Time for Change Te Hurihanga
Developing Peer-Governed Services
Co-design Workshops

Invercargill, 9 February 2023

On 9 February 2023 codesign workshops were held to discuss peer-governed mental health and addiction services in Invercargill. **Two workshops** were held – one for **adult services (39 attendees)** and one for **rangatahi/youth (2 attendees).**

This report presents feedback from the adult workshop first, followed by the rangatahi workshop.

Community Workshop (focused on adult services)

Facilitation, note-taking and report writing

The workshop was facilitated by **Emma Hunter and Daniel Tawaroa**. Emma is a Consultant with lived experience and Daniel is Pou Tātaki – Project Manager/Māori Equity Lead for Te Hurihanga Time for Change, Te Whatu Ora.

Dean Rangihuna (Māori lived experience leader) and **Leoma Tawaroa** (Senior Advisor Equity) facilitated group discussions around Te Tiriti and equity for Māori. **Gemma Griffin** (Project Manager with lived experience), **Clive McArthur** (Chief Executive of a youth service) and **Mary Windle** (Te Whatu Ora administration staff) took notes of the other group discussions.

This report has been written by Emma Hunter and Gemma Griffin. It is based on notes that were written by facilitators/scribes at group discussion tables, and additional notes taken by Gemma.

Time for Change

In 2021 there was a review of the mental health and addiction sector in Southern. A report was produced, called **Time for Change Te Hurihanga**. This report made a number of comments and recommendations about growing peer services and the

peer workforce. **Developing peer-governed[1] services is one of the projects to implement Time for Change Te Hurihanga.**

Introduction

The workshop began with **whanaungatanga** – all attendees were invited to introduce themselves to the group. The space was then moved from tapu to noa with karakia, and the sharing of food.

A brief introduction was given, covering the history of the Time for Change Te Hurihanga review, and the project progress so far.

Background

Two peer projects have been running at the same time. One is about **developing peer-governed services**. The other is about **developing the consumer, peer and lived experience workforce**. The two projects are connected.

A **workforce survey** was run in October across the district (Otago and Southland). It was based on Te Pou's **Competencies** for the Consumer, Peer Support and Lived Experience Workforce. The survey captured a snapshot of who is doing this work currently (including information like location and ethnicity), and what their training needs are.

Two background papers were then produced using the survey results and other key documents. These papers provided background information for a series of workshops that were held in November. **Eight workshops** were held in Invercargill, Dunedin, Cromwell and Oamaru. At each location one workshop was held for lived experience only and one workshop was held for the community.

A **draft model of care** was then produced based on the survey results, background papers, and the feedback provided by those who attended the workshops. A 'model of care' is a way of describing what type of services we need, and how they should work.

The draft model of care was released for **public consultation** from 6 December 2022 – 16 January 2023. The model of care is now being finalised based on the feedback received.

Co-design process

A powerpoint slide was presented from the Auckland Co-design Lab[2] summarising the co-design process. This graphic is included below:

---

[1] Peer governed means services where at least half of the governance members (trustees, board members, directors) have personal lived experience of mental distress and/or addiction. All of the staff also need to have lived experience of mental distress and/or addiction.

[2] Auckland co-design Lab
Collected Resources: Co-design Capability and Conditions Framework — The Lab (aucklandco-lab.nz)
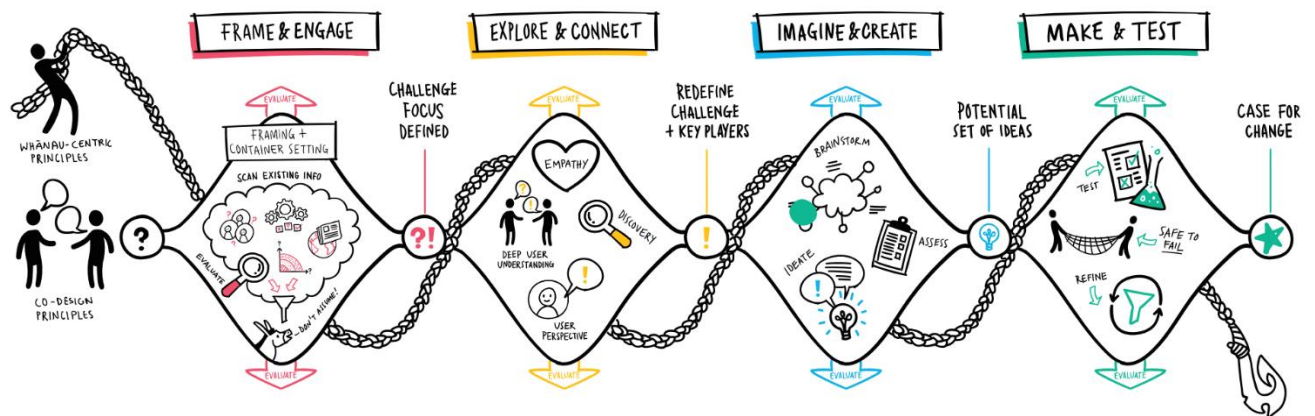
It was explained that the project has completed the "frame stage" and the "explore stage" (pulling together background papers etc). We are now at the "imagine stage". The aim of this workshop is to imagine **how the draft model of care could be implemented in Invercargill**, to meet the needs of the community here. The feedback from this workshop will also be used to develop the **final version of the model of care.**

After the workshop, Te Whatu Ora will develop concepts further (the "testing stage") and will co-ordinate a process to fund a peer-governed service in Invercargill.

During this conversation it was clarified that the resource available for the upcoming RFP (request for proposals) is 3 - 5 FTE.[3]

Values

The facilitators presented the values, principles and objectives of the model of care.

Group discussions

The group was then split into five discussion tables. Each table was given a question/s to answer. Every 15 minutes the questions rotated to a different table. Each group answered questions on five topics. The next section **summarises** the answers of all groups.

What will this service need to do to ensure the values and principles of the model of care are upheld?

Feedback included:

---

[3] Equivalent to 3 - 5 people working full-time.

It will be important that **the workforce is diverse** and that a **tikanga Māori approach is embedded.**

Management with lived experience should make themselves available to people who access the service so there is **transparency and accountability** within the organisation. The service should ensure they have a mechanisim for consistent peer / whānau feedback that informs the service.

There needs to be a **commitment to increase the number of peer workers** within the service, with identified champions who train and awhi (support) new peer workers as they transition into the service. This role should be written into job descriptions.

Peer Support Workers should have **advanced training on de-escalation and resilience strategies**. Training about peer support for other people working in the mental health and addiction sector is required.

The service needs to have a continued **focus on sustainability** and planning for the future.

The organisation needs to ensure that the service is **open, inclusive** and **accessible (no diagnosis needed).** The service should **not discriminate** between peers accessing their services - some Māori peers shared their previous experiences of racism and discrimination. **Anti-discriminatory practices** should include ensuring staff use language and resources that is easy to understand. **Help with literacy** should be offered within the service for those that require it.

The service should work in ways to **support parents** who are engaging with agencies such as Oranga Tamariki. Peers shared previous experiences of discrimination regarding their capacity to care for their children. The service should **support the involvement of whānau** and offer an environment where people can connect. Services should have an awareness of power imbalances and proactively work to counter this.

It should be possible to have **honest conversations** and to have an environment where **peers can 'feel safe' to make mistakes.**

Services should **not be time-restricted**, and **should be available 24/7**. People should be able to leave the service and re-enter again at a later date if needed. The service should have **good boundaries**.

Collaborative goals could be identified so the peers **have a clear sense of 'what we are moving towards'**. **'Safe risk-taking'** should be supported. In addition, a rigorous **crisis plan** should be provided.

The service should convey trust in every step of engagement with the peer,
fostering interdependence and nourishing good decision-making
whilst upholding the choices of the peer.

Safe spaces should be created for people to learn and grow.

*This type of engagement would allow people to build on their strengths -
described by one peer as having 'lives worth living'.*

How would you like to see peer-goverened services include family /whānau?

Feedback included:

The concept of family / whānau should be defined by the peer and the decision to include whānau should be their choice. Boundaries should be defined by the peer accessing the service.

Advisors for family / whānau should be available from the first point of contact for families and these advisors should be familar with the services.

Engagement with family / whānau should be **culturally safe** for people from all cultures within Aotearoa. Services should **ensure the role of tikanga / kawa is upheld in whānau-centred services**, for example, by asking "who can I take with me (Kaumatua)?". It would be beneficial to **create a space for family / whānau to connect** and communicate.

Services should always maintain integrity with **honest discussions with whānau** around future support and ensuring whānau understand the process of discharge. This could involve **collaborative discharge plans**.

Language should be in 'layman's terms' and should be easy to understand. This would help family / whānau to understand what services are, and what is involved.

The service should be **child and whānau friendly**, eg parents can come with their children. There should be a space with changing facilities for children.

Peer support workers should be given **appropriate training and tools to engage with family / whānau** (eg - Single Session Family Training – Te Pou).

Environment and Access:
Where does the service need to be?

Feedback included:

The service needs to be based out in the **community**, **within ED** (Emergency Department), and the **inpatient mental health unit.** It should be able to work in different contexts (for example, education).

The service needs to find ways to optimise the FTE allocation to ensure maximum output and reach. There was a strong support for **5 FTE rather than 3FTE.**

The service should be on a **bus route and low cost transport** options should be available, eg subsidised bus / taxi cards. A **transport service** could be provided to the service provider hub. **Parking** should be made available.

This service should **be integrated into mental health and addiction services** to be a buffer, or be an alternative / additional service to other services.

Rural outreach is important and the service should be resourced to be mobile. They will need cars, phones and laptops to be able to deliver services virtually.

What should the optimal operating hours be?

Feedback included:

The service needs to have an **after hours service** with **peer workers 'on-call'** so someone is always available to help when a person is 'in crisis'. Some people felt the service should be available **24/7**, others felt this wasn't feasible within 3 – 5 FTE. There was some support for the service to be "drop in".

The service should also have **access to other support services**.

What should the environment be like?

Feedback included:

The service should be able to provide **culturally appropriate settings** eg Marae-based. There should be a defined pathway for Māori where cultural models are validated.

It would be good if the service had access to **natural environments** that are tailored to natural needs. People should have access to outside spaces.

The service should be a **safe and supported space** to develop and nuture the staff. **Safety needs to be prioritisted** to manage unsafe situations.

People should be supported to make connections within the community and access a variety of activities (eg rongoa and carving).

It is important that the service **doesnt 'look like an institution'.** It shouldn't be based at the hospital.

It would be beneficial to **have a hub where young people and whānau are also welcome** and that is a safe space. The space could:

- have a kitchen **where food can be prepared and shared.** It could also offer cooking courses as many people expressed their peers were not able to cook.
- have a **garden / green space** where people are able to connect with their environment and grow plants and vegetables.
- have access to **showers** and a **laundry**.
- have **seperate spaces**, **areas to 'chill'**, and **a youth space** (with youth-related activities and resources).
- have a **low stimulus area** and a **sensory area** with things like pot plants and other visual stimulus.
- have **spaces big enough for groups** of up to 30 people, or the service should be able to hire venues as needed.
- be based in a **'friendly house'** (like a 'family home') that was central but not necessarily in the central city.

There were mixed views about having a **crisis cafe.** Some felt it would be good, others preferred a **wellbeing hub.**

What specific actions could the services do to ensure health and wellbeing outcomes are equitable for whānau Māori?

Feedback included:

Equitable actions – '**Aroha Ki Te Tangata'** - need to be demonstrated.

There should be **50/50 governance by Māori alongside those with Lived Experience.**

The serivce design should embed **Te Tiriti o Waitangi as its infrastructure /** framework which will **address systemic racism.**

Māori need to be included in policy, programme and service design.

Best practice principles such as **constant reviews** and **open clear lines of commuication** should be adopted. These should be **reviewed and independently monitiored by Māori.**

Include **Te taiao (natural environments)** as options for whānau – eg. Utilising outdoor spaces, maara kai/gardens etc. to engage and connect.

Reframe the terminology, for eg., peer support doesn't align to Te Aō Māori structures of support. Consider instead - Tuākana, teina – whānau support, manaaki tangata.

The service will need to have different approaches to engage. **There shouldn't be a 'single point' of delivery. The 'Tuakana – Teina' relationship should be embedded and Māori models of Hauora should be utilised.** The Pōhiri Model was suggested as an example of an engagement approach.

How could the services provide tikanga Māori based options around choice for whānau Māori?

Feedback included:

Cultural safety needs to be a priority, with kawa (protocols), tikanga and whakawatea.

Māori should be engaged with and consulted for guidance, advice and collaboration. Invite **Kaumātua and Kuia** to contribute and drawn upon their knowledge to guide tikanga Māori options.

Te Tiriti o Waitangi should be embedded in every process and engagement, with key principles such as **'Active Protection'.**

All staff need to have **cultural supervision.**

A **Peer-Led Framework** should be embedded from top to bottom. It should be a service that can **come to 'our people'** rather than us having to go to them. **Options and choices** in terms of access should be available and the service needs to have an **appropriate workforce** that reflects the people in the service. **People should be able to enter the services as they choose, upholding their tino rangatiratanga / autonomy.**

The environment needs to be in **a space of 'noa'** that is comfortable and conducive to whānau. The **service must be whānau-centred.** Listening and **valuing cultural repsonses will be a priority.**

The model of practice will be expressed through the use of **Te Reo** and **Tikanga** with **holistic healing approaches** such as Mirimiri utilised.

Are there any specific needs that the Invercargill community has, that need to be considered when developing peer-governed services?

Feedback included:

It was suggested that there is **stigma and discrimination** about mental illness in the community. More awareness is needed.

Some people felt that there is a **lack of awareness** of what peer support is, and a **need for more education** in the community. Resources and information need to be made available on what peer support is.

It was expressed that it is difficult to find information about services. A **community navigator** to share information and provide support across services is required.

The service should include/support **consumer leadership**, it was stated that Invercargill currently has no structured systemic advocacy.

The service needs to **work holistically with other services in Invercargill** including those that provide social support, e.g. foodbanks, washing facilities and housing support.

Examples of existing **peer support services** such as ABLE's CUMIA and Church-run peer support groups were acknowledged in this discussion.

There was strong support for **a range of activities** to be provided from arts to crafts such as wood carving, "consumer bands", pottery and harakeke. The service could **work with current resources that exist within the community.**

The service needs to have a flexible and adaptive workforce that can allow peer support workers to **go into residential services and other community providers**.

Multiple people spoke of difficulties with transportation. The service needs to **offer transportation and / or be on the public transport route**.

It was noted that there is a **lack of spaces / services for young people,** especially at transition times (such as finishing school).

There were multiple requests to **extend the RFP to Southland**, rather than focusing on Invercargill. The service may need to consider how it will **support rural areas**, including supporting people with issues / **access to technology**. The service should provide an **APP or online platform** to connect and provide services.

Some people said they **wanted a sustainable service.** The service could start small and have a long-term plan to grow bigger, and potentially expand into specialist services. They acknowledged the current challenges with **a small peer workforce in Invercargill and limited training opportunities.**

Other

Feedback included:

- Requests were made for Te Whatu Ora to support the **set-up costs of the peer service** should the applicant require it.

- Requests were made for information on how the peer service would be **monitored by Te Whatu Ora.**

- Some people felt that family / whānau should be **given knowledge and resources** to have access to anything that may effect the financial / legal issues if a person is in inpatient services.

- It was suggested that people should be able to **create their own care plans,** with support to **create networks and supports systems**. MAPS (Advanced Directives) need to be more informed and included in care plans, these also need a better set of questions that are strengths based and recovery focused. Some people said they feel the current quesitons 'feel demeaning'.

- Some felt a **respite service for mothers and children** would be beneficial.

- Specific feedback about **personal experiences** with other mental health services has not been included in this report.

Rangatahi/Youth workshop

The rangatahi workshop was held at ADL, a youth mental health and addiction service. Two rangatahi attended. We began with a **welcome from the ADL staff,** followed by mihi whakatau.

This workshop was facilitated by Emma Hunter and Daniel Tawaroa. Emma has lived experience and Daniel has cultural expertise.

This report was written based on notes taken by two Te Whatu Ora staff (Gemma Griffin and Mary Windle). It was written by Gemma Griffin and reviewed by Emma Hunter.

The facilitators began by explaining the project (see above – the first section of the community workshop report). They then presented the **values, principles and objectives** of the model of care.

This was followed by a wide-ranging discussion about peer services and the needs of rangatahi, which we have **summarised** below. In this report we have tried to use the voice of rangatahi. Both of the rangatahi who were present worked or volunteered in peer/lived experience roles and sometimes referred to their work experience in their responses.

Benefits of peer support workers

Peers can be more approachable than adults/parental figures.

A lot of the time I feel like they (peers) can say something to me that they can't say at home.

I have tried going to therapy but I tend to clam up. I'm going to therapy because I cant talk to my parents, but the counsellor has a parental vibe, so I dont want to talk.

Peers can feel less judgemental.

Often my peers tell me about using drugs. They're afraid to tell older people because if they tell them they're going to get judged.

Peers need to talk to someone.

Sometimes people just need someone to listen. Sometimes people just want to be heard, not get advice. Being heard can make people feel 10 times better. People go to their parents and get advice they didn't ask for and sometimes it makes them feel worse. I dont always know what to say but I can listen to people. Being able to talk about stuff lifts our mood up. Sometimes if the thought just stays there it can get worse.

There are benefits for the peer support worker too.

I feel good about myself because I feel needed by my peers.

The role of peer support workers

Peers could help people connect to services.

I can't always help with the problems my peers tell me, but I can tell someone for them (and awhi them). I can ask them "do you want to come with me?" and be the middle man.

Peer support workers need to promote independence.

I want my peers to feel like they have a voice, they need to learn how to be independent. We need to help them stand on their own feet and have confidence.

Workforce

There aren't enough peer support workers now.

We need to get more people into peer support worker jobs. There are people out there who would want to do it. We need to have a range of people as peer support workers, so there are people we can relate to.

Environment and service location

There aren't enough places for youth to go in Invercargill.

The museum was a good place to go but then it closed. The mall isn't really a good place to hang out because it can be busy. Town isn't always safe. We need more places to go - there's nothing.

The service should be close to town but not in town. A lot of people think about going to hang out in town, but its awkward being in town. You can feel like people are looking at you. They think "those kids are up to something". I dont like that. It needs to be somewhere off town, a bit quieter with not much foot traffic. Easily accessible but not in the main street.

People need a place where they feel comfortable to go. It would be good if it had different spaces so people could do activities.

A drop in space would be good.

The space needs to be non-clinical.

Service hours and delivery

The service should be available at night.

People can need help at any hour of the day.

The service should provide text and online support.

Its often easier to communicate through text than to write it out and voice it. All teens have a phone.

Being able to use your phone, the internet and social media at home in a familiar environment can be really good, and it also means you can be anonymous. You don't need to know who the person is and they don't need to know who you are. Its less intimidating.

On social media there is a lot of discourse due to misinformation and discouragement from influencers though.

Young people do have things to say, we do have views, that are different to what you might think. I think that we could be empowered with tools. It'd be good to be able to be both a person accessing support and the person giving support – a two-way service.

The service should provide a choice of groups and/or 1:1 support.

It needs to be a calm place where people have choices. Youth want to have the choice for themselves. To choose to do groups, or be on your own.

You need to feel like your life is your own.

Like you can make your own decisions as your own person.

Te Tiriti

The facilitators talked about the model of care and the need for it to be OK for Māori peers to be Māori in services.

Some young people are grappling with their Māori identity and experiencing racism.

I know a Māori rangatahi who is using a different name because people can't pronounce her te reo name properly.

I have friends who have "grown up white" and faced racism. They've been told – "no, you're not Māori enough".

I realised after I turned 18 that I'm Māori. No one sat me down and had that talk with me. I didn't grow up with that part of the family around me. I don't look Māori. I've learnt that it doesn't matter what you look like, its in your blood. *(In response a facilitator suggested that peer services could be a good place to explore identity and how we see the world).*

I know a Māori person whose identity was shaped by their early role models. They needed to connect to their marae and wider whānau but they didn't get this. *(In response a facilitator suggested that the service could enhance access to te ao Māori and support youth who wish to explore their whakapapa and identity. Rangatahi agreed).*

American culture is having a big influence on young people. The service needs to be aware of the influence of social media and how it can impact youth in understanding their identity.

We hear a lot about BIPOC (Black and Indigenous People of Colour – an American term) because its on social media. The American view gets pushed a lot on people online. We need better understanding of identity in Aotearoa.

Values and principles

Allowing youth to express themselves is important.

A lot of places squash our self-expression. I have piercings and dyed hair. It's becoming more popular but a lot of body modifications get looked down on. We need to be given freedom about our appearance.

As a trans person this is how I view myself. It makes me feel incomplete to not have it (dyed hair and piercings). I want to feel complete.

As my generation gets older dyed hair and piercings will become more and more allowed. It would help to see managers and leaders with different appearances. That would make youth more able to connect strongly with leaders and feel that they are understood and listened to.

Being openly queer is really rough these days. You meet people and you dont know how they're going to react. There's a lot of fear going into the world.

A group discussion followed about requiring the service to have the rainbow tick. Rangatahi also told us about facebook groups for the LGBTQIA+ community where people recommend services they've had good experiences with.

Whānau involvement

Positive feedback was given about a mental health and addiction service that a parent of one of the rangatahi had accessed. The rangatahi liked that they'd been involved in their parent's journey, that they felt acceptance and manaakitanga, that the service was holistic, and that it was a fun environment.

The service should work with whānau and provide a space for young people and whānau to connect

The service should help youth to have a conversation with whānau in a safe space, mediated by someone they trust in the service. It should give them somewhere where they're in control.

Co-design

Youth services need to take a genuine and sincere approach to co-design processes. They need to listen to what's discussed and the issues that are raised. The space needs to be representative of what has been contributed from the co-design group.