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Te Waka Waiora

Mai Waikareī ki Waiwhetū
Evaluation Report

Prepared for

Kaupapa Partners of
Access & Choice

Prepared by

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Mihi

Mai e te tipua, mai e te tawhito, mai e te kāhui o ngā ariki, mai eee tāwhiwhi ki ngā atua. Ōī, ka takina te mauri, ko te mauri i ahua noa mai ki runga ki ēnei taura, ki runga ki ēnei tauira. Kia tau te mauri ki runga ki ēnei tamatāne, tamawāhine he tukuna nō te whaiorooro a Tānetewaiora. Tēnei te matatau ka eke, whakatū tārewa ki te rangi. Ūhi, wēro, hara mai te toki, haumi e, hui e, taiki e!

Awa Associates

Background – Access and Choice Primary Kaupapa Māori Mental Health and Addictions Services

Expanding access and choice of primary mental health and addiction support (Access and Choice) is the flagship initiative for Government and the cornerstone of the Wellbeing Budget 2019. There is particular emphasis on expanding access to and choice of services for people with mild to moderate mental health and addiction needs who are unable to access secondary mental health and addiction services.

The aim of the Access and Choice funding is to expand on current service delivery to:

- increase access and equity of access,
- increase choice in addressing people's holistic needs,
- reduce wait times, and
- improve outcomes and equity of outcomes.

In addition to focusing on equity of outcomes for specific populations in the general approach, funding was targeted specifically towards kaupapa Māori primary mental health and addiction services. This is in recognition of the fact that Māori populations experience disproportionately higher rates of mental health and addiction issues than those in the general population. The intention of the kaupapa Māori primary mental health and addiction services are to utilise pathways, environments and knowledge that Māori are familiar with, such as primary and community healthcare to increase access and choice when seeking help, use of Te Reo and mātauranga/Te Ao Māori. There are Tuakana and Teina streams being activated for this kaupapa, linked by collective purpose and intent.

From this place of collective purpose and intent we acknowledge the principles outlined in the Ngāi Māori Insights for a Kaupapa Māori Primary Mental Health and Addictions service within the Access and Choice platform. The principles of this report were synthesised from whānau kōrero gathered from the hui Māori-ā-motu in 2019. These principles have continued to be adapted and integrated into service

programmes across both streams. These are service philosophy, design, development and implementation principles that are based on the following:

- Whānau-centred;
- Delivering ‘for Māori, by Māori’;
- Kaupapa Māori principles and practices;
- Strong in Te Reo Māori;
- Skilled in tikanga;
- Steeped in mātauranga Māori; and
- Experienced in rongoā (if appropriate).

Te Waka Waiora - The Evaluation Journey

AWA Associates were contracted by Te Manatū Hauora to provide a two-year kaupapa Māori evaluation of the Access and Choice kaupapa Māori primary mental health and addiction services. This interim evaluation report captures insights as services were contracted and activated or reconfigured over the 12-month period from July 2021. These insights are shared here to provide early learning across the kaupapa partners' network.

Te Waka Waiora is an iterative kaupapa Māori evaluation framework codesigned specifically with and for the new kaupapa Māori primary mental health and addiction services. It focusses on a shared evaluation journey - both the journey of unfolding an adaptive evaluation process and also the way in which the evaluation journeys alongside our kaupapa partners to tell their stories as they chart their waka towards Waiora (See *Te Waka Waiora Evaluation Plan for further details*). The evaluation is designed in three phases, drawn from the conceptualisation of different types of wai. This deepens our connection to Mātauranga Māori and our values as systematic approaches to assessing merit and worth in the context of service evaluation. The evaluation is currently in Wairakei and looking towards Waiwhetū and Waiora.



Figure 1: Te Waka Waiora Phases

The programme logic model below frames the evaluation approach and provides further detail on how the three phases of wai are understood in the evaluation. It also maps how the inputs and activities are logically expected to lead to change to services that in turn lead to better outcomes for tāngata whai ora and whānau – this is the theory of change set out by the kaupapa partners with the evaluation team.

The evaluation team have journeyed alongside our kaupapa partners to develop this framework and have communicated regularly with providers through update emails and presentations at quarterly hui and with Te Manatū Hauora at weekly meetings and through monthly progress reports.

The emphasis of this part of the evaluation journey is on Wairakei.¹ The focus here is on understanding the impact, successes, and challenges of centring Māori kaupapa and Māori insights in the procurement processes and service design and delivery.² While capturing whānau stories of change is the major focus of the evaluation (Waiwhetū and Waiora), the roll-out processes and early implementation of activities (Wairakei) are most closely examined in this part of the evaluation in order to understand what has occurred and how the roll out may impact on equity issues and outcomes for tāngata whai ora and their whānau down the track.

Specific data sources that inform this interim report include review of monthly and quarterly provider reports and video submissions along with interviews with kaupapa partners conducted in April and May 2022. All providers were contacted to take part in the interviews. In total nine interviews were conducted: four with Tuakana services; four with Teina services; and an interview with the Senior Project Manager. Five of the kaupapa Māori health provider interviews were with individuals and three with groups. Interviews ranged in length from 45 minutes to 90 minutes (see Appendix Two for Interview Schedule). Interviews were conducted over Zoom (with one face to face exception) and with permission, were recorded and transcribed using Otter.ai. Transcripts and reports were analysed and coded. Themes were drawn out of the data and compared across Tuakana and Teina groups for similarities and differences, key learnings, challenges and successes.

Assessment tools used for this Wairakei focussed evaluation include the kaupapa Māori indicators in the Ngai Māori insights report³. The wai-based scale was developed by Awa Associates for this evaluation and used by service providers to rate their experiences of the roll out of their new services to date.

The key elements of kaupapa Māori mental health and addiction services identified by the Māori mental health and addictions sector are: Whānau-centred; by Māori for Māori; kaupapa Māori; strong in te reo Māori; skilled in tikanga Māori; steeped in mātauranga Māori; and experienced in Rongoā.⁴ These are used here in the evaluation as lenses to reveal and review key kaupapa elements in the contracting and early implementation of kaupapa Māori primary mental health and addiction services.

¹ Waiwhetū is the primary focus for the evaluation journey moving forward.

² This is primarily a process evaluation report. We recognise the use of ‘formative/process’ evaluation language, but feel this language is distanced from kaupapa Māori evaluation. We have opted not to use those terms here in the hope of creating more kaupapa Māori-responsive evaluative frames of reference.

³ Awa Associates. <https://www.health.govt.nz/system/files/documents/publications/awa-association-report-14feb2020.pdf>.

⁴ <https://www.health.govt.nz/publication/ngai-maori-insights-kaupapa-maori-primary-community-mental-health-and-addictions-service-model>

The WAIORA rating scale utilises the flow of the wai in a waterfall as the key metaphor whereby the flow may be dark and slow and impeded in sections (Waianuanu) through to free-flowing clear water that is the source of life (Waiora). The use of the rating scale allows for assessments to be made across the network and will be utilised throughout the evaluation phases to help assess change over time, across a range of dimensions with all kaupapa partners.



At this early stage in the journey, there is already remarkable richness of learning to inform and inspire the kaupapa partners. It should be noted that Wairakei is a reflective process that continues throughout and that this is an interim progress report. Subsequent evaluation activities and reporting will continue to document Wairakei reflections as we journey together towards Waiora.

WAIRAKEI – The place where the pools of wai are used as mirrors

The WAIRAKEI focus of this interim report reflects on the degree to which Māori models of wellbeing and support are activated throughout service inputs and activities.⁵ This primary query is considered under three sub-sections:

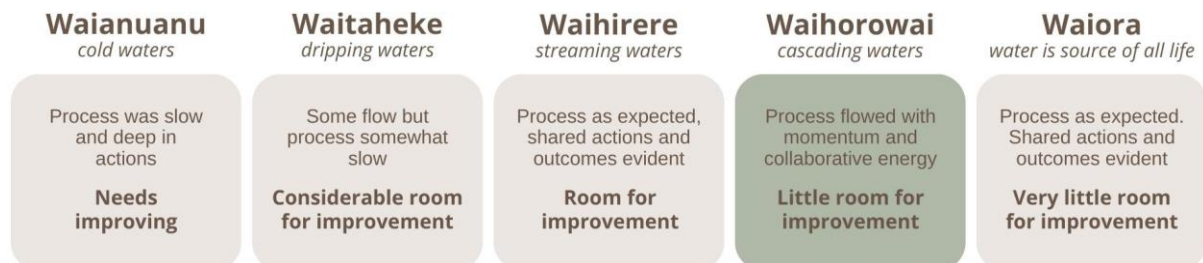
1. Contracting and design,
2. Activation, and
3. Impacts (primarily to service design and delivery).

Contracting and Co-Design

Key Evaluation Question: How well have services been contracted, designed and delivered to meet the needs of tāngata whai ora and their whānau?

The evaluation team asked the funder, Te Manatū Hauora, and kaupapa Māori health providers to reflect on the design and early delivery of the kaupapa Māori Access and Choice services. Overall, the evaluation to date shows that services have been very well designed to meet the key objective – services that use Māori models of wellbeing, to meet the needs of tāngata whai ora and their whānau.

This assessment is represented by Waihorowai.



In general, the kaupapa Māori partners found the procurement and design process to be represented by the cascading wai of the waterfall. It had movement and energy and a genuinely collaborative approach that was greatly appreciated as it allowed for genuinely kaupapa Māori innovations to meet the needs of tāngata whai ora and whānau. However, Waianuanu was also in evidence, as there was a time when the flow was halted between the high energy and excitement of service codesign and the contracting process.

⁵ The following questions from the evaluation framework also guide our reflections: 1. To what extent are Access and Choice Kaupapa Māori Primary Health and Addictions services designed and delivered to meet the needs of tāngata whai ora and their whānau? 2. What is working well in the Access and Choice Kaupapa Māori Primary Health and Addictions services, for whom and in what ways? 3. To what extent are Access and Choice Kaupapa Māori Primary Health and Addictions services adequately resources to deliver equity of outcomes for tāngata whai ora and their whānau.

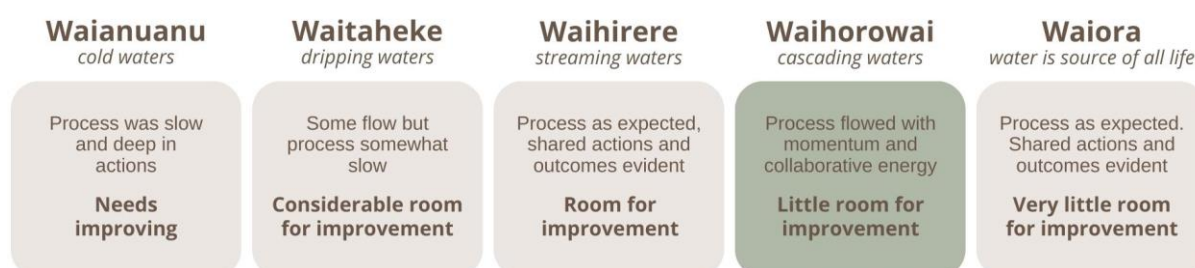
Te Manatū Hauora set out to contract Māori health providers to codesign services using Māori models of wellbeing that could potentially provide better outcomes for tāngata whai ora and their whānau. The aim was to have kaupapa Māori hauora modalities at the centre of services, with clinical services in support. Providers were identified as either experienced Tuakana or less experienced Teina and contracted accordingly. Service providers were enthusiastic about the RFP, procurement and codesign process. The main life-giving aspects as identified by the kaupapa partners were:

- RFP and procurement processes centred innovative hauora Māori modalities
- For Māori, by Māori design of services by Māori service providers whose knowledge of their people and expertise was honoured in codesign
- Mātauranga Māori was prioritised in codesign and in resource allocation
- Rongoā accepted as central in the design of services, with clinical services in support of Māori modalities
- Te reo Māori and tikanga Māori were normative in the procurement processes
- Codesign process allowed Teina providers time to develop their service designs
- Tuakana providers were trusted to hit the ground running with innovative new services, and
- “Expressions of Interest” in video format provided an option that allowed some Kaupapa Māori health providers to better showcase their services than with the usual written applications.

The specific aspects that were seen as kaupapa Māori are discussed below, along with some of the barriers or challenges experienced in the contracting process.

Tikanga and Kaupapa Māori principles in the contracting and design process

When asked to rate the extent to which the contracting process reflected tikanga and kaupapa Māori values, the responses ranged from *Waianuanu* to *Waiora*. Most tended towards seeing the Māori aspects as life giving and moving well, with the flow in the right direction.



The value placed on “by Māori, for Māori” practice was evident from the inception. Only Māori health service providers were invited to engage in the procurement process. In addition, the Manatū Hauora team that engaged with providers was primarily Māori and the rōpu chosen to evaluate the initiatives were also Māori.⁶

A critical aspect of service design was a clear focus on whānau, not just individual whai ora. The designs across all tuakana and teina providers were framed and drawn from tāngata whai ora voice and with whānau in the frame. For some providers this meant involvement of tāngata whai ora (including the lived experience of Kaimahi), while for others, the whānau voice already heard and known through extensive connection and experience of their people in their communities, allowed kaupapa Māori health providers to proceed to design services that they had long wanted to deliver to support tāngata whai ora and whānau. The tuakana and teina streams all had a clear priority on delivering services with the potential for better outcomes for tāngata whai ora and their whānau.

Important to the success of this early contracting stage from the provider perspective, was Te Manatū Hauora staff involved in the procurement process understanding tikanga and Māori models of health. This meant that interactions were generally tikanga led, and providers felt a freedom to dream as Māori and plan and codesign together with the Manatū Hauora team. Most had never experienced this freedom with a government funder.

I've got to say that RFP process was aspirational. We could put in whatever we wanted. It was so fluid it was almost scary. - Tuakana Provider

I felt like it was really seamless. There has never been any restrictions, so what we proposed, we were able to deliver on but expand and make as good as we can to this point, without having any restrictions to it. Yeah, I can't fault any part of the contracting at all. - Tuakana Provider

They allowed us to, to really change the whole scope of how we wanted the kaupapa to go. They [Te Manatū Hauora] initially had ideas but they understood, I think, from the start that we were clear with what we wanted to do. Yeah, and it sort of formed the whole process for us to be able to put in what we needed to do, and they gave us a lot of scope in terms of not saying, “well, we don't understand it so we don't want to do that stuff.” - Teina Provider

The co-design process was lengthy, but it was seen as being highly valuable by most providers.

It's probably the longest that took from when we applied for the RFP to getting signed off. That's probably been the longest, but the quality of everything that happened within this space, probably been at the highest level that I've experienced. - Teina Provider

⁶ A successful case was made by the Senior Project Manager for the importance of engaging a Māori evaluation team, for a kaupapa Māori initiative.

Providers were surprised by the level of input they were able to have into the design process, particularly in regard to the inclusion of Māori priorities, tikanga and Māori models of hauora. In the co-design process, each service was able to develop their activities drawing from their own guiding narrative/s, values or pūrakau. As a result of the very open codesign process, the new kaupapa services display a wide variety of ways in which te ao Māori can be drawn on therapeutically. They also show differences based on the approaches deemed appropriate within different whānau, hapū, iwi, communities and according to the experience and skills of the different kaupapa Māori health provider organisations.

Kaupapa Māori Health Provider
Kōrero – Values came out

The design process was interesting because it was it was nice to write to a set of values that came out. They're [Te Manatū Hauora staff] were well versed in te reo, tikanga Māori, steeped in tikanga, you know, etcetera, so on. And so what it did was it allowed us to set up our framework and not have to try and reorient or force it into some other some other framework. It was set up to receive kaupapa Māori and then us to lead it. Again, I'll say that that was actually quite new.

- Tuakana Provider

For example, a service in Heretaunga has a focus on connecting youth with hauora activities in and around the moana. Learning to dive for kai, surfing and paddleboarding are just two activities that form a part of their wrap around support for rangatahi. (see Tangata Whai Ora Pūrakua #1 below). A Whanganui based service is guided by the whakatauaāki, “Ko au te awa, ko te awa ko au”. In the design of their support services there is both a metaphorical and physical connecting to the awa as part of a shared ecosystem. In the wrap around support services provided, tāngata whai ora and their whānau get to live out the oft heard whakatauaāki that they are the river and the river is them.

Another Kaupapa Māori health provider explains how a waiata captures their service operation and values.

The waiata relates to the collective and co-operative work that is required during the Tītī (mutton-bird) season. Every person has a role from the planning stages through to filling the Pōhā with tītī providing whānau with kai, sustenance, income and the continuation of a tradition handed down by Tūpuna. At (service provider) we are one united whānau who provide many different services to whānau in our communities and we all share a role in supporting our whānau to heal, to grow and to thrive. -

Tuakana Provider

All Kaupapa Māori health providers interviewed for the evaluation found the procurement process to operate in a way that was surprisingly aligned with kaupapa Māori principles.

I thought the design process was very much a kaupapa Māori approach. The department said we don't have to do anything, they'll write down what we think you are trying to say, send it back to you to correct us and then we have another hui and we went through it again. - Tuakana Provider

The procurement hui process was generally well appreciated. A rōpū to rōpū engagement between Kaupapa Māori health providers and Te Manatū Hauora, was seen as a good “mana to mana” process and participants expressed the desire for this to happen in all contracting meetings. They also appreciated that hui were run using tikanga principles, begun with mihi whakatau and with kōrero in te reo being normative throughout.

It was the best experience I have ever had from a funder. - Tuakana Provider

Kaupapa Māori Health Provider Kōrero – Sharing Moemoeā

Yeah, [the contracting process] was just wonderful, right from the start. Usually procurement processes, that's 15-20 pages of narratives with evidence and evaluation and we've got that, but the tone that our Ministry put out was to make a 10-minute video and submit that. So, for us, we were quite young at heart here, so it was like using our creative licence to put a team on a video together that had you know, TikTok's, youth friendly sort of stuff because we're saying if we're going to pick up a rangatahi contract, we want it to look like rangatahi. We don't want barriers to come up so we just thought it was wonderful how they did that. After the 10-minute video they got back to us quite early in the piece and said, “just talk to your video. What are your aspirations? What are your moemoeā?”

- Teina Provider

For some though, having to go to Wellington hui was intimidating. They would have preferred Te Manatū Hauora came to them. To hui on one of their own marae, on their whenua so that the funder could see and experience the world from the perspective of the Kaupapa Māori health providers, rather than the providers having to experience the context of the funder, was seen as more of a kaupapa Māori approach.

We go down to a place like Wellington. And even though it was done in Te Ātiawa's waka building, it still feels sterile, concrete...and the way I would love the whole thing to be done in our area. Let them come to you. Yeah. Come to us and we can showcase what we have. It still seems very business orientated when you go down into Wellington. - Tuakana Provider

It should be noted that the Manatū Hauora team did go out to regions to hui with some Kaupapa Māori health providers. It also needs to be noted that even those who were initially intimidated by hui in Wellington were put at ease by the tikanga processes and especially the invitation to simply share their moemoeā and to kōrero around their dreams and hopes. Moving to a place of comfort to share freely was mediated through tika engagement protocols, the presence of kaumātua and kuia and the openness with which the kōrero was invited.

The invitation to submit a video and/or a written expression of interest was also key to providers opening up to kōrero with the Manatū Hauora team. Those who chose this method of expressing their interest felt that they were able to better capture what they wanted to do, in the audio-visual presentations, than in written form. For some, showing what they were about in video form, gave them greater confidence to speak about what they wanted to do to support tāngata whai ora and their whānau.

Challenges in contracting and codesign

The primary critique of the contracting process, shared by many of the Kaupapa Māori health providers, was the lag time between codesign and the roll out of the actual contracts. While providers understood that Te Manatū Hauora was dealing with the impacts of COVID, just as they were, it was nevertheless unhelpful to have to wait so long for the final contracts. The lengthy waits gave uncertainty to providers who were trying to stand-up new services amidst the COVID disruptions lockdowns and extensions of existing services to embrace COVID related needs, reconfiguring staffing and recruiting new staff to new positions for new services. They did not know what they could offer, if anything at all, until contracts were signed.

The experience of one teina provider service typifies what occurred for many.

We had everything in alignment from the time when they pushed back the dates of when they were going to engage with us after the initial “yes”. And it was a three month wait of sort of nothingness. And so we weren’t too sure, though, what we had do it at our end. And so I sent a couple of emails through ...and they obviously were going through the Tuakana process, so they didn’t have enough resources to come back to us. But we had a timeline, and it just drifted out of by quite a few months. So that process...we’d been through before where at the other end, you get a “yes” then you get a “no”. We wanted to see the ink on the paper...but in the end we started without that. They weren’t ready but they told us to start.” - Teina Provider

Communication between the funder and service providers was sparse during this time. Some providers received their contracts many months after they had last heard from Te Manatū Hauora. One service received theirs on 20 December and were asked for a report on 10 January.

Every Kaupapa Māori health provider spoken to for the evaluation highlighted the time taken to receive their contracts. The impact of this was underscored time and again.

While some providers fared reasonably well in the wait, it is clear that the very strong relationships built in the procurement and codesign phase were compromised by poor communication and delays in providing the final contracts. A number of Kaupapa Māori health providers felt that it was hypocritical of Te Manatū Hauora to require applications and reports to be on time and then blow out their timeframes for hui and contracts. That sentiment is captured in the following quote, which expresses what was felt by many providers.

It was Waianuanu - appalling. It created barriers. It reinforced the mistrust that some of our Hauoras already have. It created recruitment barriers at a time that was already really difficult with COVID and mandates and all of a sudden, once the mandates came in, it was even harder because we had an even smaller pool of people to draw on. Now going forward, I am determined we're going to get our relationship back to Waiaora, because I'm going to drag them kicking and screaming if we have to - Tuakana Provider

Several Kaupapa Māori health providers started delivering services without a signed contract. This shows their level of trust that the contract would eventually be signed, but it also put these providers at risk. They were willing to take the risk because they were under pressure to start—firstly to meet the already high needs in their communities for kaupapa Māori mental health and addiction services and exacerbated by COVID issues, and secondly to ensure they could employ the right staff at the right time. Services that had shoulder tapped the staff they wanted for their new services, usually recruiting them from a very small pool with known shortages of Māori felt the pressure most acutely. In a competitive arena it was difficult to keep potential staff waiting so the timing for Kaimahi recruitment was a critical issue. While a few already had people on their teams and were able to reconfigure staffing, particularly of the clinical FTEs, most had to take time to find the right people and when they found them, the length of time to sign-off on a contract made it difficult to hold them (see section below on Challenges to activating services).

There was also a level of disappointment in the actual contracts at the end of what had been a good kaupapa Māori procurement process. Providers eventually signed contracts that they felt were perfunctory and did not capture the kaupapa Māori priorities and principles that were so evident in the procurement and codesign phase.

When we got down to the actual nuts and bolts of the contracting side of stuff, for me like it was, no, it is what it is - government contracting. Spell everything out...the place where we really influenced was in the codesign, so by the time it came to the contract.... reading it through, it was just stock standard. - Teina Provider

Some Kaupapa Māori health providers found the initial sense of freedom to design services to meet the needs of tāngata whai ora and their whānau was somewhat curtailed in the contracting process. For example, one provider found that they could

not make rongoā with whānau for them to take home. This presented a disappointing barrier to delivering the full service for tāngata whai ora and their whānau.

Oh, so now you [Te Manatū Hauora] are trying to categorise or tell us how we should deliver something. We're talking about rongoā and you can only do this much and you can't make the rongoā itself. Okay, so now you're defining what we can and cannot do. I get quite disheartened. - Tuakana Provider

Another Tuakana provider working with other smaller Māori services found the contract frustratingly micromanaged in a way that was not conducive to rangatiratanga for the smaller providers.

There's lots of micromanaging on this contract, and lots of having to justify and re justify why we would want providers to be enabled to work with their own and not through one single point of contact for us all. - Tuakana Provider

Summary Reflection: WAIHOROWAI

Although some of the challenges represented significant setbacks for Kaupapa Māori health providers, on-the-whole providers were encouraged by the contracting process, finding in it the freedom to dream and plan services for better outcomes for tāngata whai ora and their whānau. Overall, the energy and life of the contracting process was seen as Waihorowai. The fluidity and freedom of the contracting process is captured in the following quote from an enthusiastic Kaupapa Māori health provider:

“Access and Choice” – well we've had all the access and all the choice that has been possible, for us as an organisation to deliver something for our people. - Tuakana Provider

Service Activation

Key Evaluation Question: What is working well, for whom and in what ways?

The reflections here are from the kaupapa partners' assessments of how they see the services activated and implemented and some of the challenges to service delivery to date.⁷

This reflection is represented by *Waihirere* and *Waihorowai*.



Overall, the Kaupapa Māori health providers were positive about the life-giving activation of their new kaupapa Māori services, relating strongly to *Waihirere* and *Waihorowai* - the streaming waters and the cascading waters where there is considerable energy and momentum towards *Waiora*, even though all are still in the early stages of activating or delivering new services.

A small number of tuakana providers have been delivering services for six months or more, but most have begun more recently as their contracts have been completed, staff employed and tāngata whai ora recruited. As of June 2022, Te Manatū Hauora have now contracted with 26 Kaupapa Māori health providers to deliver Kaupapa Māori primary mental health and addictions services. Of these, there are sixteen Tuakana providers and eight Teina providers. Two further Tuakana services are still working through contracting arrangements. As previously noted, many providers are just beginning to deliver their new services so the focus of the evaluation is not on what is being delivered and how much, rather it is on understanding the factors that have helped early delivery of kaupapa Māori services and identifying challenges and barriers to implementation.

The following were identified by kaupapa partners as successes of implementation to date:

- A raft of new kaupapa Māori services with Māori modalities at the centre
- Genuine whānau centric kaupapa Māori delivery
- Clinical aspects in service to Māori holistic models
- New staff employed under this program
- Provision of new staff development initiatives across provider organisations

⁷ While outcomes for tāngata whai ora and their whānau are not a focus of this Wairakei (process) evaluation report, the pūrakau emerging from tāngata whai ora tell the most important stories of what is working. Their pūrakau can be found under the Waiwhetu section of this report.

- Good level of funding to Māori tohunga and other cultural experts
- Connection of new services to existing services
- Tuakana/teina approach
- Networking and collaborations
- Quarterly hui providing a good platform for networking
- Flexibility to adapt implementation
- Good and useful feedback on reports, and
- Narrative quarterly reports.

As of June 2022, all contracted Kaupapa Māori health providers have begun to deliver services under this kaupapa. These providers are part of a five year programme with a view to further contracting and service expansion to come. These services range from small, humble beginnings for some of the teina providers most recently contracted through to large scale service collaborations for some of the tuakana providers who were already well placed and connected to hit the ground running with their new services as soon as their contracts were signed.

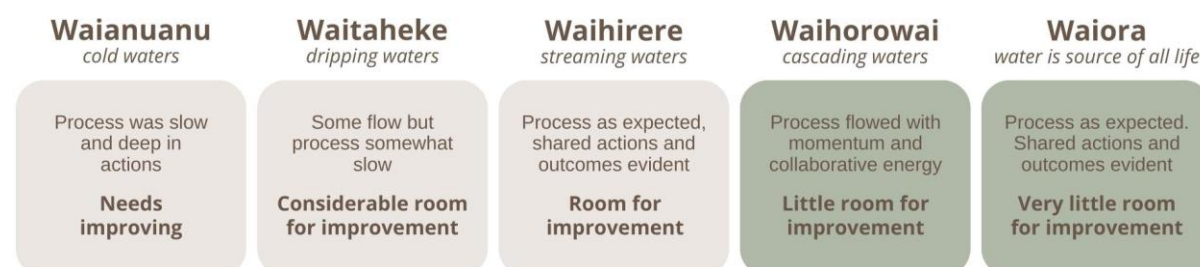
The range of services being activated, and the therapeutic models utilised under this kaupapa are as broad and wide as the issues faced by the tāngata whai ora who are engaging with these services. Māori therapeutic models include some that are well known such as Te Whare Tapa Whā and Mahi a Atua, but also other approaches that have been newly developed and are being tested under this kaupapa. The presenting issues for tāngata whai ora range from suicide ideation through to gang rivalry, homelessness, domestic violence, social and economic deprivation, sickness and disability, COVID related issues as well as depression and other mental health challenges along with drug and alcohol addictions. All services have a strengths base, which means that these presenting issues are not the main focus – rather, drawing out and celebrating the inherent mana in all tāngata whai ora and whānau is the focus. As one provider so aptly described this focus on collective strength, “we are b---- brilliant – *Waiora* is when we all know it and celebrate our brilliance.”

Types of newly activated services range from iwi and community wānanga through to tāne and rangatahi programmes. The common features are the centrality of holistic hauora modalities from within te ao Māori; being whānau-centric; using tikanga Māori, mātauranga and te reo; and wrap around support for tāngata whai ora and their whānau. All services are funded to provide cultural, community and clinical Kaimahi. How these are apportioned varies from contract to contract.

Tikanga and kaupapa Māori Implementation

Evaluation interviewees were asked to reflect on the kaupapa Māori principles and approaches in the activation of their services. Although this was a somewhat awkward reflection given that every service provider was Māori and endeavouring to stand up a fully Māori service, the rating was able to provide an estimate of success and identify enablers and barriers to this ideal.

Reflections from Kaupapa Māori health providers indicate that activating their services has overall been very positive, with a freedom and flexibility to do things in Māori ways that is life-giving. Their positive experiences were represented by the cascading waters of *Waihorowai* and *Waiora*.



Kaupapa Māori health providers identified this as a great opportunity that they had not previously had to centre Māori modalities and appreciated that Mātauranga Māori was valued and paid for at rates close to those clinical services, but higher than non-clinical. This was not the norm.

The relatively high rates paid for cultural expertise were a significant feature for Kaupapa Māori health providers, allowing them to think outside the box on how they delivered that expertise and most importantly, remunerated the mātauranga knowledge bearers. The primary impact on service delivery was that tohunga could be contracted to be central to a service, not on the periphery as they often were when the funding was not available to pay them appropriately.

Kaupapa Māori Health Provider Kōrero – Mātauranga acknowledged as a tohu

One of the other things that's helped us with this contract with the Ministry of Health, they are paying good rates. It is the first contract even when our Kaumatua or our mātauranga Māori rate is close to the same rate as a clinical counsel and usually the difference is 20 to 40k. So once again, we have seen that Mātauranga Māori rate actually be acknowledged as a tohu. This is the first organisation we have seen that has given us the same pay scale for our mātauranga Māori expertise, which is just awesome.

- Teina Provider

A freedom and flexibility to try things within te ao Māori was also identified as a key aspect of service activation. Providers were able to try new approaches, review them and change if needed.

As long as we're always in the waka, you know, rowing, we can implement different things all the time. It's so diverse, what is available to us in te ao Māori like from ātua to, you know, karakia, waiata, mirimiri, rongoā. It's so diverse, and there's so much that we can incorporate, and we want to. We want to bring in as much as we can to provide healing. - Tuakana Provider

As we are growing in this kaupapa, in our knowledge in delivery of the kaupapa, we've been able to adapt. Having the challenge early has allowed us to really reflect and build on some of the stuff that we actually didn't think of. - Teina Provider

Some of the changes and comparison from the first cohort to now ... we've really gone deeper into wairua. - Tuakana Provider

A collective approach to service delivery was identified as critical to successful implementation of wrap around services to best support tāngata whai ora and their whānau.

We've got an awesome team. We all have diverse skills, and I'm talking to my team and we all bring something to wānanga. And it is the collaborative approach. - Tuakana Provider

The really cool thing is that we have the clinical team on board as well - being able to offer that clinical wraparound support as well for our whai ora. I think they really, really appreciate that one-on-one with the clinical team too. And it's necessary as well with a lot of them. - Tuakana Provider

The tuakana/teina set up also supported kaupapa Māori service delivery. One Teina organisation outlined the importance in their quarterly report. Others pointed out how this structure allowed for more equitable distribution of resources as it gave a chance for small, newer providers to tone and receive funding without being expected to have all the answers to complex issues, right from the start.

Collaborating was a kaupapa Māori feature of service implementation mentioned by a number of Kaupapa Māori health providers. Working together on joint kaupapa provided better wrap around services for tāngata whai ora and their whānau. Networking with others in the kaupapa Māori Access and Choice whānau of services also provided gains for service delivery.

Us as providers connecting together and supporting each other in this space has been really valuable. And having teams working across the [region] and re-establishing relationships that are already there but deepening them when we're working on a joint kaupapa. Yeah, that's been really neat. - Tuakana Provider

One of our success points is that we are part of a collaborative system and through the advent of rangatiratanga we may have the opportunity to lead it. - Tuakana Provider

Professional development for Kaimahi is a feature of service activation for all the Kaupapa Māori health providers. Mātauranga Māori, tikanga and te reo and all manner of wānanga have been provided to the Kaimahi for the Access and Choice kaupapa,

and extended to the wider staff team of provider organisations – lifting the mātauranga and building the capabilities of the Māori mental health and addictions workforce.

We have our holistic practitioners who will run wānanga around wairua so the whole of the organisation get to upskill our knowledge around all of that stuff as well. Using the skills that are within our team, we try and permeate that out amongst staff as well. And that's just all part of our own self-care, our own. Yeah, upscaling and knowledge around our holistic approach to healing. - Tuakana Provider

Kaupapa Māori Health Provider Kōrero – Tuakana-Teina Support

The Tuakana – Teina approach of support provided via the Kaupapa Māori Primary Mental Health and Addiction Service contract has been extremely valuable regarding the ongoing development of the service here in our rohe. This in relation to guidance and support provided with developing and implementing a service that truly aligns to a kaupapa Māori model of promoting health and wellbeing. The delivery of services is led and driven by the needs of our whānau in the community with access and choice being foundational to the kaupapa.

- Teina Provider

Challenges in activating services

Kaupapa Māori health providers identified a number of challenges to service activation and ongoing delivery. The timing of contracts has already been mentioned, but for some providers their contracts arrived concurrent with significantly heavier workloads due to COVID and the Christmas holiday period.

It was really clear what we were trying to achieve. The things that got in the way were Christmas holiday period, a whole bunch of new staff came on board for the second lockdown and COVID, so it hasn't been rolled out as smoothly as we would have liked... and finally, we have the high and complex needs, so it's a really challenging space. - Teina Provider

A common impediment to full-service activation was the lack of available clinical staff. Kaupapa Māori health providers that struggled to get appropriate clinical staff, often opted to start services without them. Some found solutions in employing non-Māori staff while others are sending existing staff to get appropriate qualifications. Some providers prefer to wait for the right staff.

The clinical roles have been more challenging to fill as there were fewer candidates with this skillset. Planning is underway for group sessions and other ways of engaging a larger number of whānau to meet performance targets and support as many whānau as possible. - Tuakana Provider

There are things that we wanted to be flying already, like having those clinical roles already in place, you know, creating that shared safe space - re-naming and dismantling clinical governance in a Western sense and rebuilding it to work for our program. Those aspects we haven't flown yet. - Tuakana Provider

Different solutions have had to be found for the way the lack of suitable clinical staff plays out in different contexts. One provider is using group sessions in the interim, rather than one-on-one sessions.

Recruiting clinical positions across the various clinical disciplines is an ongoing challenge experienced here. To resolve this challenge, we have invested in one of our existing staff and are supporting them to work towards achieving a New Zealand Diploma in Addictions Studies (Applied). - Tuakana Provider

The lack of appropriate Māori clinical staff also created some unfortunate competition amongst Kaupapa Māori health providers. As expected, Tuakana services were better places to move ahead quickly, and smaller Teina services, particularly in more rural areas have really struggled to recruit suitable clinical staff. Clearly there is a shortage that is a wider systemic problem with equity related issues. This lack of capacity in the Māori Health workforce is therefore discussed further in the section on barriers to success.

Other challenges to service implementation relate to Te Manatū Hauora relationship and communication with Kaupapa Māori health providers. While many are satisfied with the communication, most expressed a lament at the lack of communication since the Senior Project Manager left that role. The Senior Project Manager provided a clear and open channel of communication that is now unclear. Providers were unsure of their Manager, and/or had only ever received brief emails and had no relationship with the new manager. The following quotes from a Tuakana Provider and a Teina Provider typify the lack of clarity about lines of communication.

So when [the Senior Project Manager] was on board, she was amazing. Anything I needed, I contacted her. And I would zoom in and get my head around reporting and stuff. She gave really good feedback around our reports too. There wasn't any concerns. And now that she's gone, I have no idea. - Tuakana Provider

Since [the Senior Project Manager] has left, I'm with a new fella. We've gone through a lot of agents to connect and rebuild that relationship. So that whole process has been a bit disjointed. - Teina Provider

Reporting is a challenge for some Kaupapa Māori health providers as Kaimahi may need to learn the importance of recording numbers of participants and how to do it. Many Kaupapa Māori health providers are also upskilling in the use of a new client database or changing systems to better record outputs and outcomes. These developments can take some considerable time and resources.

Given that a lot of our Kaimahi are lived experience, they haven't come through a clinical background, so they are learning as they go around the importance of reporting and note taking. - Teina Provider

Kaupapa Māori health providers also felt that the numbers in the monthly reports did not capture what they were actually doing and achieving with tāngata whai ora and their whānau. One or two have chosen to send in narratives monthly with their output reports, while others have trusted that Te Manatū Hauora will use the numbers appropriately along with whānau narratives.

So the monthly ones when we started it was just a data one - it was just the numbers but we were actually sending in narratives of some of the whānau whai ora that we did. - Teina Provider

The data is quite simple. But basically, I know the space that it's used. It's only a conversation starter and then they [Te Manatū Hauora] share how we talk to that data on our behalf. I think that it's good because it's not used in isolation. - Tuakana Provider

Two providers expressed the view that their programme numbers were lower than the level expected in their contracts, but there were no issues with delivery and the reported numbers had not been seen as an issue by Te Manatū Hauora, to date.

There is always room for improvement. Sometimes it can take years to put ourselves out there. To get known out there. So, numbers have been slow, but there are no issues around the implementation. - Tuakana Provider

However, service output numbers that were less non-negotiable in the contracting process became more of an issue in delivery as some providers struggled to know who to legitimately count. For example, one Teina Provider was unsure who to count when they ended up working with whole households through the COVID lockdown period.

And COVID has really heightened it, though, because they're locked up in home and so there tended to be a lot more conflict, tended to be a lot more anxiety when you've got whānau of 10 and 8, staying in a two-bedroom house, some in the garage. It provides a lot of mahi. - Teina Provider

Although services were contracted to be tāngata whai ora “and whānau” based, it was not always clear to providers how output numbers were to be counted. Finally, two Tuakana providers expressed the regret that they had not yet fully activated collaborative services with teina providers, identifying this as an area for improvement.

The thing we need to probably improve on is with our teina. The team do meet up every month, but I'd like to see a little bit more collaborative work in that space with our teina contract. - Tuakana Provider

Summary Reflection: WAIHOROWAI - WAIORA

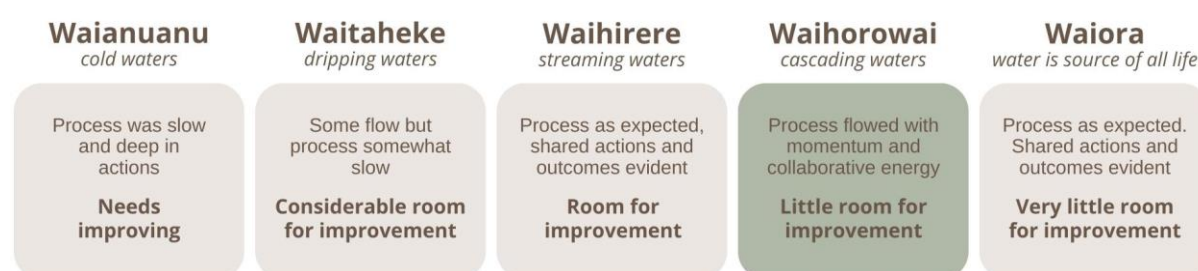
Although Kaupapa Māori health providers identified aspects of implementation that were not yet flowing as they would like, they were unanimously energised and encouraged by the activation of their new kaupapa Māori Access and Choice services.

All Kaupapa Māori health providers have designed and begun to deliver genuinely Māori-centric mental health and addiction support services. It is early days, but the roll out to date is encouraging for all providers, who upon reflection see the waters flowing freely (Waihorowai) and clear glimpses of Waiora for tāngata whai ora and their whānau.

Impacts on Service Success

Key evaluation question: What are the impacts, highlights and areas for improvement?

Kaupapa Māori health providers reflected on the impact of the roll out of contracts and codesign processes and rated how well it had set them up for success as kaupapa Māori health providers. The range of experiences and opinions was wide - one finding themselves stagnated in *Waianuanu* while most were enjoying the free flowing *Waihirere*, *Waihorowai* and *Waiora*. Overall, the impact can be seen as flowing like the cascading waters of *Waihorowai*.



Kaupapa Māori health providers were asked to consider the wider impacts of the contracting, design and early implementation of new Kaupapa Māori access and choice services. They identified a range of impacts that are summarised in this section, followed by an assessment of some of the equity issues for this kaupapa.

Capability and Capacity Building

Most providers were able to leverage off the relatively good funding levels of this programme to strengthen and build capacity and capability across their hauora workforce. Across the network, service providers are building capabilities and capacity in a wide variety of ways. Kaimahi are upskilling and also working towards tohu. Examples of formal qualifications being completed include:

- Level 4 Mental Health and Addictions Certificate,
- Level 6 NZ Diploma in Addictions Studies,
- DAPAANZ,
- Practicum training with Te Pou,
- Level 4 Youth Worker Certificate,
- Law and Philosophy – Te Whare Wānanga o Raukawa,
- PGD Addictions and Mental Health Counselling.

There are also many examples of inhouse or non-tohu based wānanga and trainings, building workforce capabilities. For example:

- Workforce development with Te Rau Ora,
- Covid training,
- Peer Support training,

- Peer Supervision,
- Impacts of institutional racism,
- Māori health inequity,
- Conducting online consultations,
- Iwitanga and kawa,
- Mātauranga Māori,
- A range of therapeutic trainings/ hauora modalities,
- Matariki,
- Maramatanga, and
- Outcomes measures.

This is by no means an exhaustive list of the professional development, wānanga and support that Kaimahi are receiving under this kaupapa. Many are also receiving skills-based training specific to their services. Taken together, the funding is providing a significant boost to the capabilities of the Māori health workforce in the sector.

Te Rau Ora are the contracted workforce development provider within the Access and Choice service providers. They are funded to work with each of the providers individually to develop their own unique workforce development plan to support the recruitment, retention and training of kaimahi/staff. There is clear momentum around building the capacity and capability of Access and Choice providers which is shared and reported on via the quarterly provider network hui.

In addition to capability building, Kaupapa Māori health providers have been able to draw existing services into the orbit of Kaupapa Māori Access and Choice services to benefit alongside tāngata whai ora. For example, one program includes their existing young mums group in the new wānanga program for tāngata whai ora tāne and their whānau.

Other examples of the ways in which this funding stream has created ripples of change, helping service providers to expand include: employment of additional administration staff; moving to larger, more appropriate premises; new collaborations with other health service providers extending the reach of services to deliver in different areas or deliver new services to previously underserved areas.

The codesign process itself was useful for informing some Kaupapa Māori health providers on how to apply for other contracts.

That process really informed us for applying for other RFPs that come on board....It looks like ACC are going down a very similar kaupapa Māori process as MoH [Te

Kaupapa Māori Health Provider **Kōrero – Walk the Talk**

Now when we're talking about bringing whānau in for wānanga - we Kaimahi need a wānanga.

We talk about taking whānau out and getting active or connecting with te taiao - we need to do that. So it's just making sure that amongst all of our busy work, there's still time to walk the talk.

- Tuakana Provider

Manatū Hauora]...we don't have ACC experience but if the codesign is going to be like MoH [Te Manatū Hauora] then there's a degree of confidence. - Teina Provider

This kaupapa is also building sector capacity by the provision of numerous new FTE positions in primary care settings. The extent of the impact of the workforce capacity and capability building will not be known for some time. It is a significant and will therefore be assessed as part of the ongoing evaluation.⁸

Kaupapa Māori Health Provider Kōrero – funding helped with infrastructure

We are definitely in that *Waiora* space. The impact has been massive, not just for our whai ora and whānau, but also for us as a service, because we've increased our capability just through an additional 3.5 staff. That's also helped us with the infrastructure. You know, so while we've got the people attached to the contract, we've also invested in our Kaiwhiriwhiri. So we got another full-time administrator receptionist.

- Teina Provider

Challenges to Success

The primary barrier to success identified by the kaupapa partners has already been mentioned – it is the problems associated with the procurement of suitable clinical staff. The Access and choice kaupapa requires clinical services to be delivered alongside community and cultural expertise. Given the known shortage in Māori health practitioners, particularly those with clinical training and qualifications, it has been difficult for some providers to meet their contractual obligations. The lack of appropriate staff points to a number of equity issues.

Firstly there is the overarching systemic failure to equip a Māori health workforce with clinical qualifications and appropriate knowledge to support *tāngata whai ora* and their whānau. The point was made by one kaupapa partner, that even Māori clinical staff may need decolonising in order to work effectively within a kaupapa Māori service. Another provider spoke of this issue also whereby majority culture clinical education and experience may results in Māori clinicians who struggle to share leadership.

Those clinical roles often assume a leadership position so it's challenging for them to understand that they are of equal importance with our lived experience and peer practitioners as well as our clinical our cultural practitioners. For us to kind of Mahi Tahi together in terms of breaking new ground and keeping each other safe is important. - Tuakana Provider

⁸ As new services are stil being contracted we have not yet counted how many new FTEs this contract has provided to the sector.

A truly kaupapa Māori service may present other challenges in recruitment in that staff need to be able to relate to tāngata whai ora, who tend not to trust easily. Clinical training may result in Māori clinicians who are unrelatable and slim pickings becoming even slimmer.

One Kaupapa Māori health provider, recognising the disastrous impact of poor clinical services in their area, took the approach of heavily loading their kaupapa Māori service with clinicians. The aim was to have tāngata whai ora receive good clinical support in the community to avoid them needing the secondary clinical services that have proven to have such poor outcomes for Māori. According to this provider, the approach was not well accepted by Te Manatū Hauora.

So, like the Ministry did say they were disappointed in our proposal - that we had so many clinicians. But trying to explain to them - unfortunately that is a symptom of a huge lacking in our DHB and so they need to take responsibility when they're not serving Māori, because we're the ones who were ending up by cleaning up the mess.

- Tuakana Provider

Providers also argued that 'clinical' and 'clinician' were terms defined from a narrow, majority culture lens that was seen as anathema to a hauora perspective from within te ao Māori. One Kaupapa Māori health provider argued that in a truly kaupapa Māori framing of hauora, the right skills and knowledge to work successfully with tāngata whai ora may be very different to those gained through western clinical training. The following quote characterises the argument that was made by a number of providers.

I also want to touch on who defines a clinician. When we're talking about our kaumātua, those that are hold the pae on our marae - tohunga, we have quite a few that we access, but all are Māori practitioners in their own right, so what defines a clinical person in our world? - Tuakana Provider

This is an important discussion not easily resolved, showing the tension between differing worldview and accountabilities. Te Manatū Hauora carry heavy accountability to the Minister of Health and the people of Aotearoa for the use of public funds while Kaupapa Māori health providers clearly considered their accountability to lie primarily with tāngata whai ora and their whānau, hapū and iwi. Some providers felt that these tensions were well managed through transparent communication. An example of this was the Senior Project Manager sharing the parliamentary questions relating to the services so that providers had a heads-up of what was being asked and expected at the highest levels of government. However, others were not satisfied and will continue to argue for a change of definition to what is considered 'clinical' expertise. That said, a majority of the Kaupapa Māori health providers interviewed for the evaluation were content to have mātauranga Māori expertise paid at a level close to clinicians. Mātauranga Māori expertise is not generally well funded, so the Kaupapa Māori Access and Choice Primary Mental Health and Addictions funding was seen as a welcome change from what is often a poorly paid add-on, at best.

Review and Ongoing Development

An important aspect of implementing new services is ongoing review and development which includes gathering the necessary feedback to inform that development. For this kaupapa, gathering feedback from tāngata whai ora and their whānau is critical if services are to meet their needs.

Providers were asked to rate their level of feedback. They generally identified themselves as being in the *Waihirere* space where the processes are going as expected but there is room to improve.



Providers designed their services with input from Te Manatū Hauora on output measures and outcomes. They have also had the AWA evaluation team work with them to develop a theory of change and an evaluation plan with short, mid and long-term outcomes across the network of services.

The access and choice kaupapa, by definition, requires flexibility to allow providers to access and choose the tools that they want to use to gather evaluative feedback. As most providers already had assessment and evaluation tools in their kete prior to standing up these services, these are being used to gather feedback and evaluative data. Models and tools include Te Whare Tapa Whā, Te Ara Whakamana - Mana Enhancement Model, Marama Survey, Survey Monkey, Mana Plans, MyOutcomes, Te Mana o Wai and more. All services are collecting output data that is reported monthly. Impact stories are reported in quarterly narrative reports. In addition, some services have employed videographers and content creators to collect and curate tāngata whai ora stories. Some services include these in their organisation's regular pānui and attach these newsletters to their narrative reports. Others have purchased equipment to make their own content that captures tāngata whai ora and whānau pūrakau.

We capture the stories in many ways, so we've got the video camera, the phones and different stuff....Because we know the events are going happen and the mahi is going to happen - so make sure you've got all that video and photos that can support our narrative reporting. - Teina Provider

However, all of these services saw room to improve in their ability to capture feedback from tāngata whai ora and whānau. There was caution about how this could be done in ways that honoured the gift of tāngata whai ora pūrakau. This is an area for ongoing input of Te Rau Ora and Awa Associates as they support the providers with the access

to, and choice of, the tools that will capture tāngata whai ora voice and the voices of their whānau. Some providers already know what additional tools they want to access.

I want Hua Oranga. I want Papa Pounamu te Moana. Those are the two trainings I really want from Te Rau Ora. And Papa Pounamu te Moana was a strength-based risk assessment tool and training program they delivered about 10 years ago that's probably buried in their archives, but we've got to say it's like nothing else we've seen. - Tuakana Provider

A number of providers have programme reviews planned for when they have completed a year of delivery.

I think once we get past the full year, we'll definitely go over our review and sit down and say, "we can pick up more feedback and other ways to really start to develop the kaupapa". - Teina Provider

The following quote typifies the reflective practice that providers were undertaking.

It's been really the development approach...so we've taken a few months. It's taken a lot longer than I would have liked, but it is what it is. But over these months, what we're doing is learning and seeing where our weaknesses are and where the strengths are and seeing what we need to do. So, I think we are set up for the last year of the contract to be in a really, really, good and effective place. - Teina Provider

Every Kaupapa Māori health provider spoke of the immense privilege of engaging in this mahi and witnessing the life changes for tāngata whai ora and their whānau. The changes are captured and retold in various forms but providers cautioned that these stories belong to tāngata whai ora and their whānau, not to the funder or provider. Tāngata whai ora have a choice about whether to share them and when they do, the stories must be collected and told with sensitivity and with the full knowledge of the ones to whom they belong.

Summary Reflection: WAIHOROWAI

Reflections on the overall impacts of the contracting and design processes on service delivery, show that providers differed markedly on their experiences and opinions. While the range was wide, all but one landed within the flowing waters of *Waihirere*, *Waihorowai* or *Waiora*. Overall, the impact is summarised as flowing freely like the cascading waters – *Waihorowai*.

Kaupapa Māori Health Provider Kōrero – funding helped with infrastructure

We are definitely in that *Waiora* space. The impact has been massive, not just for our whai ora and whānau, but also for us as a service, because we've increased our capability just through an additional 3.5 staff. That's also helped us with the infrastructure. You know, so while we've got the people attached to the contract, we've also invested in our Kaiwhiriwhiri. So we got another full-time administrator receptionist.

- Teina Provider

WAIWHETU – the pools of wai where stars are reflected

Reflecting on outcomes from the new services – Waiwhetu—is not the focus of this phase of the evaluation. This phase has covered the initial inputs, contracting, service design and early delivery issues with a new raft of Kaupapa Māori Access and Choice initiatives. The report has focussed on providing reflections from kaupapa partners on these process.

Providers were however asked to reflect on the quality of the impacts of their kaupapa Māori services, to date.

Waianuanu <i>cold waters</i>	Waitaheke <i>dripping waters</i>	Waihirere <i>streaming waters</i>	Waihorowai <i>cascading waters</i>	Waiora <i>water is source of all life</i>
Process was slow and deep in actions Needs improving	Some flow but process somewhat slow Considerable room for improvement	Process as expected, shared actions and outcomes evident Room for improvement	Process flowed with momentum and collaborative energy Little room for improvement	Process as expected. Shared actions and outcomes evident Very little room for improvement

This is the only rating where there was a slight difference between Tuakana and Teina providers. Tuakana providers saw their reflection in the life-giving waters of Waiora, with one exception which was Waihorowai. While some of the Teina providers were also in the realm of Waiora, the cascading waters of Waihorowai better captured the impacts for most Teina providers. The slight variation is a reflection on Tuakana providers longer delivery time (their contracts were generally signed off before Teina contracts), their readiness to deliver new services and capture the impacts on tāngata whai ora and their whānau. It is heartening that all providers interviewed for this evaluation were enthusiastic about the impacts they are already seeing, with many lives turned around.

Providers described what it is like to be delivering a programme that is working, creating significant change for others.

I love my job, I love this kaupapa all putting aside all the hoha stuff - they are minor to what we're currently doing. My team are amazing. The outcomes and the stories are true and factual. We are so blessed to have this opportunity to deliver the way that we do. - Tuakana Provider

It's a deeper level than just going to the GP and getting something like, the stories that we hear back. So you know, at the end of every cohort, the tātē, I'll just talk about the tātē programme, because we're entering the fourth cohort. You know, they speak his experience on the programme, and a lot of the times it just brings you to tears, the healing that they have experienced. And it's just something naturally that comes to us that we should have been doing the whole time. You know? Yeah. So I mean, better late than never. - Tuakana Provider

This last quote from a Tuakana provider captures the essence of most of the provider comments about impacts.

Waiora - but I still feel like there's so much more we need to do, so we haven't arrived but we're really confident in the flowing that's happening and where things are flowing from. I don't know if we will ever arrive to be honest, I don't think we're ever going to rate ourselves fully in the Waiora space until all our whānau are living their fullness. - Tuakana Provider

WAIORA – human wellbeing grounded in wai as the source of life

Tāngata whai ora and their whānau are the reasons for the establishment of this funding stream and the raft of new kaupapa Māori services. There is a great deal on the line for the lives of whānau and their communities, in a space where outcomes for Māori with mild to moderate mental health and addiction needs have long been poor and inequitable. This report shows that contracting processes and inputs into service design have been free flowing and life-giving to Kaupapa Māori health providers. In theory, quality establishment processes, design and delivery ought to lead to significant positive impacts and outcomes for service users. From the evaluation reflections so far, the future looks good for tāngata whai ora service users and their whānau.

Their experiences, voice and outcomes are the most important to capture, but this Wairakei evaluation report has not focussed on those. There are three reasons for this. Firstly, the tools being used to access tāngata whai ora and whānau outcomes vary greatly from provider to provider and synthesis tools with which to make evaluative assessments across the Kaupapa Māori health provider network are still in development. Secondly, Waiora is expected longer term and not within the early stages of service activation and delivery. Thirdly tāngata whai ora and whānau stories are precious taonga, that need to be treated as such. It is important to take the time to work with the provider network to tell these pūrakau, well. Evaluators continue to journey with the kaupapa partners to develop the evaluative tools needed to do this.

However, this report would not be complete or tika without the voices of tāngata whai ora and their whānau, so three short pūrakau are included here, by way of conclusion.⁹ They point towards the longer-term impacts that all the kaupapa partners of the Access and Choice Primary Kaupapa Māori Mental Health and Addictions services hope for and are working hard to achieve.

⁹ Three short pūrakau have been chosen to represent the tāngata whai ora voice in the report. They are not representative of the full range of impact stories emerging from these new initiatives but they do evidence a range of service users and types of impacts. The stories are retold here in the way that they were given by the Kaupapa Māori health providers that provided the support services except that identifying features of the services have been removed.

Tangata Whai Ora Pūrakau #1– Voice memo from a Dad after his daughter started engaging in paddle boarding

“Thank you again, my daughter has been buzzing out, it’s cool to see her buzz out because she doesn’t buzz out over much and so for me to see her buzzing about something again is really heartwarming ay. I didn’t think it would be paddle boarding by any means. Hearing her making plans and laughing about it all.” Photo below to support Dad’s feedback – young person has now moved way from wearing long trousers to engage with the moana and towards more appropriate clothes. Showing understanding of the environment and comfortability with tinana.

Tangata Whai Ora Pūrakau #2

A man accessed the [Kaupapa Māori Access and Choice] service as he was homeless and feeling overwhelmed. He had little whānau support and had been living in his car for the past six months and was having to move where he parked his car consistently as the police were telling him to move on. He desperately needed help with accessing stable housing. With the support from the team, he has been able to secure stable accommodation. He has also been supported to attend our programme one day per week where he has the opportunity to socialise with others and share a kai – all contributing to restoring his wairua. He has been supported to put a Covid Plan in place in case he tests positive and is aware of who to contact should he require additional support. He continues to engage with the team and is in the process of completing a Mana Plan.

Tangata Whai Ora Pūrakau #3

Service User 1, is a 48-year-old Māori male who is supported by his family to seek residential treatment for his addictions, including stimulants, alcohol, and gambling. He is a patched member of a gang and was released from a 3-month period of remand incarceration 2 weeks ago. He has maintained abstinence since entering remand, which has been difficult for him. He is involved in significant legal proceedings, though this may not get resolved until 2024. He feels at risk of relapse due to never having received any formal AOD treatment previously and has no tools in his kete to keep himself AOD free. Recently, he was contacted during an ISO Audit from the auditors and gave feedback that included positive remarks about our services non-judgemental response and support for his treatment. He also indicated that he now feels more positive about attending treatment than he has ever before and is optimistic about establishing a reconnection to his healthy identity through a tikanga Māori process.

Appendices

Appendix One – Interview Questions

Access and Choice Kaupapa Māori Primary Mental Health and Addictions Programme Funding.

Interview Schedule for WAIRAKEI Process Evaluation

BACKGROUND

1. Tell me a little about **your organisation and your role with the Access and Choice Kaupapa Māori project**
2. Tell me how the Access and Choice project **fits within your organisation and the services you deliver?**

CONTRACTING and DESIGN

3. I am interested in how A&C has gone for you so far. First let's talk about **the contracting process**. Tell me how that has gone for you.
4. How did you **design your A&C project?** Tell me about the **process for arriving at** the way you are delivering or using A&C funding (or proposing to deliver it – depending on whether they have started or not).

Ratings on Contracting and Design process:

4.1 How satisfied are you overall with the contracting process? Please give it a rating. Explain why you gave the contracting process this rating. Thanks.

4.2 How satisfied are you overall that the **contracting process** reflected kaupapa Māori/tikanga Māori/mātauranga Māori principles and approaches?

4.3 To what degree, do you think the contracting and **design process** set you up for success as a kaupapa Māori service?

IMPLEMENTATION – Delivery and Development

5. Thinking about the **delivery of A&C** within your organisation. Tell me how it is going? (Some might not have had much of a chance to do anything – acknowledge this but still give them a chance to talk about roll-out)
6. We are interested in **how the project has been developing** as you deliver. Have there been any changes or new developments along the way? (Acknowledge that it's normal to have many changes along the way, with new projects).

6.1 How satisfied are you with your implementation of A&C so far (given the length of time that you have been operating)?

6.2 How satisfied are you overall that your implementation/delivery reflects kaupapa Māori/tikanga Māori/mātauranga Māori principles and approaches?

6.3 Overall, how well are you doing at getting good feedback to inform ongoing development of the A&C project? Please give it a rating

IMPACT / OUTCOMES

7. I know it's early days, but do you have any stories you'd like to share about how A&C is making a difference?
 - 7.1** All things considered, how would you rate the impacts to date. Please explain.
8. Is there anything else you would like to tell me about A&C for the evaluation?