Questions and answers

# Event: Te Tāhū Hauora: Our voices | Ō mātou reo The journey to healthy futures | 25 May 2023

**Presenters:** Wendy Dallas-Katoa, Koral Fitzgerald and Brooke Kaminski

During the presentation of [Kia Kotahi Partnership in Design](https://ccn.health.nz/About-us/Kia-Kotahi-Partnership-in-Design), audience members were able to participate by submitting questions through the Menti.com platform. Below are the questions and comments submitted.

Q: Could you speak to inviting a mana whenua representative a seat at a not-for-profit board table and the process of doing so.

When there’s a will to have mana whenua at the table, we recognise there can be limitations to people and resources, as mana whenua support all sectors, including health.

Building relationships does not happen overnight – preparedness and knowing who the mana whenua living in the area you are working with is important.

Example from Wendy Dallas-Katoa: If I was working on or developing a project for the Ashburton area, then I would start with the marae in that area (Taumutu), and they may guide you if you need other mana whenua around your table (Arowhenua, Tūāhuriri). Ultimately, it’s your job to build that relationship and engagement. This will achieve the best outcome.

Q: What's your thoughts around carrying out this process if you've already identified issues with individual engagement with whānau? Would you skip step one and move into identifying solutions together? Answer:

The steps are guidelines not constraints. If you are not able to follow the steps in order, that is ok.

It is important to give the opportunity for whānau to have all the information around a problem and connected information and allow them to use their voice. This way you are working in partnership and increasing the shared understanding before exploring solutions together.

Q: Do you have any more tips on engaging with community members?

The concept of ‘familiar face, familiar place’. People are less likely to talk to someone who doesn’t look like them. Lean into the connections you have with people and organisations who having a trusting connection with the community of interest.

Put something in place to build trust and allow people to speak freely. Allow time for this critical step to happen.

Most children who are born in Aotearoa today are not Pākehā. Who are the people they will trust to give them information and share their experiences on what service/provision works for them and what doesn’t?

A video on reflections about engaging with the community using KKPID is found here: [www.youtube.com/watch?v=Dtb\_KQhlRXg](http://www.youtube.com/watch?v=Dtb_KQhlRXg).

Q: Will we be able to receive the slides of this great presentation please and thank you?

Yes of course! Find them here: [ccn.health.nz/About-us/Kia-Kotahi-Partnership-in-Design](https://ccn.health.nz/About-us/Kia-Kotahi-Partnership-in-Design).

Q: What happens when people's health choice doesn't fit govt one size fits all? Eg, C19 vaccine mandates. Tino rangatiratanga? Kau. Equity? Kau? Mana enhancing? Kau

We cannot speak on behalf of government nor the Crown, or to the COVID mandates. However, we can see how Tino Rangatiratanga, Equity and Mana enhancing behaviour may not always be followed when urgent, potentially life-threatening matters arise that affect all people across Aotearoa. Through these events we must take the opportunity to whakamārama and reflect on what did not go so well – learn from the previous choices made as we move forward.

Q: How are you leveraging technology in general and/or digital enablement specifically?

Utilising a variety of platforms to engage with the community, whānau and individuals needs to be offered to ensure we are reducing the barriers for people to engage in the kaupapa/issue. Examples include the use of email, social media, electronic survey platforms, virtual hui/meetings.

Q: Can you say more about whether digital options for engagement are a help or a hindrance?

Further to the answer above, it depends on the person and the kaupapa, although digital engagement may not be the best or preferred choice, it may be the only way of engagement for some. Kanohi ki te kanohi is generally the best way to engage, there may be times this is not practical or safe, eg, COVID lockdowns.

Q: How long did it take from first meet to service delivery? Were there small wins along the way?

This depends on the kaupapa. However, for Pae Ora ki Waitaha, the period of creating relationships, establishing trust through to listening to communities took approximately 6 months.

Small wins? Absolutely! These small wins accumulated into big wins – including forming and strengthening relationships, capturing a broader understanding of different perspectives, and therefore growing our empathy and knowledge.

Q: How did you value whānau and community voice? Remuneration? Did you hold discussion at days and times that meet whānau and community change?

During Pae Ora ki Waitaha, engagement with people included provision of kai and koha.

When connecting with communities, we asked what time, date and location suited them and we worked around those parameters.

Q: With all the different reforms happening, what are your thoughts around over-crowding the space and overwhelming whānau with a whole bunch of codesign. How can we connect some of these initiatives?

There is work to be done to align previous co-design information that has been collected across the system. It's important to be proactive in reviewing data that has already been gathered as part of an initial scoping to what works and doesn’t work for our communities. This is also a great opportunity for us to create relationships and collaborate with other service within the health system.

Q: What are some examples of upholding Te Tiriti O Waitangi in the framework?

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. They are embedded within the values and steps of the process.

Example: Kia Kotahi Partnership in Design ensures we are working in true partnership with Māori and NOT consulting in the governance, design, delivery, and monitoring of health services. Step 1 of the framework – making sure the right people are at the table from the very start – Māori should be at those tables.

A resource on ‘Te Tiriti o Waitangi and the health and disability system’ can be found here: [www.health.govt.nz/system/files/documents/pages/whakamaua-tiriti-o-waitangi-](http://www.health.govt.nz/system/files/documents/pages/whakamaua-tiriti-o-waitangi-) [framework-a3-aug20.pdf](https://www.health.govt.nz/system/files/documents/pages/whakamaua-tiriti-o-waitangi-framework-a3-aug20.pdf)

Q: How many kaimahi (workers) work for your organisation, and at what levels?

Canterbury Clinical Network is a collaboration between MANY! The collaboration is with [signatories](https://ccn.health.nz/Who-We-Are/Alliance-Signatories), mana whenua and consumers. The current estimate of people involved across the work programmes is 300. However, within the CCN programme office, there are 12 kaimahi (both part- and full-time).

Q: Am I right in understanding that your co-design group developed the framework and then the group will engage for all future co-design projects in the region?

In September 2021, CCN's [Leadership Team](https://ccn.health.nz/About-us/Leadership-Team) agreed that the framework would be used for future design and redesign of health and wellbeing services across Canterbury.

Q: Working in a reforming health system, there is pressure to deliver equitable outcomes in such short period of time. How does this model factor in time expectations from govt to deliver? Kia ora

KKPID is a tool; the values are key; however, the process is not linear. Using the values, the process can accommodate time pressures to a certain degree; however, not at the risk of not hearing the voices of consumer and whānau.

One way is to work on actions to improve health outcomes in bite-size pieces.

Q: Did you have any iwi and/or kuia kaumatua advisory to build your beautiful framework you shared with us today? How did that come about? how long did it take? Is there plans for more advisory moving on?

Āe! There was advisory from mana whenua ki Waitaha (who at the time were the equivalent to the iwi-Māori partnership board). It took 12 months for this process to be created and endorsed through various meetings, taking feedback offered and checking the direction and intent remained true.

Q: Where do you see the Kia Kotahi ‘partnership’ and CCN moving given health reforms with iwi-Māori partnership boards, localities planning and consumer/community voice being new mechanism to Māori voices?

We have engaged and will continue to engage people in Te Tāhū Hauora and Te Whatu Ora SI&I on how to use the tool in future work on service development. The tool is free and available to any group/people/providers to use.

Educating leaders of organizations and executives on the value of consumer engagement and the time it takes to do this in an effective way.

We agree! The CCN Programme Office is available to support anyone in understanding the intent and application of KKPID.