



Innovation by Collaboration:

**A Report of the Roll-Out of the
Takarangi Competency Framework
in the Midland Region
May – September 2011**

February 2012

Cover Image:

The symbolism of the Takarangi spiral reflects integration of past and future, of clinical and cultural components, of on-going learning and continuous quality assurance. The Takarangi Competency Framework integrates these elements into a Māori-centric framework and provides a path for practitioners to be able to enhance their capability to work with Māori and to provide clear expectations relating to practice.

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Acknowledgements

The Takarangi Competency Framework evolved from the voices, dreams and aspirations of the people – some of whom are no longer with us today. It has taken up the challenge of accountability for providing the best quality service for Māori. I would like to acknowledge the voices, dreams and aspirations that have helped shape this ‘ground-up’ initiative and secondly the resources that have enabled it to be shared and now evaluated.

He mihi maioha tēnei ki te roopu o Ngā Purei Whakataa Ruamano mo te taonga mātauranga, ā, tēnei kaupapa whakahirahira kua horahia ki a mātou o te rohe nei.

This report reviews the effectiveness of implementation *and* also explores the ‘value’ of the Takarangi Competency Framework. In our current environment this approach is not only innovative but prudent.

The support from the Midland GMs Planning and Funding is acknowledged. Without their sponsorship and resourcing, the implementation of the Takarangi Competency Framework would not have occurred. The tautoko of Midland GMs Māori Health is acknowledged, particularly Phyllis Tangitu's championing of this work nationally and regionally. The courage and support of Raine Berry (Director, Matua Raki) has enabled a successful national-regional collaboration to occur. Ngā mihi hoki ki Te Pou o te Whakaaro Nui mo to rātou koha putea.

The co-facilitation and tautoko of Moe Milne, Jenny and the late Tony Scott (Klub Ngaru), Te Paea Winiata, Haehaetu Phillips (former Midland Regional Workforce Coordinator, Mental Health and Addiction) and Ana Mules (former Matua Raki project coordinator) is also appreciated. This current collaboration would not have been possible without the dedication of the Midland Regional Network Team including Ruth Choudhary, Akatu Marsters and Belinda Walker.

We acknowledge Terry Huriwai for access to his photographic record of Takarangi Competency Framework activity and for his ongoing support and enthusiasm that he has shown towards the Midland regional roll out.

Finally, it is also important to acknowledge and thank all of the organisations and individuals who have participated in the roll-out of the Takarangi Competency Framework across the Midland Region. Greetings and salutations to all of you who came to the workshops and to those managers and team leaders who allowed you to do so. We were humbled to not only share your time but also your passion, your frustrations and your aspirations. Most of all we appreciated the commitment – regardless of service setting, role or discipline, to the provision of welcoming, hopeful, complexity-capable services that are Māori responsive.

I trust this report honours your investment, recognises the mahi we were privileged to hear and also articulates your commitment to whānau ora and making a positive difference in people's lives. E kore āku mihi e mutu ki a koutou katoa.

Eseta Nonu-Reid (Project Sponsor)
Midland Mental Health & Addictions Director

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Glossary

Addiction: used in this resource as a comprehensive term to cover the range of problems related to misuse of alcohol and other drugs, tobacco and problem gambling.

Alcohol and other drug (AOD)-related problems: principally problems caused by intoxication and/or excessive consumption over time.

Co-existing problems (CEP): particularly describes the presence of addiction and mental health-related problems in the same person at the same time. A person can have co-existing physical, intellectual or social conditions as well. Other terms used interchangeably include dual diagnosis, co-occurring disorders, co-existing disorders and co-morbidity.

Ethnocultural: a term that is inclusive of factors relevant to ethnicity and culture e.g. gender, sexual orientation or age.

Kaumātua: a term inclusive of Koroua and Kuia (Poua and Taua). In days gone by it often referred to someone with specialised role but today has come to mean an elder.

Practitioner: the term practitioner is used in this document to capture the range of workers within mental health and addiction and social services.

Primary Care: settings where the core business of the practitioners is not mental health or addiction specific but who may - work with such problems e.g. the presentation of risky substance misuse or the consequences of someone else's gambling e.g. Probation, primary health organisation or a food bank.

Summative evaluation: often occurs after an activity and is the systematic assessment of whether projects goals have been achieved. Rather than process and delivery, the evaluation concerns itself with impact and effect.

Tangata whai ora: terms used synonymously to include: 'client', patient, service user and consumer. Tangata whai ora is frequently written as Tangata whaiora. The former is used here on the basis of advice given by Te Taura Whiri i te Reo Māori, who indicated that whai ora means '*in search of wellbeing*' whereas whaiora means '*who has wellbeing*'. 'Whai ora' is more appropriate to the context of this report.

1.0 Executive Summary

During May – September 2011, the Midland Region Mental Health & Addiction Network (MRMHAN) in collaboration with Matua Raki, the National Addiction Workforce Centre, facilitated a series of successful Takarangi Competency Framework (TCF) related workshops across four of the Midland District Health Boards at an approximate cost of \$111 per participant.

This report “*Innovation by Collaboration*”, reviews the value to business of the TCF to the MRMHAN against effectiveness as well as cost. In the current environment reviewing initiative investments is an innovative and prudent approach.

Implementing ‘clinical’ oriented training in a complex care system is challenging and requires a planned approach. This report identifies for funder and planners, managers, workforce coordinators and practitioners, a range of benefits of the TCF. It also identifies multiple layers of collaboration and innovation needed to sustain training gains.

As a Māori-centric workforce development and quality assurance tool, the TCF provides a means to tangibly address a number of national and regional policy imperatives. These drivers identify Māori as a vulnerable (or priority) population and the need for a culturally competent workforce. Regional and service planning and delivery is expected to demonstrate effective pathways to achieving these goals.

Without an innovative, responsive and collaborative approach to mental health and addiction service delivery and workforce planning, conventionally applied models continue to perpetuate the levels of disparities experienced by Māori. The TCF was identified by the MRMHAN as a means to:

- develop the capacity and capability of the Māori workforce
- enhance service delivery and workforce responsiveness to Māori

1.1 Benefits

This report is an accountability document both in terms of demonstrating efficiencies and reviewing the effectiveness of the TCF workshop as an educative intervention to change or influence clinical practice.

Consideration has been given to the markers of success associated with the training. These markers can assist in the planning and development of an implementation programme in both the short and long term. Identified benefits of the investment in the TCF and its workshops include:

- Practitioner attitudinal and knowledge shifts resulting in practice changes
- The development of peer support hubs across teams, services and sectors
- The development of a common operating language across disciplines and services that articulates practice to enhance Māori responsiveness.

1.2 Workshop Participants:

There were 155 participants in the Introductory TCF-related workshops and 14 attended the Approved Assessors workshop. The workshops attracted a broad range of practitioners from mental health and addiction services and the broader care continuum including primary care and social service agencies. There was a mixture of regulated and non-regulated¹ practitioners; practitioners from Non-Government Organisations (NGOs) and provider arm services.

Lakes DHB Pou Whakarite Workforce undertook a complementary strategy and was not included in this regional roll-out. As part of its responsiveness to services, Matua Raki continued delivery of TCF activity to other regions as well as services and groups within the Midland area during this period.

1.3 Key Findings:

An in-depth review of the findings and themes can be found in [section 5](#) and [section 6](#).

- The TCF workshops were delivered in a timely and cost efficient way

¹ ‘Regulated’ and ‘non-regulated’ in this context means subject to the Health Practitioners Competency Assurance Act 2003

- The TCF workshops have been an effective educative intervention that can influence and change clinical practice and care
- The TCF is relevant to all practitioners working with Māori in mental health and addiction services as well as across the wider continuum of care including primary care and across sectors
- The TCF promotes and supports collaboration and the reduction of 'silo-ed' practice
- Two distinct groups of participants emerged. Some participants wanted to enhance their competence and others were undertaking the workshops to enhance their capability to work effectively with Māori
- The formation of peer supervision and support groups has contributed to the successful embedding of associated training gains and supported the need to develop local assessor capacity
- Identified contributing factors of success to maximising gains from regional training projects include local level leadership and management buy in, building workforce critical mass (across and within services) and linkages to regional and local plans.

1.4 Recommendations:

1. To consolidate the return on training investment and support local and regional capacity and capability. This will require additional
 - i. Assessor workshops
 - ii. Train-the-trainer workshops
 - iii. TCF booster sessions (locally)
2. That continuing to work in partnership with Matua Raki to ensure further delivery of Takarangi Competency Framework workshops throughout 2012 / 2013
3. That further workshops continued to be funded by the Midland DHBs and are planned and coordinated by the Midland Region Mental Health & Addiction Network
4. That a Midland Takarangi Competency Framework Implementation Plan be developed that identifies local and regional strategic objectives
5. That the delivery and embedding of the TCF in the Midland region should undergo a summative evaluation if the impact on outcomes is to be truly measured and the value of the TCF appreciated.

1.5 General Recommendations

Sustaining the returns on investment in training is influenced by factors beyond the training and includes how the training is embedded within the local and regional system and leadership. The recommendations are:

1. That ongoing booster workshops are implemented locally utilising the local Assessors to build sustainability
2. That the TCF implementation is seen as a regional initiative with local developments that are cognisant of the different states of readiness and critical mass
3. That Lakes DHB TCF becomes part of the Midland 12/13 implementation
4. That one Evaluation Form post workshop be utilised to ensure consistency of information

“Kua tawhiti kē to haerenga mai kia kore e haere tonu

He tino nui rawa ou mahi kia kore e mahi.” (Ta Hemi Henare)

“We have come too far not to go further, we have done too much not to do more.”

2.0 Introduction and Background

Implementing clinical training in a complex care system requires a model that identifies the multiple layers in the interface of the training, practitioner and practice. This is essential planning if training is to be translated into best clinical practice. Evaluation of workforce imperatives should show both economic and social returns on the investment in training as well as demonstrate improved Tangata whai ora and whānau outcomes.

For practitioners, the TCF provides a different way of appraising both their practice and their collaboration with Tangata whai ora and whānau. At the same time, it serves as a means of meeting the expectations of policy and best practice to contribute to improved outcomes.

The TCF was identified as a mechanism to contribute to the MRMHAN strategic goal of increasing cultural competence and responsiveness in the mental health and addiction sector. *Innovation by Collaboration* identifies the multiple layers of collaboration and innovation that have occurred in relation to this initiative. The examples in this report illustrate:

- National-regional collaboration – the Matua Raki and MRMHAN relationship
- Regional-local collaboration – regional coordination of training and local implementation
- Practitioner–Tangata whai ora collaboration – the TCF provided a framework for practitioners to appraise their work while meeting the expectations of policy and best practice.

The broad aims of this report are to:

1. Evaluate the delivery of the TCF workshops and identify possible areas of enhancement
2. Identify critical success factors relating to sustainability of gains that could be taken into consideration in the on-going roll-out of this or any other initiative of a regional nature
3. Identify elements of this workforce intervention that impact on effectiveness and the ROI.

The following section identifies rationale for the investment in the TCF, background and the continuum of cultural competence and Māori responsiveness.

2.1 Māori

Māori are significant stakeholders in the mental health and addiction sectors as service users, populations of unmet need and as service providers. Many regional, national strategies and plans including the Midland Mental Health and Addiction Needs Assessment (2011), identify higher prevalence of mental health and substance use disorder (including problem gambling) amongst Māori. Te Rau Hinengaro: The New Zealand Mental Health Survey (2006), The National Mental Health Survey (2008) and The New Zealand Health Survey (2008) conclusively report that these disparities are further compounded by:

- Higher rates of physical ill health
- Higher levels of socio-economic deprivation
- Less likely to access early intervention services.

Within the Midland region, there are significant mental health and addiction service gaps for Māori – especially co-existing problems. The Needs Assessment notes the following based on the 12-month prevalence rates in Te Rau Hinengaro and service utilisation data:

- The largest percentage of service utilisation gaps are for Māori with **severe substance use disorder** aged between 16-24 and **any other severe mental health disorder** (aged between 45-64)
- The largest crude service utilisation gaps are estimated for Māori aged 16-24 years **with severe substance use disorder** and aged between 25-44 with **any other severe mental health disorder**
- **Higher service gaps** for Māori and Pacific people with substance use disorders compared to the national average.

2.2 Policy Drivers - Building a Culture of Competence

Policy drivers for change include building health workforce capacity and capability to deliver services that are responsive to the needs of Māori and building a culturally competent workforce. These are interwoven through the following national and regional strategic documents to address the health disparities and poor health outcomes of Māori.

2.2.1 National Drivers

The Service Development Plan (MoH, 2011) and the Blueprint II for the Mental Health and Addiction Sector (Mental Health Commission, 2011) are currently still in development. However, the respective plans are expected to continue to focus on service improvement and innovation, recovery and responding to the needs of Māori and reducing inequalities. The current national policies guiding the direction continues to be:

- The New Zealand Health Strategy (2000) states - *“Government is committed to ensuring all health providers deliver high quality and culturally appropriate services”* (Pg. 19)
- New Zealand Disability Strategy (2001)
- He Korowai Oranga: Māori Health Strategy (2002)
- Te Tāhuhu – Improving Mental Health (2005). Cultural competency and responsiveness is identified within leading challenges 3, 4 and 5².
- Te Kōkiri –The Mental Health and Addiction Action Plan 2006-2015 (2006) reinforces the importance of a well-supported, skilled, culturally and clinically competent and wellness focused workforce (Pg. 35)
- Te Puāwaiwhero – The Second Māori Mental Health and Addiction National Strategic Framework 2008–2015 (2008) states - *“...to provide adequate access to treatment and care, the workforce will need to provide Māori-responsive care, but cultural and clinical competencies will also be required by those working in primary health care settings.”* (Pg. 21)

2.2.2 Midland Region Drivers

The Midland Region Mental Health and Addictions Needs Assessment (2011) outlines the Midland Regional demographic and service profile. This document also provides rationale for some regional drivers. A description of the Midland characteristics can be found in [Appendix 1](#):

- The Midland Region Mental Health and Addictions Strategic Plan (2010-2015) is aligned to Te Tāhuhu – Improving Mental Health (2005). The responsibility to build workforce capacity and capability in working with Māori applies for all services across the care continuum and underpins regional planning and activity
- The Midland Region Workforce Strategic Plan (2011-2014) - The TCF is identified as a regional workforce project and a key deliverable
- Midland Region Co-existing Problems Competencies for Mental Health and Addiction staff (2011). Specific reference is made to TCF as the cultural competency framework for Māori and non-Māori practitioners
- The Midland Region Alcohol and Other Drug Clinical Qualifications Guidelines (2012). Specific reference is made to TCF as a cultural competency framework for all Addictions clinicians to complete as part of achieving the cultural competency requirements for the Health Professionals Competency Action (HPCA) and Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ).

The Takarangi Competency Framework (TCF) implementation was identified by the Nga Purei Whakataa Ruamano (Midland MH&A Maori Advisory Network) as a key workforce development strategy in 2009. Nga Purei Whakataa Ruamano continues to be a strong advocate for the continued implementation of the TCF.

2.3 Professional and Practice Frameworks

There are a number of professional and practice frameworks that promote the need for a culturally competent and responsive workforce.

² Leading Challenge 3 :Responsiveness; Leading Challenge 4 : Workforce Culture and Recovery and Leading Challenge 5 :Māori Mental Health

The values and the attitudes expressed in *Let's Get Real* (LGR) are expected to be foundational to practice in the mental health and addiction sectors. The seven Real Skills of LGR should not be seen in isolation from one another. Underpinning the Real Skill - Working with Māori, is the expectation that every person working in the sector contributes to the goal of whānau ora for Māori. The development of this Real Skill was shaped by the TCF.

A goal of the Health Practitioners Competence Assurance (HPCA) Act is to encourage clinicians to incorporate cultural competence skills into daily practice, making continuous adjustments as practices and patient populations change over time (Bacal, Jansen and Smith, 2006). The HPCA requires professional registration bodies set standards of cultural competency, clinical competency and ethical standards. The expectation is that registered or prospective practitioners meet those standards (Section 118).

The Addiction Intervention Competency Framework outlines the values, attitude, knowledge and skills required of professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention. The *Working with Māori* competency set within the Framework is derived from the TCF and the LGR Working with Māori Real Skill.

For more detail on the above competency frameworks and the LGR see [Appendix 2](#).

2.4 Cultural Responsiveness

Cultural appropriateness, culturally competent and culturally responsive are terms used almost interchangeably in policy documents. New Zealand strategies are no exception. Generally, the idea conveyed by these terms is that working in a way that responds to a person's social and ethno-cultural context will contribute to better engagement and or outcomes.

It is assumed culturally competent practitioners will ensure that treatment and care regimes contribute to wellbeing and recovery. It is the expectation that service users and their whānau are able to understand the information given and are able to make decisions about their health in an informed way.

Cultural fluency and cultural competence are all part of the cultural responsiveness continuum.

Despite the plethora of strategy and guidance documents promoting these concepts there is in all actuality an absence of direction, strategy or guidelines for practitioners as to how these are operationalised - other than to undertake cultural awareness or cultural safety courses. The general lack of articulation of cultural competence or fluency in relation to clinical practice or outcomes continues to perpetuate a "one-size fits all" model. This further diminishes the importance of identity, and the cultural context of social and emotional well-being. As an informed practice-centred cultural competency framework, the TCF seeks to bridge the gap between policy (theory) and practice.

The over-riding rationale for acquiring cultural knowledge and skills (enhancing cultural competence) relevant to Māori health is to contribute to positive health outcomes for Māori. The TCF offers some guidance as to how practitioners can enhance their practice to be able to make a positive difference in people's lives

2.5 The Takarangi Competency Framework

Matua Raki is currently working with services and collectives from Northland to the Bluff to implement the TCF or variations customised for the needs of various stakeholders. Participants in the various workshops have included Māori and non-Māori, those working in NGOs and DHB provider arm services; workers in primary, secondary and specialist care settings and from a range of roles and disciplines.

The concept of cultural competence used in the TCF goes beyond cultural safety and culturally congruent practice³ to encompass the integration or fusion of clinical input and cultural values and practice. The TCF is a Māori-focused lens through which to view practice or service delivery. The primary source of engagement with the TCF is through the Introductory workshop. Thereafter, sustaining the learning gains is dependent on the strength of personal/professional desire and to borrow a term from Social Network Theory, *the structure of relationships*. The bigger and stronger the network of those engaged in change utilising the TCF, the sooner a critical mass for on-going growth and change can occur.

A unique feature of the TCF is that the assessment of competence is based on demonstrated integrated (clinical-cultural) practice in the work setting rather than knowledge or attitude.

³ Care that fits the people's valued life patterns and set of meanings see http://currentnursing.com/nursing_theory/transcultural_nursing.html and Huriwai (2002).

The TCF describes different levels of evidence (knowledge and practice) of competence a practitioner or service might aspire to and pathways of achievement. It consists of fourteen (14) competencies with four (4) levels of knowledge and three (3) stages of practice. Participants need only complete competencies within the scope of their role. The measurement of competence is through the merging of knowledge and practice assessed in three ways:

- Self-assessment
- Peer review of the evidence of practice
- Submission portfolios to Approved TCF Assessors for assessment

The Approved TCF Assessors have themselves undertaken portfolio development and assessment. They have also undertaken a TCF Approved Assessor training workshop. For more information on the development of the TCF go to [Appendix 3](#). To download the fact sheet and view brief informative video clips at <http://www.matuaraki.org.nz/projects/maori.html>.

2.6 Workforce Development

Roche and colleagues (2009) define workforce development as a multifaceted approach that addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness. Their assertion is framed by a systems approach, targeting individuals, organisations and structural factors. Therefore, to embed education and training so that it increases knowledge and skills and creates sustainable change in practice requires organisational, structural and systemic factors to be planned for and addressed. It is within this context of workforce development, that the TCF has been delivered in the Midland Region and evaluated.

“Everything is connected... no one thing can change by itself.” (Paul Hawken)



Figure 1: - Taranaki Workshop 2011



Figure 2: - Bay of Plenty Workshop 2011

3.0 Methodology and Methods

The aim of this report is to explore the extent of implementation of the TCF and determine improvements and adjustments needed to attain current or future objectives within the Midland Region.

The effectiveness of any training needs to consider short-term impact, for example, changes in attitudes and knowledge and timeliness of delivery. It also needs to consider longer term impacts such as changes in practice, articulation of practice, cross-service hubs and ultimately improving outcomes to Tangata whai ora and whānau.

The methodology utilised a mixed qualitative and quantitative approach. The methods used included written feedback and foci groups and a participant observer. The data from each of the Midland DHBs involved in this roll-out has been aggregated to provide a wider regional picture.

3.1 Methods

The following methods were used:

- A standardised survey (refer [Appendix 4](#)) that had a mixture of quantitative and qualitative questions
- A series of foci groups conducted post Introductory TCF workshop
- A review of information from other TCF Introductory workshops and evaluations
- Participant Observation.

The qualitative method gave privilege to the perspectives of the workshop participants - their meaning, actions and contexts. The participant-observer allowed for a dynamic approach giving a 'voice' to the various stakeholders - including the trainer.

3.2 Survey

Information gained in the surveys and feedback allowed potential alterations to presentation, content and style between workshops. At the end of the workshop, all participants received a survey requesting information relating to:

- Workshop expectations
- Relevance of workshop content to practice
- Workshop process
- Key points learnt
- Readiness to initiate assessment
- Additional areas of support.

3.3 Foci Groups (Evaluation and Champions)

The workshop participants were invited to an Evaluation and Champions focus group, held within their respective DHB area. Participants provided feedback on the following areas:

- Identification of TCF benefits to practice/team or service
- Assessment portfolio readiness and enhancing competency
- Where to from here.

3.4 Analysis

The thematic analysis of that same information was organised for patterns and connections to clarify the themes and sub-themes within the data. The privileged voice within this analysis is that of Māori and those working in that paradigm.

Analysis also involved identifying markers of 'effect' in the information received.

3.5 TCF Markers of Success

A number of indicative markers of impact (or success) were identified. These markers relate firstly to the educative intervention - the training workshop and secondly, the implementation in practice. The indicative markers of success for the delivery of the training workshop were the following:

- **Efficiency of delivery** – The training was completed on time (and within budget).
- **Participants** – The participants were those targeted and in sufficient numbers to ensure efficiency and effective delivery
- **Whakawhanaunga** – There was opportunity for practitioners from different services, teams, and perspectives to meet, share experiences and develop a common operating language
- **Reaction** – The participants were satisfied with the training. Satisfied training participants are more likely to transfer what they have learnt into practice, support others who have undertaken the same training and promote the training to others. Includes expectations met, relevancy of the content, acceptability of the delivery, venue and use of te Reo Māori
- **Learning** – Participants learnt new things or re-validated current knowledge and practice. In a summative evaluation, the retention of this new knowledge over time is also reviewed.

The identified indicative markers of success relating to the (longer term) impact of the TCF on practice and implementation post workshop include:

- **Reactions** – ongoing perceptions of relevancy of the training, changes in practice or in systems
- **Whakawhanaunga** – the value of networks and collaborative relationships to practice and service
- **Performance** – impact post-workshop including setting up support groups or contact, submitting portfolios for assessment

3.6 Other Matua Raki TCF Evaluations

This report had the benefit of being able to access the 2010 Matua Raki evaluation report. This allowed comparison of current responses against historical and national information (some of that data included participants from the Midland Region). The aim of the 2010 evaluation was to identify and describe impacts of participation and engagement with the TCF. Using Survey Monkey, the response rate was a high 84%. The workshop evaluations demonstrate consistency with the current Midland Region activity.

The TCF workshop content and delivery (including trainer and evaluation forms) has been consistent over the past three years for all workshops delivered. This consistency has allowed some scope to compare participant responses and trainer impressions between the Midland roll-out and different cohorts.

3.7 Limitations

The 2010 / 2011 roll out of TCF does not include Lakes DHB, who undertook a parallel implementation process funded through Maori Provider Development funding. The Lakes implementation data has not been included in this report but does identified similar themes that this report discusses. See [Appendix 5](#) for Lakes Implementation Report.

Many of the participants work in Kaupapa Māori services and the TCF was developed for this group in mind. Potentially the high rates of satisfaction might be a reflection of this synergy (suggesting the right audience attended the workshops).

The lack of demographical detail on the workshop evaluations has limited some of the potential analyses, however, it does not detract from overall considerations of effectiveness.

The impact of the participant-observer is not known. However, the consistency of feedback and themes between this cohort and other groups who have undertaken the TCF workshop without the participant-observer suggests that the impact on the feedback from the Midland group is minimal.

4.0 Implementation

The MRMHAN drive and coordination of the 2011 roll-out of the TCF was a result of the need to address the national and regional policy drivers as well as a demand from services and practitioners who perceived a loss of momentum from the 2009/10 regional roll-out of the TCF. Contributing to this perception was the turnover of workforce attributed to contracting changes and the loss of services.

The regional coordination ensured accountability through the regional fora as well as providing clear linkages to other regional initiatives such as the Midland Mental Health and Addiction CEP Competency Framework, Hua Oranga and the Midland Addiction and Other Drugs Clinical Qualification Guidelines.

This MRMHAN and Matua Raki collaboration involved joint planning and cost sharing in the delivery of the workshops. Between 2009 and 2011 TCF workshops have been successfully delivered across the Midland Region.

4.1 TCF Workshops

4.1.1 Participants

The TCF Introductory workshops prioritised those working in Kaupapa Māori mental health and addiction services. Registration information was distributed to services across the mental health and addiction continuum.

The MRMHAN took responsibility for recruiting and registering participants for the workshops. They ensured that potential participants had the written support of their team leaders to attend. The workshops were free of charge to the participants. (See [Appendix 6](#) for the Attendance By Service).

4.1.2 Educative Intervention

The TCF Introductory workshop is an educational intervention that occurs over two consecutive days. It has been designed so that participants can achieve outcomes in a safe and stimulating educational environment. This in turn allows a more ready connection with 'ako' a concept in Māori which means both to learn and to teach (Pere, 1982). Within the workshop, a learning space is created and facilitated, utilising vignettes, video clips and a mixture of formal peer and individual activities to consolidate framework constructs. It also provided opportunities for reflective critical analysis of professional/ personal and service practice. Part of the practice change promoted encourages participants to reflect on their own motivations and readiness for change. Further to this, they are challenged to move beyond the convention.

Throughout the workshops the facilitators purposefully sought ways to involve participants, to require participation, to enable the sharing of knowledge & experiences and to provide feedback to the facilitators to ensure maximum understanding and learning. The formalised rounds at the beginning and end of each day, plus the informal feedback often contained important reflections and questions.

Resources provided to participants included folders, posters and TCF reference books.

4.1.3 TCF Workshops 2009-2010

During 2009-2010, Matua Raki worked with the former MRMHAN Workforce Coordinator - Haehaetu Phillips to coordinate and deliver TCF Introductory workshops to all five of the Midland DHBs. The co-presenters of these workshops were:

- Klub Ngaru (Jenny and the late Tony Scott)
- Moe Milne
- Terry Huriwai



Figure 3: - Tairawhiti Workshop 2010

127 people attended these Introductory workshops delivered by Matua Raki in Maketu, Tokomaru Bay, Taranaki South, Hamilton and Rotorua. The Matua Raki project coordinator, Ana Mules, undertook the organisation (travel, accommodation and venue, catering and training resources) for the delivery team.

The follow up Evaluation and Champions workshops were held in Rotorua and Tairawhiti and facilitated by Moe Milne and Terry Huriwai. Evaluation summaries of each workshop were compiled by the Regional Workforce Co-ordinator.

Figure 4: - Attendance at the TCF 2009-10 Workshops

	Bay of Plenty	Lakes	Taranaki	Tairawhiti	Waikato	Total
Introductory workshops	22	39	24	22	20	127
Evaluation & Champions workshop	1 (attended the Lakes hui)	8	0	19	0	28

Note: Only two Evaluation and Champions workshops held for the 2009 / 10 roll out.



Figure 5: - Lakes DHB Evaluation and Champions 2010

4.1.4 TCF Introductory Workshops 2011

Four workshops were successfully delivered across the Midland Region. These were Marae-based in the following areas; Taranaki (Kairau), Waikato (Hukanui), Bay of Plenty (Poutū-te-Rangi) and Tairawhiti (Te Poho-o-Rawiri). 103 people attended these workshops.

The MRMHAN organised venues, resource management and data collection. Matua Raki prioritised the regional timeframes, provided additional resources including Assessors for the Taranaki portfolio assessments. The costs of

delivery (indirect and direct) were shared between the collaboration of MRMHAN and Matua Raki in greater comparison to the earlier roll-out.



Figure 7: - Waikato Workshop 2011

4.1.5 TCF Evaluation and Champions Fora (2011)

All but three of the half-day fora were delivered in DHB facilities with the exception of the Bay of Plenty workshop which was held at the Historic Village in Tauranga. The intent of the fora were to:

- Follow up with workshop participants to identify application of their learning in practice
- Identify any barriers and solutions to implementation
- Identify readiness for assessment.

On completion, of all TCF Introductory workshops, participants were informed of the upcoming Evaluation and Champions fora and the Approved TCF Assessors' workshop. Invitations to attend were sent to all TCF Introductory workshop participants (both 2009-2010 and 2011). The time period between the TCF Introductory and these Evaluation and Champions fora varied across the region (this ranged from three months for those in Taranaki and two and half weeks for those in the Waikato). Participants were encouraged to bring at least three competencies for review and discussion – particularly for those wanting to attend the Approved TCF Assessor's training workshop.

The workshops provided both formal and informal feedback of implementation issues and training effect post workshop. The foci groups ranged in size from five to 16. Participants from Tairāwhiti, Taranaki and Waikato brought competencies for review in preparation for assessment. The groups facilitated in Taranaki, Tairāwhiti and Waikato had participants from both the earlier and current TCF roll-out. A total of 41 participants attended the Evaluation and Champions fora.

Taranaki participants who had maintained a support group since the original workshop in 2010, also advocated for an additional assessment workshop. This was accommodated and allowed a further opportunity to evaluate the sustainability and training success.

4.1.6 The Approved TCF Assessors Workshop

The intent of the Assessors workshop was to build capacity by developing an assessor pool in the localities within the region. Criteria for attendance included participants having compiled a portfolio of their own and having a minimum number of competencies assessed or reviewed by TCF Approved Assessors prior to the workshop. They were also expected to bring competencies to be assessed at the training workshop.

Through a live assessment environment, self-reflection and group activities, the assessors-in-training explored issues of evidence (reliability and validity), assessment, planning and feeding back. They were required to submit portfolios for which they were assessed and received feedback. The Approved Assessors training provided an opportunity for participants to discuss and explore issues of sustainability and consolidation post-training.

Rotorua was the venue for the Assessors training workshop. Charity Hansen (TCF Approved Assessor – Rotorua) supported the assessment phase of the two-day workshop. There were 14 participants in total from across the four Midland DHBs. It should be noted that three of the participants at the workshop did not intend to be assessors. As pakeke

or Kaumātua their intent was to support the work of those being assessed and to support their local Approved TCF Assessors.

There were no representatives from the BOP services at the Approved Assessor workshop.



Figure 8: - Regional Assessors Workshop 2011

Figure 9: - Attendance at the TCF 2011 Workshops

MRMHAN and Matua Raki: TCF 2011	Bay of Plenty	Taranaki	Tairawhiti	Waikato	Total
TCF Introductory workshops 2011	27	21	31 **	24 **	103
Champions & Evaluation workshop 2011	6	16**	10**	9**	41
TCF Assessment workshop - Taranaki only		11			11
Midland TCF Approved Assessors workshop –	1	5**	5**	3**	14

**Included some who had attended Introductory workshops 2009-2010



Figure 10: - Tairawhiti Workshop 2011

5.0 Findings

The information gained helps to understand why the TCF workshops and indeed a programme of implementation 'works or fails'. It also contributes to the development of early outcome measures which serve as indicative markers to programme effect or success. By tracking changes and linkages between inputs, outputs and outcomes causal mechanisms that can inform summative assessment might be identified.

There was significant evidence in the evaluation forms that participants appreciated the value of the TCF workshops. The workshops were delivered within the negotiated timeframes and within the allocated Midland budget.

5.1 Participants

For many participants it was their first exposure to formal training of this kind. Unless otherwise stated, the following features are representative of participants whether they attended a TCF Introductory, Evaluation and Champions or Approved Assessor workshops.

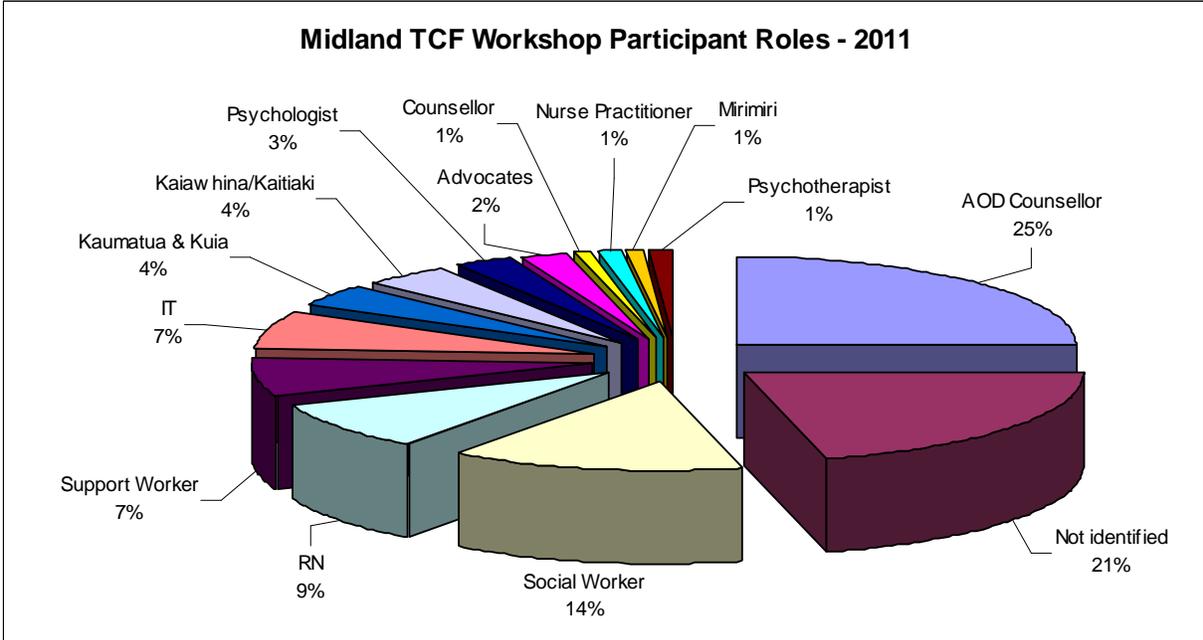
More than half of the workshop participants were from Kaupapa Māori services and included people of Māori and non-Māori descent. While the majority of the Kaupapa Māori service participants worked within the mental health and addiction sector, there were participants from primary care, whānau ora and social service settings. Taranaki had the highest proportion of Kaupapa Māori service participants (62%) compared to other areas. This was closely followed by both the Bay of Plenty and Waikato, equalling at 58% of the workshop participants. Although the Tairawhiti had the smallest proportion of Kaupapa Māori service participants (28%) at the workshops, they had the highest number of Assessors.

Seventy five per cent of participants came from Non-Government Organisations (NGOs). Taranaki had the highest percentage of NGO participants across all workshops, followed by Waikato. The services included family and whānau services, peer advocacy, addiction providers, youth and adult mental health services, and providers of residential services.

Various health professional groups were represented at the workshops e.g. nursing, social work and psychology (perhaps highlighting the growing relevance and awareness of cultural competency within professional codes of ethics, practice standards and service requirements). Figure 11 provides a breakdown of roles identified by the participants including Support Workers, IT, quality managers, Kaumātua and Advocates.

The highest proportion of DHB provider arm participants at the Introductory workshops were from Tairawhiti DHB (70%). There were Tairawhiti and Taranaki DHB provider arm participants at all workshops. There were no Waikato DHB Provider arm participants at the Evaluation and Champions or the Approved Assessors workshop.

Figure 11: - Introductory Workshop Participation by Roles - 2011



Seventy-five (75%) per cent of the participants at the Approved Assessors training had been involved in the earlier roll-out of the TCF in the Midland Region. Since that roll-out, Tairāwhiti and Taranaki participants continued to be actively involved in their local hub developed to maintain and advance TCF competencies.

5.2 Responses to Workshop Survey

At the end of each TCF workshop, participants completed a survey. The purpose was to:

- Reconfirm learning already tested for in the workshop
- Ascertain if there had been any attitude, value and or knowledge change from participation
- Identify possible improvements to training delivery, course content or organisation
- Identify factors needed to maintain or enhance gains made in the workshop.

The collated participant feedback from the Introductory and Evaluation and Champion workshops provided reactions to the training and also identified the learning gained. The response rate was a very high 90%. The majority of participants provided overwhelming positive feedback. In relation to participant's expectations the following four main themes emerged (in order of most responses to the least):

1. Participants wanted to know more about the TCF model, content and assessment pathway
2. Participants were interested in exploring how their practice is measured within a cultural competency framework
3. Participants wanted to know how to implement TCF within practice and add to current skills/knowledge
4. Participants wanted to identify and develop competencies within their practice to enhance responsiveness.

5.2.1 Were the Expectation(s) of Training Met?

The purpose of the question is to ascertain the understanding or knowledge of the TCF before the Introductory workshop. Most participants had not heard of or seen the content of the TCF and came wanting to know more about it.

The question also enabled articulation of learning goals and objectives including relationship to registration with a professional body. Those participants with no initial expectations often left identifying new learning outcomes to achieve. Other training needs out of scope of the workshop were also identified e.g. basic knowledge about addiction or mental health problems. The learning expectations that were most commonly articulated as met:

- Information about the TCF – it's implementation, application and process
- Reflective practice and enhancing practice
- Cultural competency and Māori responsiveness

“To better understand the fusion of clinical and cultural competency in regards to my mahi and in line with Te Ao Māori” (Workshop participant)

This question was also asked at the Assessors training workshop where participants had knowledge of the TCF. The majority of participants again had their training expectations met, if not exceeded. The most commonly identified expectation met at the Assessors workshop was an understanding of TCF assessment and approved assessor roles.

Other benefits identified by participants across all of the workshops included:

- Validating mahi
- Meeting other practitioners and working together from a Tangata whai ora-centric focus
- Identifying further scope for professional and personal development.

5.2.2 Pace, Clarity and Content

Using simple Likert scales, participants evaluated the pace, clarity of information, content and activities within the workshop. Whilst pace and clarity reflect on the facilitator style and delivery, the item also explores the suitability of the activities to confirm the learning objectives.

Over 90% of the participants who responded identified the pace of the workshop as just right, and the clarity of the information given as clear if not very clear. The majority endorsed the content as relevant and the activities as useful in the learning process.

The participants at the Assessors workshop embraced the live assessment process, in terms of informing their own assessor competencies and knowledge also ranked the pace, clarity, content and activities highly.

Irrespective of workshop, participants described the utility of the TCF across roles, disciplines, services, setting and sectors. Further to this, participants also described the relevancy of a practice focused framework such as the TCF as a consistent mechanism of quality assurance and accountability.

There were some comments relating to the need to develop more exemplars and sample portfolios for use in the workshop.

5.2.3 Te Reo Māori

Whilst the majority of the TCF participants felt there was just the right amount of Te Reo Māori used in the workshop. It is encouraging to see that a number not only conversed in Māori in the workshops but also signalled more Te Reo Māori needed to be spoken. Informal feedback suggested that Te Reo Māori inhibited the learning of some participants (both Māori and non-Māori).

5.2.4 Venue and Manaaki

The venue used for the Introductory workshops were Marae. It was ensured that those with little or no experience of Marae (Māori and non-Māori) were supported by others in the training group. All but one of the venues received positive feedback with the majority of responses indicating that the Marae environment was conducive to the training and to learning. The one venue rated lowly was perceived as too large, physically cold and lacked connection with the local people.

“Tangata takahi manuhiri, he marae puehu.”

A person who mistreats his guest has a dusty Marae

In certain areas Marae are ‘pricing’ themselves out of the market for event management and less expensive options can be found in hotels and conference centres. Despite the financial expense and although the Evaluation and Champions fora and the Approved Assessors workshops were held in non-Marae settings it has been identified by participants that the best venue for the Introductory workshop is still Marae.

Customisations of the TCF might well be accommodated within in-service training contexts, one-day events and delivered in non-Māori settings.

5.2.5 Describing the TCF

The participants were asked at the end of workshops if they were confident to describe the structure and purpose of the TCF. They were also asked to identify three key points they would include in any such description. The question(s) gauge confidence to describe the TCF. The more integrated the learning the more likely participants are to be able to describe its features. Just over a third of the participants said that they would be confident to describe the TCF.

Many participants did not fully answer the question. Some responses described confidence but no key points, others just listing the three points (or more) and a small number not answering the question at all. The points most likely to be included in any kōrero to a colleague were the following:

- Reference to the TCF principles, assessment process/pathway and content
- Identified the TCF as an accountability framework to improving outcomes when working with Māori
- Described the TCF as a bench mark for evidenced-informed practice
- Identified the TCF as a way to reflect on practice and model leadership

5.2.6 Engaging in TCF Assessment

The participants were asked if they were confident to undertake their own assessment against the TCF. More than 80% of participants felt they could start their own assessment process. Not all participants answered this question.

Similarly, about 80% of participants at the regional Assessor's training workshop described feeling confident to undertake assessments after the training. The remainder did not answer the question.

5.2.6.1 Supports to Engagement

The final question asked of the participants identified what additional supports would be needed to assist ongoing engagement with the TCF and the assessment process. The responses have been themed into six areas:

- **Collegial and Peer Network(s)**

Over half of the responses identified access to networks (service/local/regional and national) as their primary source of support to maintain momentum, progress assessment portfolios and support implementation at the local level.

Solutions identified by participants included finding a TCF facilitator or coordinator to support establishment of a network within their local area. Another solution offered, was the use of Moodle⁴ by services and practitioners.

- **Kaumātua**

For some participants, their Kaumātua were identified as essential in grounding TCF within their rohe. There was also recognition that they too would benefit from exposure to the TCF to better support those working through it.

- **Management and Boards of Trustees**

The participants identified the need for the support of Boards of Trustees and managers as essential if the training and practice change were to be embedded. This relates not only to the need for to lessen the sense of 'disconnect' between managers and their workforce, addressing perceived tokenism (accountability for what organisations say they do or stand for) but also recognition of the TCF as a valid quality assurance mechanism. At another level it was also ensuring systemic support to engage in on-going competency development, assessment and supporting opportunities to train.

- **Culturally Competent Supervision and Mentorship**

Participants identified supervision and mentorship as a means to support on-going engagement with the TCF and enhancing practice. Some participants identified the need for their supervisors to be TCF capable if there was to be congruency between learning and practice.

- **Follow-up (Wānanga, Booster sessions)**

In supporting the development of a network, participants also identified wanting to be part of on-going opportunities to access wānanga, booster sessions and latest TCF and cultural fluency training developments.

- **Non-Māori Responsiveness**

Reference was made to the potential need to develop workshops that enable and support engagement of non-Māori with the TCF.

5.2.7 Who could benefit and why?

Asking participants who would benefit from accessing the TCF workshop is one way to determine their understanding of the TCF. The responses varied; however, most articulated benefits to practitioners, teams, services and or Tangata whai ora. Most participants identified more than one group or person who potentially could benefit. The most common responses were:

Those Working with Māori including those working in:

- Mental health and addiction
- The broader health and social service sector
- Corrections
- Education

⁴Moodle is an internet based system for delivering e-Learning programmes for educational and training organisations.

Participants who identified, anyone or everyone as potential beneficiaries of the TCF also made particular reference to the need for non-Māori to engage with the TCF.

Management

The second largest group identified as potentially benefiting from being part of a TCF workshop was management. They were included in two ways, firstly as part of everyone/anyone working in the sector and secondly in terms of the relationship between workforce initiatives and implementation through systemic processes.

For some participants, it meant having their manager and or team leader being aware of their role in supporting competency development and assessment portfolio submission. Others included them as key to influencing organisational processes that contribute to a service delivery model that is welcoming, hopeful, complexity-capable and effective for Māori.

My Colleagues (within services)

Participants identified the need to undertake the TCF as part of a team effort if the critical mass needed to continue to engage with the TCF was to be achieved. Others saw it as a useful framework for colleagues to consider in their practice.

5.3 Post-Workshop Foci Groups – Evaluation and Champions

The participants at these fora were asked three key questions which aligned to the following:

- Identification of benefits to practice/team and or service
- Identification of implementation of learning
- Identification of barriers and solutions to implementation
- Assessing readiness for portfolio submission (assessment) and enhancing competency
- Future steps.

5.3.1 Benefits

Consistently, examples were provided from practice or service implementation. These included:

- ***Affirming the validity of Māori knowledge***

Regardless of composition and size of group there was affirmation of Māori practice as a legitimate part of clinical work. Despite the recognition of cultural competencies by professional bodies etc. - it was noted that within the service delivery domain, 'clinical' skills still remain privileged. For practitioners, the TCF enabled the integrity of practice and cultural identity.

“The TCF assists in supporting and guiding our journey through the work place.” (Participant, Taranaki Workshop)

“Championing the cause.” (Participant, Waikato Workshop)

- ***Vision and implementation pathways***

Engagement with the TCF for some participants helped identify a clear sense of self – *where I am* and *where could I be*. For others, engagement with TCF enabled a space for critical reflective practice. Predominately, participants used the space created through peer and individual activity to explore their practice and identify potential learning outcomes. For practitioners, this was crucial as part of ongoing professional and personal development.

- ***Fusion of Cultural and Clinical Practice***

A shared theme across all foci groups was the identification, realisation and articulation of activity through the TCF lens. The TCF was seen as a vehicle to promote the fusion of cultural and clinical competency that realises the aspirations of Tangata whai ora and whānau, including improved 'clinical' outcomes. For some participants, they were able to identify how they could articulate their practice in line with contractual, practice and policy directives. Some participants described changes to practice such as case noting, assessment, 'case management' and being more deliberate in aligning practice with intent.

- ***Shared language across activities, roles and Services*** – behavioural expectations

Participants reported the TCF provided a shared language between managers/team leaders and practitioners as well as across teams, services and sectors. Examples identified the utility of the TCF including shaping performance review and team processes. It was also described as beneficial in demonstrating practice as part of professional portfolio development.

Centered in a Kaupapa Māori paradigm, the TCF enabled opportunities for collaboration across roles, services and disciplines. NGOs, Provider arm and social service voices merging and reflecting in local network groups allowed the progress of new learning, understandings and application related to Tangata whai ora-centric practice.

- ***“Walking the Talk”***

The workshops enabled exploration by some participants of the linkage between the TCF and their practice. Authenticity and accountability for practice underpinned the workshops and for some, the TCF ‘space’ raised issues of congruence and the need for alignment of organisational values to, and with, practice. There were also suggestions that some organisations (or managers) sent staff to training to meet their ‘tick box’ cultural or workforce development obligations. This was seen as incongruous to the principles of accountability and authenticity espoused in the TCF – especially those who were in Kaupapa Māori services. Practitioners felt that if they were reflecting on the authenticity and accountability of their practice so, too, should managers and organisational systems ‘walk-the-talk’.

Change through innovation needs to evoke a change in behaviour at both the organisational and practice levels. The TCF appears to be a means to guide system changes and thus is a bridge between practitioner and systemic processes that supports the safety of the practitioner and the aspirations of Tangata whai ora and whānau.

- ***Inclusion***

Participants identified the applicability of the TCF across sector and inclusive of non-Māori. For some, the TCF provided a starting point to support their personal and professional development. For others the TCF was recognised as a support for non-Māori and Māori staff in growing their cultural fluency.

5.3.2 Assessing Portfolio Readiness

Participants were asked to bring three to five competencies for review to the Evaluation and Champions workshop as a way to help progress them towards assessment. The participants were asked to identify what supports had assisted them or would assist them in preparing their portfolio for assessment. Readiness for assessment is an important measure of ‘sustainability’ of workshop benefits.

There were a number of internal and external factors that impacted on the state of readiness of portfolios brought for review – particularly the time between the Introductory workshop and the Evaluation and Champions workshop. The themes participants identified most often were:

- **Service or Local Networks** – Some participants had arranged to meet within or across services to grow their competencies and assist one another in preparing their portfolios. For established TCF networks such as that within the Taranaki rohe, a specific assessment workshop was requested to progress the work of those within the network.
- **Local Sustainability** – Consistently across the foci groups, there was growing recognition of the risks of losing momentum and the need to develop sustainability and capacity. For participants, this meant developing networks that could support local and regional development. Others identified the need for critical mass within and across services to support sustainability and sector collaboration.
- **Access to External Support** – This was particularly relevant for smaller groups with limited access to Kaumātua or relevant mentorship. Having a TCF ‘booster’ was identified as helpful to clarify questions, maintain momentum and have wānanga to consolidate learning.

“There's a difference between interest and commitment. When you're interested in doing something, you do it only when circumstance permit. When you're committed to something, you accept no excuses, only results.” (Art Turock)

Another oft-occurring theme was not about preparedness for assessment but rather why people had not advanced their portfolios or pursued opportunities for further learning. The barriers to implementation and or portfolio progress included:

- Work/life balance

- Organisational support (or lack of it)
- Lack of understanding of how the TCF aligned with professional registration bodies/organisational expectations
- Support for those wanting to enhance cultural fluency
- Drop in motivation following workshop and time availability
- Lack of TCF follow up
- Lack of leadership.

The solutions identified by participants to support on-going learning and portfolio progression included:

- Participation in established networks to support portfolio progression
- Meet with colleagues within and across services that are wanting to progress portfolios
- Make time
- Kaumātua support and guidance.

5.3.3 Future Steps

Consistently, participants across the foci groups articulated the risk of losing momentum and the need to develop sustainability and capacity. For some, this meant having a sense of a greater network that could support local and regional development. Others identified the need for critical mass across services to support sector collaboration as well as sustainability. Two other responses of interest include the engagement of non-Māori from services that may not have visible cultural or TCF support. The other comment was the support for the regional alignment and cross-referencing to other Midland initiatives such as the CEP and addiction clinical qualifications guidelines.

5.4 Approved TCF Assessors

The responses related to participants reaction to the structure and intent of the training has already been covered. This section looks at other information elicited from them at the Approved TCF Assessors training workshop.

5.4.1 Readiness to Assess and Supports Needed

The participants were asked to rate their confidence to assess a portfolio and secondly what support they needed to continue assessing portfolios post workshop. Two key themes were identified: mentoring and support.

1. Mentoring from experienced assessors

This theme was referenced in over half of the responses. Having access to an experienced assessor (regional and or national) was identified as crucial for ensuring integrity and sustainability. Contact either through email; mentoring or the opportunity to sit alongside someone in the initial assessment stage was vital in maintaining confidence with TCF. The advantage of sitting with others in assessment and having an experienced assessor was beneficial in the mock and 'live' assessments in the training. Some described this as a tuakana-teina⁵ model of working. The suggestion of assessor booster sessions was also raised.

2. Local peer and collegial support

This theme was significant and identified local workplace supports (colleagues and Kaumātua), as well as opportunities to maintain contact with Assessors that attended training from their area. Clearly this also meant to be able to meet to identify how to support TCF implementation within their services.

5.5 Consolidation

Participants expressed their concern regarding the long term sustainability of gains from the workshops and more widely the implementation of the TCF without a combination of:

- Critical mass (service, local and regional)

⁵ <http://tereomaori.tki.org.nz/Curriculum-guidelines/Teaching-and-learning-te-reo-Maori/Aspects-of-planning/The-concept-of-a-tuakana-teina-relationship>

- Organisational and leadership support (particularly leadership congruency with services goals or values)
- Engagement with regional and national networks to maintain momentum.

Further they identified the need to support on-going development and capacity through two avenues:

- Contact and mentoring from experienced assessors
- Embedded localised assessor networks and workplace support.

5.6 Findings from other TCF Workshops

The Matua Raki evaluation of 2010 described the TCF as validating Māori identity, affirming of Māori processes and made irrefutable the logic of incorporating tikanga Māori into the clinical work undertaken with Māori in the mental health and addiction sectors. Participants commented on improvements to their:

- Practice
- Ability to work with Tangata whai ora and whānau
- Ability to understand the needs of Tangata whai ora and their whānau
- Ability to use Māori cultural procedures and processes
- Confidence in delivering integrated practice
- Team and service emphasis on achieving cultural competence, and
- Team and service ability to work with Māori.

The narratives indicated that engagement with the TCF appeared to be transformative for many and emancipatory for some. The lives and practice of some individuals involved with the TCF had changed – personally and professionally.

The findings and recommendations from these workshops identified that ongoing engagement with the TCF requires structural and leadership support if the gains are not to be lost. Consolidation of learning needs to extend beyond the Introductory workshops to include ‘supervision and mentoring’ activity, supporting peer-supervision groups, enabling more assessments and the development of local capacity.

This intervention (The TCF) appeared to have raised awareness, changed confidence, triggered motivation, improved technical skills and lifted the competence (in measurable behavioural terms) of those involved.

There appears to be a high degree of similarity across all the past and current feedback from workshops in terms of relevancy of content and delivery of training. Beyond the workshop as an educative intervention designed to influence or change clinical behaviour there were also similarities in concerns expressed about implementation and sustainability.

5.7 Costs

The TCF roll-out was a cost sharing model that allowed Matua Raki to prioritise the Midland Region and also contribute to ensuring regional goals were met. Expenses such as venue and catering in some areas were affected by tight timelines within the roll-out and thus limiting options after some date changes. The Rugby World Cup was also a complicating factor in terms of travel and accommodation costs.

Of all the training, the most expensive was for the Approved Assessors and the bulk of the costs represent accommodation for those from Taranaki and Tairāwhiti. The true return on investment will be realised from these Approved Assessors, supporting engagement with the TCF and demonstrating the on-going impact of the workshops through assessment at a local level.

This roll-out does not include implementation within the Lakes DHB area. If a truly regional approach was to be taken then this would need to be factored-in. Based on the cost of the workshops from the other areas of the Midland Region, it is reasonable to estimate that a basic Introductory workshop plus a follow up session could cost (excluding GST and indirect costs) between \$3-4k. Although the following costs are expressed as a total number it should be noted that some of the costs for the Midland roll-out were paid out of the Midland 2009-2010 budget underspend as approved by the Midland General Managers Planning and Funding and Maori Health. Some of the one-off funding secured by MRMHAN from Te Pou o Te Whakaaro Nui was also used.

A cost-sharing model with MMH&ARN has not precluded Matua Raki from investing time and resources into supporting local efforts and this should continue. There is a challenge for leaders and services to not rely on the MRMHAN as the only source of commitment in terms of drive, resource or even funding. A Midland TCF Implementation Plan will allow

discussions with Matua Raki (and or other potential funders) so that requisite budgets and resource can be secured. This will ensure an adequate cost sharing model can be negotiated.

The following are indicative direct costs of the Midland roll-out. They include resources for the workshops; travel and accommodation for the trainer (and where appropriate the trainees); along with venue and catering for the workshops. The following figures have been rounded up and are GST exclusive.

Figure 12: - Cost of TCF Workshops per DHB

	Bay of Plenty	Tairawhiti	Taranaki	Waikato	Total
Total Participant Numbers	33	41	48	33	155
Cost per Workshop	\$3,283	\$4,221	\$3,479	\$3,333	\$14,316
Per Participant Cost	\$99	\$103	\$72	\$101	\$92

Figure 13: - Cost of TFC Assessor Workshop

	Bay of Plenty	Tairawhiti	Taranaki	Waikato	Total
Total Participant Numbers	1	5	5	3	14
Cost per Workshop by DHB	\$80	\$1,932	\$2,303	\$80	\$4395
Per Participant Cost	\$80	\$387	\$461	\$27	\$314

Note – Participant Cost are higher for Taranaki and Tairawhiti as this includes overnight accommodations

Total estimated per person cost to the Midland Region Mental Health and Addiction Network for the roll-out of the Takarangi Competency Framework was:
\$111 per participant

6.0 Themes

The surveys and feedback loops built into the Takarangi Competency Framework workshop plus the formal and informal discussions provided rich qualitative data for thematic analysis. There are two main themes that have emerged. The first relates to the workshop, its delivery and the learning. The second theme speaks to sustainability of the learning and its contribution to the regional and national policy goals of making a difference in people's lives.

6.1 Workshops

The workshops met and exceeded the expectations of participants, enabled learning and added value to practice (self-reported). For some, this was facilitated by the 'space' and context of the knowledge sharing and knowledge transfer – the workshop. For others the learning space enabled the review of practice against intent. For practitioners, coordinators and managers alike, the shared space provided opportunities for negotiation and exploration of the integration of clinical and ethno-cultural practice in relation to Tangata whai ora.

6.1.1 The 'Learning Space'

The multidimensional use of the learning space, required participants to identify where they position themselves on the cultural-clinical continuum recognised in the TCF. It provided participants permission to explore this positioning in relation to their practice and opportunities to work across sector, service and discipline. Some identified a mix of personal and professional goals such as the validation of the fusion of the cultural world view within their clinical practice. Others identified the workshop as enabling opportunities for on-going learning and pathways to consider within practice. A consistent link to the achievement of learning outcomes was the facilitated learning space incorporating self-reflection, critical analysis and peer learning.

6.1.2 Cultural Responsiveness

In reviewing the feedback and the dialogue from various fora, it was possible to identify the emergence of two distinctive voices. These were essentially those wanting to identify an established pathway to integrate cultural and clinical competencies within their practice, and others who wanted to enhance their cultural responsiveness to Māori. While the Working with Māori – Real Skill (Te Pou) is widely available and was promoted as an option to participants, the experience

gained through engaging with the TCF learning space allowed participants to identify training needs, and pathways to integrate competencies as part of evidence for professional registration.

An option put forward was the development of modularised workshops to assist those working towards enhancing responsiveness rather than competency.

Going forward, any Midland TCF Regional Implementation Plan should consider the different intents of the TCF and develop complementary approaches. Operationally, this may be a local responsibility but should be part of the wider plan. The primary intent has, and will continue to be, the development of cultural competence within Māori services and among Māori practitioners. There is a growing intent reflected in the national and regional drivers to grow the Māori responsiveness of the wider workforce. This report has touched on non-Māori participation and engagement in the TCF and this is an issue worthy of exploration. Certainly, it reinforces the notion that Māori responsiveness is everybody's business.

6.1.3 Critical Mass

The theme of critical mass emerged in discussing both portfolio progression and support for TCF engagement at a service and or local level. The establishment of a regular support group across services and sectors (i.e. Taranaki), a fledging inter-agency support group in the Tairāwhiti and a service taking a lead in inviting TCF participants to progress portfolios (Waikato) were all local attempts at sustaining gains, not growing critical mass.

Those who attended the Evaluation and Champions fora and or the Assessors training workshop identified the benefit of having critical mass within a service or on a local level to support ongoing engagement with the TCF or advocating for it.

6.1.4 Success Factors

The collaboration between the MRMHAN and Matua Raki ensured a coordinated and cohesive roll-out. It also allowed linkages to other national and regional projects, thus aligning National Workforce Centre activity with regional drivers.

There have been a number of facilitators in the TCF national roll-out by Matua Raki including Tony Scott and Moe Milne. Irrespective of trainer, the feedback is consistently high that the content is relevant and the processes used conducive to learning.

Key to the success of the delivery of the workshop was the content. It was relevant to both the participants and to the strategic and practice drivers, and the competency progression is achievable. Learning is most likely when there is a challenge, there is opportunity for mastery of a new skill or knowledge and more importantly people can see that it will make a difference.

The workshop delivery is structured around adult learning principles and space that allows reflection, tentative exploration and critical analysis, designed to engage.

Although in the early stages of future-proofing the TCF resource development, there is potential to customise the TCF to meet provider need. The next phase of the roll out will need to consider that local needs may differ and whatever regional implementation that is undertaken will need to be cognisant of this.

6.2 Non-Workshop Themes

A number of other themes were identified which are not specifically related to the workshop. Some pose questions which bear further investigation and consideration and others reinforce the findings.

6.2.1 'Momentum Lost' and Leadership

Momentum lost was a theme particularly expressed by participants from the first Tairāwhiti and Taranaki roll-out. Their re-engagement with the 2011 roll-out demonstrated that ongoing co-coordinated and deliberate contact is essential to embedding TCF sustainably. Many participants identified leadership (either locally or within services) as critical to supporting systemic implementation. Other participants identified linkages to professional portfolios and competency frameworks as intrinsic motivation to engage with the TCF.

The bigger and stronger a network of like-minded practitioners applying TCF learning to their work, the sooner a critical mass for on-going growth and change can occur. Participants identified a number of mechanisms for building and maintaining capacity and momentum including:

- Undertaking the TCF as part of a team

- Building critical mass within and across services (including inter-sector collaboration)
- A supportive service culture that embeds the TCF into its structures and organisational culture
- Establishing a pool of Approved Assessors.

Whilst many have engaged in the Introductory workshops, there was a decline in participation in post workshop activities. This 'drop-off' is perhaps due to the perceived realities on return to the worksite. These people and services need to be given priority to re-engage with the framework and support to stay engaged. This is particularly so for the Bay of Plenty area.

Given the utility of the TCF across services and sectors better leverage should be made of this. Future planning might consider how the TCF can be used as an integrated training platform to make linkages and collaboration with other parts of the continuum of care, particularly the primary care and Whānau Ora space. A number of services with mental health and addiction contracts are also part of Whānau Ora collectives and already exploring their options in this respect

6.2.2 Organisational Culture

**“Ma mua ka kite a muri,
Ma muri ka ora a mua.”**

Those who lead give sight to those who follow

Those who follow give life to those who lead.

The tragic side of resistance to change comes from practitioners investing their hopes in change efforts that leaders fail to follow through on. The developmental path of many Māori services and initiatives are strewn with such examples and good intentions. Practitioners who have been 'burned' a few times become powerfully cynical, with good reason, because their hearts still hurt from the betrayals that came before. People need to see progress and results. Regional fora can provide regular opportunities to track progress and local innovations and collaborations.

“Scars have the strange power to remind us that our past is real.” (Cormac McCarthy, *All the Pretty Horses*)

Local level leadership and management buy-in are key features identified by participants as being crucial. Service leadership was seen as important to:

- Provide a sense of 'connect' between management and practitioners
- Provide awareness of the TCF and expectations (accountability)
- Support implementation through systemic processes to complement and enhance workforce development.

Accountable leadership and TCF-conducive structures can impact on the organisational culture – but change and innovation sometimes requires a critical mass as well as extrinsic motivators such as Key Performance Indicators (KPIs) and performance appraisal.

An implementation plan might target the first tier of workshops at service leaders from a range of services within mental health and addiction. The purpose is to inform these service leaders of what their DHB has signed up for (rationale and expectations), and what it is they will be expected to do to support their staff to engage in the TCF (including expectations post Introductory workshop).

6.2.3 Concept 'Disconnect'

Throughout the workshops, participants described the *disconnect* that occurs between intent and practice, practice and team convention/service policy. Some described challenges in identifying the linkages between practice and achievement of strategic goals. This disconnect potentially reinforces the perceived irrelevance of certain strategic goals to practice. It is perhaps at the leader-manager level that the TCF could serve as a bridge in terms of communicating outcomes in reports.

In collaboration with services and champions, a Midland TCF Implementation Plan would need to consider how participants will be supported when they return from any learning experience and try something new. Moving beyond a single training investment could involve participants being followed up post-workshop. While this is a local responsibility, a regional plan would consider how this follow-up can be supported. The follow-up will encourage and support growth and application but will also hold people accountable for their learning. This suggests that team leaders and managers have made known the expectations for application and are also invested in staff professional growth. With clear leader

expectations mirrored at regional and local levels, supportive structures and service cultures can be nurtured. In this way leaders can support a TCF-conducive environment.

“You can’t force commitment, what you can do is nudge a little here, inspire a little there, and provide a role model. Your primary influence is the environment you create.” (Peter Senge)

Using informal routes and networks includes making use of the opportunity of regional fora. It might also include reviewing how the TCF and the ultimate outcomes are being positioned and sold as changes in behaviour are often driven by interpersonal relationships and informal influence.

One way of ensuring integrity and freshness is for booster sessions to be scheduled both for those engaging with the framework and or Approved TCF Assessors. These sessions could also help prepare people for assessment as well as provide opportunities for practitioners and leaders to support one and other. In-service training has been found to be an efficient way to provide knowledge of background information, theory, and values; introduce the components and rationales of key practices; and provide opportunities to practice new skills and receive feedback in a safe training environment. There is scope to build booster sessions into in-service training sessions however with the proliferation of training and trainers there is increased risk of concept and programme drift, i.e. a loss of fidelity and integrity.

Most skills can be introduced in training but are learned on the job with the help of *mentors and coaches*, e.g. engagement, treatment planning, clinical judgment. Implementation of evidence-based practices requires behaviour change at the practitioner, supervisory and administrative support levels. A programme of sustainable implementation must consider aspects of supervision and mentoring, supporting peer-supervision groups such as those already in existence. Enabling more assessments and the development of local capacity will in some respects depend on the development of TCF Assessor and Trainer pools.

6.2.4 Whakawhanaunga

Collaboration beyond the workshop to support portfolio development, learning and Tangata whai ora-centric activity emerged as another key requirement for sustainability and long term implementation. A number of participants saw the opportunity to collaborate with other services and sectors as a natural extension of an integrated treatment and whānau ora models of care. Within this, TCF was identified as a potential common ‘operating’ language. Enhanced connectedness across services and sectors could optimise pathways for Tangata whai ora to access and navigate.

While this roll-out has primarily focused on those working within mental health and addiction, services delivering on other contracts such as whānau ora, justice and social development were identified as needing to access this or similar training to support consistency in practice and a truly integrated care model.

6.2.5 Enhancing Midland Linkages

There was some interest expressed in the various customisation of the base TCF workshop. The possibility of a range of different formats and modularisation were raised as a means of addressing a number of different but interwoven workforce development threads e.g. CEP.

6.2.6 Local Variation

The establishment of a peer network or mentoring appears to enable participants to feel a sense of continuity with the learning space created in the TCF workshop. Peer learning or supervision ‘hubs’ were evidenced in three of the DHB areas. Each hub is slightly different and reflects the local capacity and capability to support the TCF or cultural supervision available. Perhaps the most telling example of ongoing engagement with the TCF is from Taranaki where a peer support group continued to meet and progress their assessment portfolios after the 2010 roll-out. This group included Provider arm and NGO participants, Māori and non-Māori and a range of health and social care services. They (along with participants from the current roll-out) identified the desire for an ongoing follow up post the Introductory workshop, with either mentors/assessors or wānanga. A success factor for this group was the vital inclusion and support of Kaumātua. They also provided additional support and guidance to non-Māori participants.

The TCF workshop provided participants and services a lens to critically examine and re-focus their practice to guide change. The indicative markers of success signal potential impact for Tangata whai ora and whānau outcomes. The themes identified in the post Introductory workshops and fora suggest there:

- was a perception that the TCF had relevance in the work setting
- were changes made in practice and systems to reflect the learning from the workshop

- was a strengthening and development of networks and relationships started in the workshop across services and sectors
- were peer hubs set up to support and pursue TCF assessment and or workforce development.

An anticipated outcome of the workshop should be that participants apply learning within their practice. An indicator of this may be confidence to undertake assessment on the TCF. Thus a potential measure of application would be the number of portfolios submitted for assessment or organisational processes using the TCF as a form of quality assurance. Ongoing engagement as a measure of impact or effect is outside the scope of this current report.

6.2.7 Potential Limitations

Potentially, Matua Raki and or the TCF will be reconfigured in 2012-2013. To fully implement the TCF to intent and future proof against possible changes at a national level and the limited Matua Raki TCF capacity, the Midland Region must invest in its Approved Assessors and develop local training and supervision capacity. Possibly, contractors could deliver training and support the implementation across the Midland Region; however, the cost effectiveness of this will need to be examined.

If the TCF is to be embedded then it will need more than champions and support. It will need commitment from local and regional leadership. With the exception of the commitment from MRMHAN and the Lakes DHB Pou Whakarite Workforce development, the nature of the support for the TCF as a vehicle to achieve a desired future state appears minimal.

It is important to emphasise that any return on investment in training in the health and social service sector will be impacted upon by leadership, structure and the culture of a service or team. Erosion of the gains from any training occurs on return to the work setting where the new learning might not be appreciated or accommodated. Leaders need to be held responsible for holding people to account for their learning and maintaining structures and culture that allows the learning to be implemented in spirit as well as in deed.

6.2.8 Regional Approach

To some extent the approach that seems to have been taken reflects a '*Tight, Loose, Tight*' model. To adapt a quote from Chai Chuan, National director of New Zealand's National Health Board, "It needs to be '*tight*' in terms of the direction of travel, '*loose*' in terms of allowing different systems to be used locally, and '*tight*' around accountability and performance"⁶. If this is the case, the current Midland Regional approach has not fully developed the third part of the model which enables momentum at the local level through accountability. This will need to be considered in the Midland TCF Implementation Plan.

Part of the Midland Regional approach has been to link a number of its regional workforce initiatives together, thus 'normalising' Māori responsiveness and the TCF. Potentially this has the advantage of ensuring Māori responsiveness is part of strategic discussion and a perception that the TCF as a vehicle for improvement in clinical practice and outcomes has been accepted as a 'Business as usual' management activity. To move firmly to this future state from a current environment where for many, addressing culture is a tick box exercise with little relevance to outcome, requires new language around desired behaviours and practices. Establishing new norms and ways of working involves identifying key people (not just champions) and helping them to spread these messages.

Potentially the utility of the TCF to work across services and sectors positions the Midland region to utilise it as an integrated training platform. From a regional and local perspective any implementation plan needs to consider how to support local priority setting and collaborative service development within and between the mental health and addiction sectors, as well as across integrated networks that include services along the continuum of care.

In the current roll-out it is not clear how regional mechanisms of linkage can be best utilised to reinforce TCF engagement. A number of participants and services who are currently engaged with the TCF attend other Midland fora such as Ngā Purei Whakataa Ruamano and the Midland Region Addiction Advisory Group, which seem to be ideal opportunities to formally support this commitment. Without these formal opportunities in the regional space the initiative to engage and progress is a local and for some lonely one. It is perhaps too early in the implementation to see these occurring yet, however for the future, there may be opportunity to give a regional 'process nudge' to support local efforts.

⁶ National Health Board, National Director, Chai Chuah interview with ehealthspace.org editor Mark Jones at the Health-e-Nation 2011 Conference (<http://www.nationalhealthboard.govt.nz/ehealthinsider>).

7.0 Conclusion

The MRMHAN and Matua Raki believe that it is both possible and desirable to work in ways that contribute to better health outcomes for Māori. This can be achieved by introducing innovative training activities such as the TCF that develops common language and measurable performance expectations that influence practice and service delivery.

The aim of this collaborative project was to deliver a series of TCF workshops across the Midland region. The workshops are an educative intervention that shapes clinical practice by way of enhancing cultural competence and fluency. The TCF itself is both a workforce development tool and a quality assurance tool. The primary source for this report came from feedback from the participants.

The TCF workshops were not only successfully but effectively delivered. A total of 10 workshops were delivered to a range of health and social service practitioners working within mental health and addiction. Future roll-out of the TCF workshop in the Midland Region would not require major changes to the content and shape.

There has been evidence of transfer of learning in the workshop to practice. This demonstrates some effectiveness of the TCF to meet the regional needs to grow the cultural competence and fluency of the Midland workforce working with Māori. Other benefits included the development of collaborative relationships between teams, services and across sectors. These not only assisted engagement with the TCF but also potentially improve Tangata whai ora and whānau choice and service pathways. The main concern is sustainability and achievement of the long term returns on the investment in the training workshops.

What this report has done is demonstrate the validity of the markers of success identified and used. A summative evaluation would examine the impact or effect of the intervention on business and on outcomes.

The development of a Midland TCF Implementation Plan to support local critical mass and self-sustainability across the whole of the region is a must. Building local capacity (critical mass) as well as assessor capacity must also be a feature of the plan. The plan should consider the changing health and social service environment and consider how it might utilise the TCF as an integrated training platform able to link the primary care and Whānau Ora space with mental health and addiction services.

The MRMHAN believe that the reduction of Māori health inequalities and improved outcomes for Māori can be achieved by a Māori-responsive and culturally competent workforce. This report shows that the TCF can be an effective vehicle to achieve this 'future state' to have welcoming, hopeful, complexity capable and Māori-responsive services.

8.0 Recommendations

A number of recommendations have been identified:

1. To consolidate the return on training investment and support local and regional capacity and capability. This will require additional
 - Assessor workshops
 - Train-the-trainer workshops
 - TCF booster sessions (locally)
2. Continuing to work in partnership with Matua Raki to ensure further delivery of TCF workshops throughout 2012 / 2013
3. Further workshops continued to be funded by the Midland DHBs and are planned and coordinated by the Midland Region Mental Health & Addiction Network
4. A Midland TCF Implementation Plan be developed that identifies local and regional strategic objectives
5. The delivery and embedding of the TCF in the Midland region should undergo a summative evaluation if the impact on outcomes is to be truly measured and the value of the TCF appreciated
6. Further Assessors' training workshops occur to build assessor, supervision and mentoring capacity at a local level.

General Recommendations

Sustaining the returns on investment in training is influenced by factors beyond the training and includes how the training is embedded within the local and regional system and leadership. The recommendations are:

1. That ongoing booster workshops are implemented locally utilising the local Assessors to build sustainability
2. That the TCF implementation is seen as a regional initiative with local developments that are cognisant of the different states of readiness and critical mass
3. That Lakes DHB TCF becomes part of the Midland 12/13 implementation
4. That one Evaluation Form post workshop be utilised to ensure consistency of information

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Appendix 1: Midland Background

Social and Economic Snapshot

The Midland Region encompasses a unique social and economic landscape characterised by a large rural population (19.2%) and a higher percentage of people in the highest quintile of deprivation (25%) compared to the national average. It also has a high percentage of Māori within its population (consistent with the national picture this Māori population is younger in comparison to non-Māori other than Pacific). As reported in the Midland Region Health Needs Assessment (2011) the Midland profile is characterised by the following:

- 21.8% of the population are aged less than 15 years, 13.8% of the population are aged between 15 – 24 years and 50% of the population are aged between 25 – 64 years and 14.5% are over 65 years.
- The percentage of young people in the region will decrease compared to an increasing percentage of older people
- A high proportion of Māori and Pacific people (nearly half) reside in the most deprived quintile and 5% in the least deprived quintile.
- The Tairāwhiti DHB area has the highest deprivation levels, with 45% of the population residing in the most deprived quintile and 9% in the least deprived quintile.

Figure 14: - Midland Region Characteristics

(Source: Midland Region Mental Health and Addictions Needs Assessment May 2011)

	Bay of Plenty	Lakes	Tairāwhiti	Taranaki	Waikato
Land mass (m sq.)	9,649.5	9,570.4	8,355	7,944.6	21,218.8
Population	210,980	103,290	46,805	109,530	364,790
Total of Midland (%)	17	17	15	14	37
Māori* (%)	24.7	34.1	47.6	16.8	21.6
Pacific* (%)	1.3	2.5	2	1	2.5
Other ethnicity* (%)	70.9	59.6	48.7	71.9	69.8
Contracted NGO providers – MH and AOD	25	25	5	12	33

*Self-identity

Service Providers

Within the Midland Region, in addition to DHB provider arm services, there are over 100 NGOs contracted to provide a range of mental health and addiction services. As diverse as the regional landscape is, so too are the NGOs within each DHB area. Each area has a unique mix of national, regional and local organisations delivering services from a range of contracting sources (e.g. Community Corrections, Local Council, Health, Disability and Whānau Ora) as well as mental health and addiction. Compared to other regions, the Midland Region has the highest number of NGOs and Kaupapa Māori NGO providers

Appendix 2: Practice Drivers

Let's Get Real

Let's get real describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction services. It is made up of seven Real Skills:

1. Working with service users
2. Working with Maori
3. Working with families/ whānau
4. Working with communities
5. Challenging stigma and discrimination
6. Law, policy and practice
7. Professional and personal development

Each of the seven Real Skills has a broad definition and three levels of performance indicators:

- essential - for everyone working in mental health and addiction services
- practitioner - for clinicians who have worked in a service for at least two years
- leader - for people who are in management and/or clinical leadership positions

More information on LGR can be obtained at <http://www.tepou.co.nz/supporting-workforce/lets-get-real>

Health Practitioners Competence Assurance Act 2003

The HPCA Act is a driver for service and practitioner cultural competency for health professionals working in New Zealand. Most professional registration bodies e.g. New Zealand Psychologists Board, the New Zealand Medical Council, describe competency as a developmental and evolving process beginning at novice and leading to advanced and expert stages. Most define cultural competence as having the awareness, knowledge, and skill, necessary to perform vocationally oriented tasks that recognise the many worldviews and practices of oneself and those from different ethno-cultural backgrounds. Broadly aimed, many of these cultural competencies are not Māori specific however there usually is reference to the Treaty of Waitangi, cultural safety and learning goals centred on knowledge and attitudes.

One aspect that comes across all the various standards is the need for practitioners to be able to reflect on their practice and to commit to modifying practice to meet the ethno-cultural needs and context of those with whom they work.

Addiction Intervention Competency Framework

It should be noted that the seven 'Real Skills' outlined in *Let's Get Real* (MoH, 2008) are embedded into the Foundation essential competencies within the TCF. One of the Foundation Competencies is '*Working with Māori*'.

For those in the addiction sector this framework is a practice driver. Engaging with the TCF gives opportunities for practitioners wanting registration under the Addiction Intervention Competency Framework.

The Framework can be obtained from: http://www.dapaanz.org.nz/site/files/pdf/addiction_competency_may_2011.pdf

Appendix 3: Takarangi Competency Framework (TCF)

The TCF was initially developed as a Māori practitioner competency framework and arose from discussions and calls from within the addiction sector in the late 1990's to make services and practitioners purporting to be Kaupapa Māori services or working from that paradigm more accountable for what they said they did. The Māori AOD summit at Manu Ariki in 2000 saw this call vehemently taken up by the Kaumātua caucus. A small contract undertaken by Ngā Manga Puriri in Te Tai Tokerau for the Alcohol Advisory Council of New Zealand (ALAC) combined with work undertaken by Moe Milne for the Ministry of Health in 2000 were the beginnings to the development of a competency framework for Māori practitioners.

Crafting a framework that incorporated the above work plus, work undertaken by a variety of groups in the areas of nursing, social work, education and psychology was the task of the development team. The membership at that time were associated with Ngā Manga Puriri (Pam and Delaraine Armstrong; Nellie Rata, Titari Eramiha, Moe Milne and Sylvaster Leef), Matua Raki (Paul Robertson), Auckland DHB Māori Mental Health (Te Puea Winiata) and the Ministry of Health (Terry Huriwai). Contracting Moe Milne and Wayne Blisset to formulate the thoughts into a structure was a valuable step forward for the group.



Figure 15: - The TCF Development Group

Although the intellectual property of the TCF development belongs to the Roopu Kaitiaki, Matua Raki has utilised the TCF as a means of building cultural competency across the workforce. The current structure of the workshops and the development of the workshops has benefited hugely by the involvement of Klub Ngaru Ltd (Jenny and the late Tony Scott who are now also considered part of the Roopu Kaitiaki for the TCF). Currently, the resourcing and training of the TCF sits with Matua Raki who have also been able to customise the TCF for use with Public Health workers, Whānau Ora collectives and workshops relating to CEP assessment and formulation.

The TCF as a competency framework developed to apply a Māori focus is able to transcend sectors such as mental health and addiction, primary care, social service and justice. It has helped create a common understanding and operating language amongst a range of practitioners. Its customisation for use in a public health setting and more recently its adaption to accommodate the needs of a Whānau Ora collective demonstrates this.

Appendix 4: Workshop Survey Form

HE WHARANGI AROTAKE

NAME: _____

We thank you for offering your thoughts and comments around the Takarangi Competency Framework workshop and we trust that your feedback will help us to refine and improve the programme for future kaimahi, the sector, Tangata whai ora and whānau.

Ngā mihi nunui,
Na mātou

Ngā kaiwhakahaere.

What were your expectations of the training and were these met?

.....

.....

.....

Who in the sector do you believe, could benefit from the Takarangi Competency Framework, and in what way?

.....

.....

.....

Please circle the number that best expresses your opinion.

1. Pace. Was the pace of the training ...

1	2	3
Too slow	Too fast	Just right

2. Clarity The information presented in the workshop was ...

1	2	3	4	5
Unclear		clear		Very clear

3. Content and activities I found the content and activities ...

1	2	3	4	5
Irrelevant & inappropriate		Mainly relevant & appropriate		Relevant & Appropriate

4. Use of te reo Māori. In my opinion, there was ...

1	2	3
Not enough te reo Māori	Too much te reo Māori	Just the right amount of te reo

Te Taha Manaaki

Did the training venue and hosts meet your needs?

.....

Other comments

.....

.....

5. a) Are you confident enough now to give a brief and simple description of the structure and purpose of the Takarangi Competency Framework to a colleague? Yes/No

b) What 3 important points would you include in your korero to your colleague?

6. Do you feel as though you could start your own assessment now that you have completed the workshop? Yes / No Other

7. Identify any support you think you may need to continue to engage with the Takarangi Competency Framework and assessment process, after the workshop.

Ngā mihi nunui, Na mātou ko ngā kaiwhakahaere

Appendix 5: Lakes Implementation Report

From:	Phyllis Tangitu (General Manager Maori Health)
Date:	12 December 2011
Subject:	Lakes DHB Takarangi Competency Framework Training and Development 2009 – 2011

For approval For action For information

Purpose:

To provide an update on Takarangi Competency Framework training and development within Lakes DHB.

Background:

There is no nationally consistent Maori competency framework at a national level, that guides Maori health practitioners (that deliver from a Maori model of practice) in their service delivery. Considerable work has been conducted by Te Rau Matatini (TRM National Maori Workforce centre) and Matua Raki (National Addictions Workforce centre) in, developing a Maori competency framework that can support and monitor the competency of Maori practitioners.

The Takarangi Competency Framework (TCF) is a Maori competency framework that supports practitioners in delivering Māori best practice in their work and within the context of clinical practice. The TCF development initially began in the Addiction sector, however the framework has developed over time to include broader application to the general health sector. Mental health, Public health, health professional groups e.g. Social work and psychology are working with TCF.

Matua Raki through the leadership of Terry Huriwai support's and monitor's the implementation of this framework. Terry maintains and updates a national register of trained practitioners. Lakes DHB Maori Health have implemented TCF since 2009.

In 2009, Midland Mental Health network included the TCF as an action in the Midland Mental Health and Addictions strategic plan. Lakes DHB Maori Health workforce plan also included actions to implement TCF.

The implementation of the TCF is part funded and supported by Matua Raki National Addiction Centre. This support has included the provision of an initial introduction Wānanga, including lead facilitators, participant materials (Takarangi folders and publications), and support toward marae and catering costs. Ongoing development remains the responsibility of funders and providers.

The TCF training process begins with a introduction Wananga. Practitioners are required to complete a portfolio of the Takarangi competencies. There are 12 competencies, and for each competency three types of evidence are required. Evidence of direct or illustrative evidence, indirect or descriptive, and historical evidence of how the practitioner has attained the level of competence. Portfolio's are also to include examples of work activities that have occurred, and attestations by supervisors or managers who are able to articulate that the individual has completed and can demonstrate a knowledge in each area. Individuals are encouraged to include case studies, digital records, practice observations etc. Individuals are encouraged to work within peer groups (in their own organisation) to complete a portfolio.

The TCF structure has four levels:

1. Trained Practitioners: compete portfolio's and maintenance of practice
2. Trained Assessors: to assess practitioners and support the maintenance of TCF.
3. Trained moderators: to oversee overall development - train assessors, and provide

- overall leadership and support to Takarangi.
- 4. Provider Management network – to encourage and support TCF implementation.
- 5. Kaumatua Forum to support providers.

Lakes DHB Maori Health have supported the TCF through the co-ordination and organisation of training days, venue and catering. Wananga/Hui funding has also been available annually to support the Wananga/Hui catering and accommodation costs. In 2010 – 2011 and 2011 - 2012 Te Utuhina Manaakitanga Trust secured Maori Provider Development Funding (MPDS - MoH) to support the ongoing implementation of Takarangi within the Lakes district.

Lakes DHB is the only DHB in the Midland region that has been able to gain the support through MoH MPDS, working with a Maori Provider. See Appendix 1 – Participant Roles and Ethnicity for 2010 / 11 roll out.

Strategic Fit:

The TCF is being implemented across the country. An interest in the development is increasing in Maori Health and Social Services and more recently Tariana Turia (Minister of Whanau Ora) has supported the rollout for Whanau Ora.

Risks:

The implementation of TCF requires considerable commitment by individuals, providers and funders. At an individual level practitioners must complete their portfolio's and maintain a level of competence, similar to a professional development programme. There is a risk that practitioners will not commit to this development.

Organisations need to support their staff in attaining TCF, and internally support the ongoing development and maintenance at a provider level.

Building the capability of the trainers in the programme is a high need, currently Te Moemoea Ltd (Moe Milne) and Terry Huriwai (Matua Raki) are the only trained trainers.

Summary:

Maintaining best practice for the Maori practitioner workforce has been a priority for Lakes DHB. Maori providers deliver services differently and use a number of Maori models. There has been no way of checking that what Maori practitioners deliver is best practice. The implementation of Takarangi competency framework within the Lakes region was identified as a means of validating health practitioners use of Maori models.

Lakes DHB have trained 78 practitioners in TCF since 2009. Of these 30 have been assessed for competence in use of the TCF. Five practitioners are trained assessors, and five practitioners have been identified as moderators. A Kaumatua forum for Te Arawa is established and Tuwharetoa Kaumatua forum is under development.

Recommendations:

1. Summative evaluation is needed and work is currently underway through Matua Raki and Midland Mental Health & Addiction Network.
2. Lakes DHB alignment with the TCF developments in the Midlands and further afield.

Figure 16: - Attendance TCF 2010 & 2011

Lakes and Matua Raki: TCF	September 2011	January 2011	November 2010	Total
TCF Introductory workshops 2010 & 2011	15	24	16	55



Figure 17: September 2011, Owhata Marae



Figure 18: January 2011, Waipahihi Marae, Taupo



Figure 19: November 2010, Tunohopu Marae, Rotorua

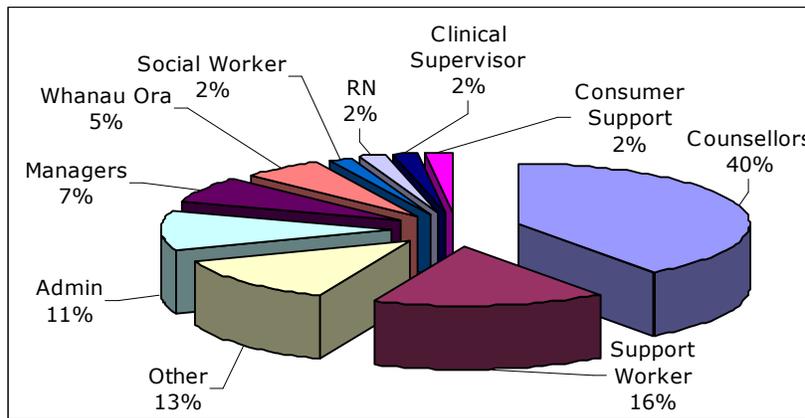


Figure 20: Lakes TCF Workshop Participant Roles – 2010 / 2011

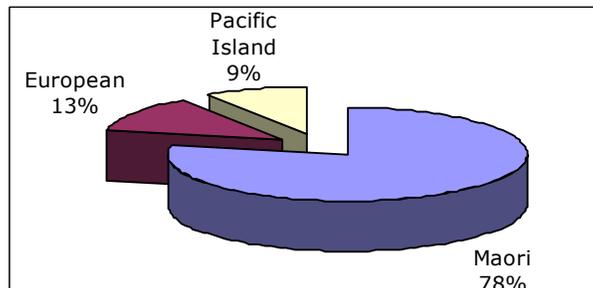


Figure 21: Lakes TCF Workshop Participant Ethnicities – 2010 / 2011

Appendix 6: Attendance By Service

Bay of Plenty

Bay of Plenty District Health Board
Huria Management Trust
Ngā Matapuna Ora
Ngāti Kahu Hauora
Ngāi te Rangi
Pirirakau Trust
Rau o Te Huia trust
Te Ika Whenua Hauora
Te Manu Toroa
Te Toi Huarewa Trust
Tuhoe Hauora
Turning Point Trust
Tuwharetoa Health Services
Vincent House Trust

Taranaki

Mahia Mai a Whai Tara
Open Home Foundation
Raumano Trust
SF Taranaki
Taranaki District Health Board
Te Kokiritanga o Te Rau Pani
Te Whare Puāwai o te Tangata Trust
Tui Ora
Tu Tama Wahine

Tairāwhiti

Challenge Trust
Ngāti Porou Hauora
SF Tairāwhiti
Tairāwhiti District Health Board
Te Kupenga Net Trust

Waikato

A&D Community Support Trust
Cambridge Communities Agencies Network
PaiAke Solutions Ltd
Raukawa Charitable Trust
Rostrevor House
Taumaranui Community Kōkiri Trust
Te Ika Whenua
Te Pou o te Whakaaro Nui
Te Rūnanga O Kirikiriroa
Waikato District Health Board