clients of the medium secure forensic unit at Whanganui Hospital.

The more than 40 artworks in the exhibition include photography, flax weaving, drawings, paintings, graphic art, and carving, including a carved table. The exhibition will run until 27 February.

The exhibition has been organised by Marie White, a registered nurse and creative therapist, who has worked at Whanganui District Health Board for 20 years in the Stanford House facility.

"The clients love what they are doing, and they have been very excited looking forward to the opening of the exhibition," she said.

"It is important for them to move out beyond Stanford House, beyond the hospital grounds.

"This sort of project helps with their recovery. It is about being included, and sharing their experiences with their families and friends.

"They can say 'We did it - please come and see it'."

Marie has staged other exhibitions of clients' work, but this is the most ambitious and professional show so far.

She said much of the inspiration had come after a walking group was set up at Stanford House last year.

REFERENCES

Mason Durie. *Whaiora* 1987

Te Puawaitanga 2002, *Maori Mental Health Framework Ministry of Health*. 2002

Health Funding Authority. 2000. *Health Funding Authority Mental Health Purchase Framework and Service Specifications*, March

Health Funding Authority. 2000. *He Nuka mo nga Taitamariki: A national work programme for child and youth mental health services*.

Health Funding Authority. 2000 *Tutahitia Te wero meeting the challenges: Mental Health workforce development Plan 2000 - 2005*, September.

Mental Health Commission 1998. *Blueprint for Mental Health Services in New Zealand*, November

Mental Health Commission 1998. *Clinical Accountability within the Mental Health Sector: the results of a review*, March

Ministry of Health 2000, *Ministry of Health Review of the Health Funding Authority Quality Specification and Monitoring of Selected Services*.

Ministry of Health 2001 *Funding Agreement between the Minister of Health and the Health Funding Authority* 01 April 2000-30 June 2001

Te Whare Puawai o Te Tangata *Introductory Documents and Quality and Procedure Manuals* March 2003