

Joanne Henare interview

MidCentral Health family and whānau advisor

Te Pū Manawa means 'the heart' and is the name of MidCentral District Health Board's (DHB) group consisting of past and present Māori members of its seven district groups (aka clinical networks) plus others with an interest in Māori health and representation.

Māori whakapapa is an essential qualification for the group, and expertise comes from a broad range of experience and knowledge: urban and rural service users, whānau, hapū, iwi, leadership, clinical and non-clinical staff, from both the primary and secondary sectors.

Joanne Henare (Ngati Wehi Wehi, Ngati Tukorehe, Ngati Mutunga) is family and whānau advisor for MidCentral's mental health and addiction services, and says Te Pū Manawa is a good example of a DHB improvement initiated by consumers – in this case the Māori members of the district groups themselves.

'Te Pū Manawa provides Māori perspectives to the clinical network structure,' says Joanne. 'It provides a platform for communication and engagement across the district groups, in that way improving consistency and connections.'

'The name is appropriate because the representatives from the different district groups go to their meetings then come back to the heart and share everything. We all know what's going on in each group and are there to help one another.'

'It is an example of a structure that can support consumer representatives, so people don't feel alone, because it can be lonely being a consumer representative. It is not as straightforward as people might think.'

'For so long, too many times, I would see a consumer representative volunteer and after a short while withdraw because they were feeling unsupported. If you have a group or structure the representative can go to, that will help them to stay and grow in those roles.'

Whether through a group such as Te Pū Manawa or other means, consumer representatives need peer support, supervision, mentoring and leadership, says Joanne.

At the same time, they and DHB staff need ongoing training and education about their roles and responsibilities to each other.

The role of consumer representatives (during service planning, design, implementation, evaluation, review and auditing) could be part of staff induction, she says, thereby signalling the core place of consumer engagement within a DHB.

Another signal could come from the chairs of meetings attended by consumer representatives.

'They should make an effort to have some time, maybe just before the meeting starts, to acknowledge the consumer representatives. That's all – it can just start with small things. Chairs need to be reaching out and building relationships with their consumer representatives. Because they're the leadership, they're the role model. What they do and how they make their consumer representative feel on their group will make all the difference.'

Consumer representatives, meanwhile, need to nurture their relationships with health professionals, says Joanne. 'Sometimes they're not that open to consumers sitting at the table. They have to feel safe too, so they will say what they're really thinking. That takes

time. You've got to be diplomatic and a good negotiator to earn that kind of trust. It's a two-way thing.'