

Pacific Mental Health Workforce Development Infrastructure and Organisational Development

Feasibility Study

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TE POU O TE WHAKAARO NUI
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Glossary

ADHB	Auckland DHB
ALAC	The Alcohol Advisory Council of New Zealand
AOD	Alcohol and Other Drugs
BME	Black and minority ethnic
CBT	Cognitive Behavioural Therapy
CDHB	Canterbury DHB
CCDHB	Capital and Coast DHB (Wellington)
CMDHB	Counties Manukau DHB (Auckland)
CRRC	Clinical Research and Resource Centre
CYF	Department of Child Youth and Family
DHB(s)	District Health Board(s)
DBT	Dialectical Behavioural Therapy
ECE	Early Childhood Education
GST	Goods and Services Tax
HR	Human Resources
HRC	The Health Research Council of New Zealand
HWAC	Health Workforce Advisory Committee
Matua	A Samoan term for an elder
MHC	Mental Health Commission
MHWDP	Mental Health Workforce Development Programme
MOE	Ministry of Education
MOH	Ministry of Health
MPIA	Ministry of Pacific Island Affairs
NDSA	Northern DHB Support Agency
NZHTA	New Zealand Health Technology Assessment
NGO(s)	Non-government organisation(s)
PHO(s)	Primary Health Organisation(s)
PMHADS	Pacific Mental Health and Addictions Services (Auckland)
PPASI	Pacific Peoples' Addictions Services Incorporated
PPDF	Pacific Provider Development Fund
RFP	Request for Proposal
WDHB	Waitemata DHB (Auckland)

Executive Summary

The purpose of this feasibility study is to investigate and report on the options for implementing a Pacific mental health and addictions provider development and training programme. This included carrying out an assessment of Pacific mental health and addictions provider needs and expectations in relation to organisational development and infrastructure. In conjunction with this, the Ministry of Health's Pacific Provider Development Fund (PPDF) was assessed to determine its impact on mental health provider development.

Methodology

A review of local and international literature was undertaken. The search revealed a significant gap in literature on Pacific provider infrastructure and organisational development. However, relevant literature on Maori and overseas ethnic provider development initiatives were obtained. The principle means of information collection occurred by way of focus group discussions and key informant interviews, which were conducted with a wide range of providers and individuals nationwide. They included Pacific mental health and addictions providers, whaiora/consumers, Pacific primary healthcare providers, the mental health workforce development organisations funded by the Ministry of Health, and District Health Board (DHB) Pacific general managers and non-Pacific health leaders. Representatives from various government agencies and the private sector were also interviewed.

Lack of Sustainable Infrastructure

A number of Pacific mental health and addictions non-government organisations are lacking sustainable organisational infrastructures. The services themselves claim that this is largely due to lack of secure funding, which importantly can determine an organisation's ability to employ capable staff and managers. A skilled management team will often ensure that effective processes and structures are in place to enable an organisation to function effectively, without this, Non-Government Organisations (NGO) are operating on low capacity. Conversely, DHB-based Pacific services operate within broader established infrastructures. While this has its advantages, some Pacific DHB services state that these structures can be inflexible and stifle aspects of service delivery to Pacific clients. They report that there is dissonance at times trying to deliver culturally competent services within the confines of Palagi structures.

There is an evident shortage of suitably qualified and experienced staff at different levels of Pacific mental health organisations from governance, management, human resource personnel to health professionals. Skill shortages can impact on whether a provider is able to respond efficiently and effectively to client needs. It is well documented that there are major deficits throughout the Pacific mental health and addictions workforce.

Organisational Leadership

Studies identify that the voluntary and community sector, often built with the support of self-determining communities, are most at risk. Many of the respondents identified the difficulty Pacific services face in trying to recruit skilled Pacific

governance members. They also highlighted the challenge in attracting those with senior health management experience to work in Pacific mental health organisations, for reasons discussed above. Capable leadership is imperative to ensuring that an organisation knows the directions in which it's headed, has the structures and processes required to organise its activities and importantly, leaders influence others to create action.

Collaboration

The continuation of Pacific services may require providers to form strategic alliances with other 'like minded' organisations. An amalgamation or collaboration with other relevant organisations would be beneficial in addressing the shortfall in governance expertise among Pacific providers while also fostering closer working relationships among providers. A likely collaboration could occur with primary healthcare organisations that have much-needed clinical capacity than mental health NGO providers. However, the competitive funding regime used by DHBs can often discourage collaboration among providers.

Pacific providers and funders need to work together to address organisational development and service delivery issues. One key informant remarked that some Pacific providers need to let go of 'using the cultural argument' for non-compliance with funder accountabilities. While cultural processes and ways of doing things may require different approaches to mainstream practice, the impact this has on timely and quality delivery should not interfere with meeting the contractual obligations providers have agreed to with funders, unless prior agreement is sought.

Pacific Provider Development Fund

Mental health and addictions providers applaud PPDF and consider it necessary for their survival, although many claim that they require further resources to build their organisations. Evidence from this study supports that a review of PPDF is needed to ensure it's responsiveness to current Pacific provider needs and environmental changes. Other agencies like the Ministry of Education (MOE) provide funding for capacity building throughout the different stages of provider development. This approach enables providers to get ongoing assistance rather than one-off support. As well, MOE assign contractors to assist providers with developing their services. It was raised that the Ministry of Health should consider developing PPDF into a hybrid that funds capacity building and innovation in Pacific mental health and addictions organisations.

It is evident that the solutions to building robust Pacific mental health and addictions organisations require multi-pronged and multi-level approaches. A longitudinal study undertaken by McKinsey (2001, p.15) on thirteen not-for-profit organisations, who were engaged in capacity building over a ten-year period, gleans some important insights. The three key lessons learned are pertinent to this study:

- significant gains were achieved by organisations who reassessed and reset their aspirations, strategy and vision;
- good management consists of skilled people in senior roles who were committed to make 'capacity building' work throughout all levels of the organisation; and
- organisational development occurred over a period of time (the focus was longer-term rather than short-term).

The findings from this study suggest that a range of training and development options are required to address the organisational development needs of Pacific mental health and addictions providers. An emphasis on long-term strategies is necessary if real impact is to be achieved. Further research into Pacific provider development issues would enable the design of capacity building strategies to be derived from evidence-based information. Following is a raft of options for implementing an organisational development and training programme. It is recommended that more than one option be utilised on an ongoing basis supported with regular evaluations to assess the effectiveness of the intervention/s.

Option	Description
Option 1:	A dedicated Pacific workforce development organisation that delivers a number of targeted services including organisational development.
Option 2:	A Pacific mental health workforce web portal that includes useful templates or information (e.g. forming and governing trusts, developing and maintaining financial systems, writing proposals, etc).
Option 3:	A revised version of PPDF.
Option 4:	Formalising and expanding a network of specialised training providers in the area of infrastructure and organisational development.
Option 5:	Organisational development contractors/infrastructure specialists.
	Other options include:
Option 6:	Mentor organisations/individuals; and Host organisation.

These options are discussed in detail at the end of this report.

Introduction

The primary purpose of the Pacific mental health infrastructure and organisational development feasibility study is to investigate and recommend a range of options for implementing a provider development and training programme. These options are aimed at addressing the infrastructure and organisational development needs of Pacific mental health and addictions service providers.

The *Pacific Mental Health and Addictions Infrastructure and Organisational Development - Feasibility Study* is one of four Pacific mental health workforce studies commissioned by the Ministry of Health, Mental Health Directorate in April 2005. They include:

- Feasibility Studies
 - Pacific Mental Health Workforce Development Organisation
 - Recruitment and Retention for Pacific people
 - Pacific Mental Health Infrastructure and Organisational Development; and
- Research and Evaluation
 - Identifying Mental Health Workforce Training Needs for Pacific people.

Collectively, these initiatives aim to increase and strengthen the capacity and capability of the Pacific mental health workforce.

Objectives

The key focus of this feasibility study is to investigate and report on the options for implementing a mental health and addictions provider development and training programme specific to the needs of Pacific mental health providers. The secondary objectives include:

- an assessment of Pacific mental health provider needs and expectations in relation to organisational development;
- gathering information on existing Pacific provider development programmes delivered by various government and non-government agencies; and
- interviewing primary care providers who have participated in the Ministry of Health's Pacific Provider Development Fund (PPDF) initiative to assess likely indications of effective training and development strategies for these organisations.

Report Structure

This report is presented in two main parts. *Part One* is a document review of relevant literature pertaining to organisational infrastructure and development. *Part Two* contains the key findings from information gathered from focus group discussions and key informant interviews.

Methodology

Document Review

The document review involved the use of national and international literature as well as grey literature to conduct a critical appraisal. The document search was conducted using the following major bibliographic databases: Medline, Embase, Psycinfo, Cinahl, Current Contents, Science Citation Index/Social Science Citation Index, Index New Zealand and New Zealand Bibliographic Database.

It became apparent that there is a lack of literature on Pacific provider infrastructure and organisational development. The organisational development tools and frameworks utilised in this study, although mainstream in nature, have been used as a guide and can be adapted to Pacific mental health and addictions organisations.

The examination of national and international literature was conducted using the following searches.

- A. Pacific literature - infrastructural and organisational development in health and related social services:
 - Pacific mental health services, both in New Zealand and overseas;
 - Pacific service provision, capacity building, and evaluation programmes in other New Zealand government departments (e.g. Education, Child Youth and Family, Pacific Island Affairs, Social Development); and
 - Service provision, capacity building and evaluation programmes in other parts of the Pacific in health, education, and social development fields.
- B. International literature - infrastructure and organisational development in health services, particularly mental health services. This included:
 - representative literature on indigenous or minority groups in Canada, Australia, U.K. and U.S.A. related to development, infrastructure, capacity building and evaluation of health services.
- C. Maori literature - infrastructural and organisational development in health services including:
 - literature on general health and mental health service development and organisation, capacity building, and evaluation of services; and
 - Maori mental health workforce development.

Sources of information were obtained from the following:

- New Zealand government organisations including Health, Education, Pacific Island Affairs, Child Youth and Family, Social Development, Te Puni Kokiri and the Mental Health Commission;
- Health Canada and Canadian provincial resources for First Nations, North American Indian and Inuit health resources;
- major international mental health and addiction organisations, Pacific organisations, Asian and Pacific Islander American Health Forum; and

- Australian federal and state government aboriginal and Torres Strait islander health services and publications and the U.K. Department of Health publications.

In addition, other sources of literature were obtained by the authors of this report from relevant websites and personal collections.

The document review focused primarily on literature relevant to achieving the study's main objective. This involved looking into the area of infrastructure and organisational development pertinent to Pacific mental health and addictions organisations. The review refrains from providing in-depth information about organisational training that is currently available, as this is documented in another study in this series.

Focus Group Discussions and Key Informant Interviews

Focus group discussions and interviews with key stakeholders were the key means of information collection. Providers of mental health and addictions and primary healthcare services, opinion leaders, funders and planners, trainers, health policy specialists throughout the country were identified. They were contacted to see if they were willing to participate in the study.

Participants were initially approached and briefed about the purpose of the study. Consent forms were used in all the interviews and focus groups. An information sheet about the research was distributed to participants prior to and at the pre-arranged meetings. The focus group discussions and interview structure followed the questionnaire shown at Appendix 2. Participants were invited to share their views on the following:

- their definition/interpretation of Pacific mental health workforce 'infrastructure' and 'organisational development';
- funding options currently available to Pacific mental health and addiction providers in the area of organisational development;
- the Pacific Provider Development Fund - how they have used and found the fund and whether it has achieved its objectives;
- ways to assist with building sustainable Pacific organisational capacity;
- differences between Pacific provider non-government organisations (NGO) and mainstream NGOs in relation to organisational development;
- their impression of the 7S model as a framework to understand organisational development; and
- the feasibility of the following options for delivery of Pacific provider training development. They were asked to give a ranking (see the table below).

Table 1: Options for implementing a Pacific mental health provider development training programme.

Option	Description
Option 1:	A dedicated Pacific workforce development organisation that delivers a number of targeted services including organisational development.
Option 2:	A Pacific mental health workforce web portal that includes useful templates (forming and governing trusts, developing and maintaining financial systems, writing proposals, etc).
Option 3:	A revised version of PPDF.
Option 4:	Formalising and expanding a network of specialised training providers in the area of infrastructure and organisational development.
Option 5:	Organisational development teams/individuals who specialise in this area are contracted to support providers.
Option 6	Other options include: <ul style="list-style-type: none"> • Mentor organisations/individuals; and • Host organisation.

The focus group discussions were conducted in Wellington and Auckland. They were about one to two hours in length. The face-to-face interviews were about one hour in length and they were carried out mainly in Auckland and Wellington. Following are the lists of the focus group participant organisations and the names of key informants who were interviewed for this study.

Focus Group Participant Organisations

- Pacific NGO mental health and addictions services
 - Pacificare Trust, CMDHB
 - Lavea’i Trust, CMDHB
 - Penina Health, Counties, CMDHB
 - Vakaola Pacific Community Health Inc, CCDHB
 - Pasifika Healthcare Fono, WDHB
 - Maninoa Community Care Trust, CCDHB
 - Challenge Trust Pacific Packages of Care Service, ADHB
 - Pacifica Healthcare/West Fono, WDHB (Pacific primary care and mental health service provider)
 - Supporting Families, CMDHB.
- Northern Regions Pacific Consumer and Family Forum.

- Pacific DHB Community Mental Health and Addictions Services
 - Faleola, CMDHB
 - Isa Lei, WDHB
 - Lotofale, ADHB
 - Tupu, (an Auckland Regional Pacific AoD service).
- Pacific Primary Care Service Providers
 - Pacific Health Services, CCDHB.
 - Pacific Island Budget and Family Services, Wellington
 - Pacifica Healthcare/West Fono, WDHB (Pacific primary care and mental health service provider)
 - Southseas Healthcare, CMDHB
 - Tongan Health Society, Langimalie, Auckland.

Key Informant Interviews

Key informant interviews were undertaken with the following people:

- Lita Foliaki, Pacific General Manager, WDHB
- Margie Fepulea’i, Pacific General Manager, CMDHB
- Aseta Redican, Pacific General Manager, ADHB
- Ian MacEwan, Senior Project Manager, Matua Raki National Addictions Centre
- Metua Fa’asisila, Manager, Pacific Programmes, ALAC
- Sandra Kirby, Deputy CEO, ALAC
- Tofa Suafole-Gush, Manager, Pacific Peoples Service Development, CYF
- Dr. Debbie Ryan, Chief Advisor Pacific Health, Ministry of Health
- Lesieli Tongatio, Pule Ma’ata, Manager Pasifika Education, MOE
- Sai Lealea, Director, Monitoring and Governance, MPIA
- Malakai Ofanoa, Chair Tongan Health Society, Langimalie
- Paula Lavulo, CEO, Tongan Health Society, Langimalie
- Viliami Tiseli, Tongan Health Society, Langimalie
- Tui Tararo, Pacific Board Member, JR McKenzie Trust
- Barry Foley, Programme Manager, Winnie Maeataanoa, Administration Manager, MHWDP
- Sue Treanor, Director; Annemarie Wille, Centre Manager; The Werry Centre for Child and Adolescent Mental Health
- John Wade, NDSA Regional Housing Project Manager
- Bram Kukler, WDHB Funder/Planner
- Hamish Crook, Director, 4PM Group
- Paul Muller, CEO, Pacific Business Trust
- Geraldine Clifford, CEO, Teamanino Trust

- Kirkpatrick Mariner, Service Manager, PMHADS
- Bruce Levi, Team Leader, PMHADS.

Information on the PPDF programme offered by the Department of Internal Affairs (Lottery Grants) was taken from their website. A request for an interview was made but did not occur.

The data collected from focus groups and interviews was then tabulated and analysed to establish themes and issues. These findings are presented in the following sections of this study.

Part One - Document Review

Background

Pacific People's Health

It is well documented that Pacific peoples have significantly poorer socioeconomic status, have low educational achievement and unfavourable health statistics compared with other New Zealanders (see Table 2). Pacific peoples are less inclined to access health services compared with other New Zealanders; when they do access services they often present in late stages of their unwellness, when their symptoms are more severe (Mental Health Commission, September 2001).

High medical and prescription costs associated with health services were identified as significant barriers for accessing health services (Ministry of Health, 2004). Language differences and other barriers are also some of the factors associated with poor access to health services by Pacific peoples (Ministry of Health, 2005).

Table 2: Pacific peoples health in New Zealand

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health Outcomes						
Life expectancy at birth, 2001, years	71.5	76.7	74.1	76.3	81.1	78.7
Avoidable mortality, 1996-2000, ASR* per 100,000	771	471	604	497	318	397
Socioeconomic determinants of health						
<i>Neighbourhood deprivation</i>						
Proportion of population living in 10% of most deprived areas (NZDep01 Decile 10), 2001			42%			10%
<i>Education</i>						
Participation in tertiary education, 18-24 years, 2001			15%			32%
Proportion of adults (18+ years) with no formal qualification, 2001,			36%			28%
<i>Employment and income</i>						
Unemployment, 2004			7.9%			4.6%
Real median annual income (15+ years), 2001			\$14,600			\$18,600

*ASR=rate standardised for age by the direct method, using WHO world population as a standard. (Adapted from Tupu Ola Moui - Pacific Health Chart Book, Ministry of Health, September 2004.)

Pacific Peoples and Mental Health

Many Pacific people often associate the causes of mental illness with spiritual and familial or ancestral underpinnings. A holistic approach to mental health, which encompasses elements of family, spirituality etc, is intrinsic to the belief systems and way of life for many Pacific peoples, particularly those born in the Pacific. In this respect, care and services provided to Pacific people must take into consideration the spiritual, physical, emotional, cultural and familial wellbeing of a person (Ministry of Health, April 2005b).

Table 3: Mental health mean scores and service use

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health Outcomes						
SF-36 Mental health scale mean scores 2002/03	82.3	81.5	81.9	84.4	81.6	82.9
Mental health service utilisation, 2001, rate per 100,000:						
Substance abuse related	-	-	2	-	-	11
Day programme rehab	-	-	5	-	-	12
Community outpatient care	-	-	141	-	-	290
Mental health crisis attendances	-	-	24	-	-	44
Inpatient bed days	-	-	20	-	-	28
Forensic	-	-	8	-	-	5
Total			200			390

(Adapted from Tupu Ola Moui - Pacific Health Chart Book, Ministry of Health, September 2004.)

Pacific peoples present to mental health services late - often in an acute condition. Evidence suggests that they have a low uptake of mental health services in New Zealand (Pulotu-Endemann, Annandale and Instone, 2004). Forensic admissions for Pacific people are nearly twice the number of those in the general New Zealand population, as indicated by the table above. One can deduce from this figure that a significant proportion of Pacific peoples are introduced into mental health and addictions via the courts/justice system and prisons. This supports the notion that Pacific peoples may not be seeking help early but rather waiting until the situation becomes severe. Extreme to severe cases are complicated and often require a

multitude of clinically intense care that can be costly. Consequently, infrastructural systems such as risk management plans, policies and procedure manuals and accountability requirements need to be robust in order to effectively respond to such cases. It is also critical that staff, from management to clinical and support staff are competent and skilled.

Approximately fifty percent of Pacific people are likely to use mainstream services. Although there is indication that the unique cultural needs of Pacific people generally are not met by these services (Mental Health Commission, 2004). The lack of cultural responsiveness and difficulties accessing mainstream mental health services were identified as primary factors that impact on Pacific peoples' patterns of service use (Ministry of Health, November 2004; Pulotu-Endemann, Annandale and Instone, 2004). This trend is alluded to by the information contained in Table 4. It indicates that in 2001, of those who accessed mental health services per 100,000, Pacific peoples made up approximately thirty-four percent compared to sixty-six percent for others. The access rate for Pacific peoples is significantly high considering Pacific only comprise an estimated seven percent of the total New Zealand population.

The Pacific Mental Health Workforce

The exact number of Pacific peoples working in the mental health and addictions sector is unknown, however estimates place this figure at 175 (Mental Health Commission, 2001). Samoans comprise of the largest group of Pacific mental health workers.

Table 4: Ethnicity of Pacific mental health workers (Mental Health Commission, 2001, p.19)

Ethnicity	Number	Percent	Percent of Pacific population (1996 Census)
Samoan	75	44.9	50
Cook Islands Maori	27	16.2	23
Tongan	23	13.8	16
Niuean	20	12.0	9
Tokelauan	7	4.2	2
Fijian	3	1.8	4
Other (includes mixed)	12	7.2	-
Total	167	100	104*

* Adds more than 100 percent because people reporting multiple ethnic groups may be included in more than one Pacific ethnic group.

The majority of Pacific mental health workers are employed as community support workers, residential caregivers, nurses and social workers. There is an obvious shortage of Pacific mental health workers in all areas of the mental health and addictions sector (Mental Health Commission, 2001, p.20).

Obtaining current information on the composition of the Pacific mental health workforce proved difficult as the information is not readily available. The precise number and breakdown by occupational groups is unclear however the following table contains data from a survey undertaken in 1999.

Table 5: Pacific Mental Health Occupational Groups (Mental Health Commission, 2001, p.20)

Occupational Group	Number (n=149)*	Percent
Community Support Workers	47	31.5
Nurses	38	25.5
Residential Caregivers	26	17.4
Social Workers	7	4.7
Managers	5	3.4
Consumer Consultants	4	2.7
Administrators	4	2.7
Clinical Psychologists	3	2.0
Matua	3	2.0
Alcohol and Drug Workers	3	2.0
Psychiatric Assistants	3	2.0
Youth Workers	2	1.3
Occupational Therapists	2	1.3
Psychiatrists	1	0.7
Counsellors	1	0.7
Total	149	100

* 18 non-respondents.

Pacific Mental Health and Addiction Services

A literature review conducted by Barwick (2000) of various ethnic providers in New Zealand and from overseas, found that ethnic-specific services tended to be more

effective than mainstream services, in meeting the health needs of ethnic minority groups such as Maori and Pacific people. The review concluded that healthcare providers, who spoke the same language and understood the cultural beliefs and nuances of service users, are likely to improve the provision of services to Maori and Pacific peoples.

In recent years Pacific mental health and addiction organisations, alongside their Pacific primary health service counterparts, have emerged. These services were established to address the gaps in mainstream mental health and addiction services. Most of these providers identify as delivering holistic models of mental healthcare that are aligned with Pacific values and beliefs. Evidence to date suggests that the growth in Pacific mental health and addiction service providers has seen an increase in Pacific peoples accessing mental health services. Furthermore, there is evidence which suggests that Pacific mental health and addiction services have had some success in addressing the needs of Pacific mental health service users (Mental Health Commission, December 2002).

Obtaining accurate figures of the number of Pacific mental health and addiction services in New Zealand was problematic. However, an estimate of the number of Pacific mental health and addiction services suggest approximately fifteen services nationwide, with the majority located in Auckland. Due to the lack of current information available on the number of Pacific mental health and addictions providers, this estimated figure was derived from various published and personal sources including the Mental Health Commission (2002) and Annandale, et al., (2006). The majority of Pacific mental health and addictions services are small to medium sized NGO providers. They offer a variety of social services as well as community-based mental health and addictions services. These include:

- residential rehabilitation services;
- community support services;
- drug and alcohol services;
- anger management and violence programmes;
- gambling programmes;
- spiritual and traditional healing;
- parenting and budgeting initiatives; and
- skills/educational training programmes.

Pacific DHB clinical services provide clinical care for Pacific whaiora/consumers. The types of services they provide include CBT, DBT, counselling, psycho-therapy, psychodrama as well as psychopharmacological services for Pacific consumers and their families. Some of these programmes including those offered by NGO services are delivered in some Pacific languages (Matangi-Karsten et al., 2003).

The Structure of Pacific Mental Health and Addictions Services

The majority of Pacific mental health and addictions providers are NGO services governed by a board of trustees. The governance board generally consists of 6-12 members with various experiences and skills. A feature of many Pacific provider governance boards is the inclusion of matua as members.

Typically, a Pacific mental health and addiction service will include a CEO/general manager or manager, a team leader, a financial officer/manager, HR administrator, a matua and clinicians, including nurses, social workers and support workers. The greatest number of Pacific NGO workers are residential and community support workers. Some services also employ consumer advisors.

Pacific Provider Development Fund

The Pacific Provider Development Fund (PPDF) has been instrumental in growing Pacific health service providers. It was launched in 1998 and became part of the overall State Sector Provider Development Framework in 2001 (SSC, 2005, p.2). It was introduced in recognition of the significantly poorer health status of Pacific peoples compared to other New Zealanders. Access to health and other services were identified as a causal factor (Ministry of Health, April 2005, p.17).

PPDF is primarily allocated to seven DHBs with high Pacific populations, namely: Auckland; Counties Manukau; Waitemata; Waikato; Hutt; Capital and Coast; and Canterbury. Funding for PPDF has increased since its inception. It presently allocates \$5million for Pacific capacity building and provider development initiatives.

Table 6: PPDF Grants Funding 1998/1999-2006/2007 (SSC, 2005).

Financial Year	\$Million (Exc. GST)
1998-1999	1.0
1999-2000	1.0
2000-2001	2.5
2001-2002	5.0
2002-2003	5.0
2003-2005	5.0
2005-2006	5.0
2006-2007	5.0

The PPDF initiative is a targeted programme mandated by Cabinet and is aimed at the following:

- (a) Recognising Pacific values and principles in service development, funding and delivery;
- (b) Recognising the diversity among Pacific communities through its reflection in service development, funding and relationships with other Pacific providers;
- (c) Establishing effective and accountable relationships through Pacific people input into planning, implementation, development of appropriate best practice models and evaluation;

- (d) Strengthening the capacity and sustainability of Pacific Providers to deliver services that are appropriate for the needs of Pacific people; and
- (e) Governance and ownership of “by Pacific for Pacific” services to be responsive to Pacific community and cultural needs and to address their aspirations for self-determination and economic dependence.

In order to develop the capacity of the Pacific health workforce, the Health Workforce Advisory Committee (HWAC) recommended a multi-level and multi-sectoral approach, involving District Health Boards, Ministry of Health, Ministry of Education and other government agencies. HWAC advocates closer ties and working relationships between these and other agencies, to increase Pacific capacity in health at local, regional and national level (New Zealand Health Workforce, Future Directions, 2002).

Funding Categories

PPDF supports the development of Pacific health providers and the Pacific health workforce via three main funding grants for:

- DHB administered initiatives;
- provider development; and
- workforce development initiatives, including the Pacific Training Scholarships Scheme and a leadership development programme.

PPDF is administered by local DHBs and the Ministry of Health’s Pacific Health Branch. PPDF ultimately aims to improve Pacific peoples access to health and other social services by, assisting the development of Pacific providers and the Pacific workforce.

“PPDF may strengthen an organisations infrastructure but not necessarily sector-wide capacity because it is tagged for certain areas only”
Pacific Trainer.

Infrastructure and Organisational Development

As stated previously, there is a lack of information available on Pacific provider infrastructure and organisational development. However, existing data, although limited, suggests an urgent need to address the infrastructure and organisational needs of Pacific mental health and addictions service providers, especially in the area of financial and management systems.

The Lottery Grants Board (August 2004) recently reviewed its Pacific Provider Development Fund. The review revealed that one of the key areas that community groups and organisations who applied for this funding needed to address and improve, was financial management. In general those who are recipients of Lottery grants are small to medium sized organisations who are largely under-resourced. Although this particular funding source is mostly targeted at Pacific community groups, evidence indicates similar areas of need for Pacific health providers.

Targeted population funding schemes across government agencies ring-fenced for ethnic provider development, place an emphasis on infrastructural development.

This suggests that there is a pressing need across different sectors to strengthen Pacific organisations in the areas of infrastructure and organisational development, particularly with regard to financial management systems and organisational structures.

It is a commonly known that NGO providers, including Pacific, struggle with organisational infrastructure and development due mainly to its small size and lack of resources (McPhee and Bare, 2001). While undoubtedly there are parallels with mainstream NGO providers in this area of concern, what is unclear are the unique underlying factors that contribute to the organisational challenges experienced by many Pacific providers.

Defining Infrastructure

The online version of the Merriam-Webster dictionary defines infrastructure as ‘the underlying foundation or basic framework of a system or organisation’ (www.m-w.com). This includes resources such as personnel, buildings or equipment required for an activity, or in the case of an organisation the resources required to achieve its goals and mission. For the purposes of this study the term infrastructure refers to provider/organisational infrastructure which includes organisational resources and capabilities, people, skills, financial/management systems, facilities and structures (Eakin, 2002).

It is important to note that provider infrastructure development can be viewed at two levels - the provider or organisational infrastructure level and more broadly at a sectoral infrastructure level. Although this study focuses on provider infrastructure both are interconnected and dependent on each other.

Defining Organisational Development

Organisational development broadly refers to the activities that strengthen the ability of an organisation to build and advance its infrastructure and capabilities to achieve its objectives. According to Richard Beckhard, a pioneer in this area, organisational development is defined as a planned effort across an organisation. He concludes that it is important that this process is managed at senior level in order to increase organisational effectiveness. Further he stipulates that this can be achieved through planned interventions that target an organisation’s “processes”, using “behavioural-science knowledge”.

(Smith, 1998, p.261).

Other authoritative sources refer to organisational development as a complex strategy intended to change the beliefs, attitudes, values, and structure of organisations, so that they can better adapt to new technologies, markets and challenges. It also refers to a particular kind of change process designed to bring about a specific result. It involves organisational reflection, system improvement, planning and self-analysis (Bennis, 1989).

The Ministry of Health (December 2005, p.16) describes organisational development as a range of interrelated topics. These topics include the following.

- **Culture** - the norms, customs, values, beliefs and attitudes by which an organisation functions.

- **Leadership** - including the process of leading people and organisations that have a leadership role. Leadership can be defined and practiced in a variety of ways. In the context of this plan, it involves influencing people, networks, groups, organisations - striving to achieve the vision of the mental health and addictions workforce.
- **Management** - planning, leading, organising and controlling defined aspects of an organisation.
- **Design** - the structure, relationships, teams and hierarchies within an organisation.

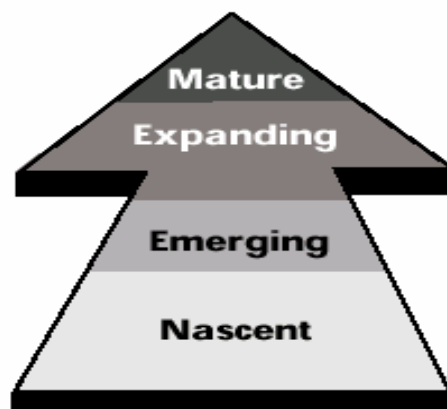
The plan also identifies ‘leadership development as a key ongoing initiative supported across the mental health and addictions sector’. This involves leadership training, mentoring, and management skills and tools that support leadership (Ministry of Health, December 2005, p.16).

Organisational Development Continuum

Organisational development is an interactive, repetitive and long-term process. It includes several distinct stages through which an organisation passes. Determining broadly where an organisation sits in terms of development, is important because it helps to identify where development efforts should be focused (Africa Youth Alliance, n.d.). Organisations may pass through different developmental stages. Some may become stagnant and remain at a particular stage, others may discontinue. These stages are listed below.

- **Start-up/nascent stage** - The initiation process or nascent stage. Different management components are at their most basic level or still being developed.
- **Development/Emerging stage** - The stage where service delivery, systems, structure, governance and other management stages are in place and functioning.
- **Expanding/growth/consolidation stage** - The stage of an established track record of achievement and recognition by other agencies, government and communities.
- **Maturity/sustainability stage** - The stage at which, the organisation is fully functioning and sustainable.

Figure 1: Continuum of Organisational Development



It is unclear which stage or stages Pacific providers are at, however anecdotal accounts suggests that the majority of NGO Pacific mental health providers are at the nascent and emerging stages of development. Other providers appear to be at the emerging to expanding stages of organisational development. It would be useful to investigate this premise further in order to design relevant and effective initiatives to enhance organisational effectiveness.

Capacity Building

McPhee and Bare (2001) define capacity building 'as the ability of [non-profit] organisations to fulfill their missions in an effective manner'. They suggest that building the capacity of community-based organisations in the non-profit sector is complicated. Others define capacity building as 'empowering activity that strengthens the ability of [voluntary and community] organisations to build their structures, systems, people and skills so they are better able to:

- define and achieve their objectives;
- engage in consultation and planning;
- manage projects; and
- take part in partnerships, social enterprise and service delivery

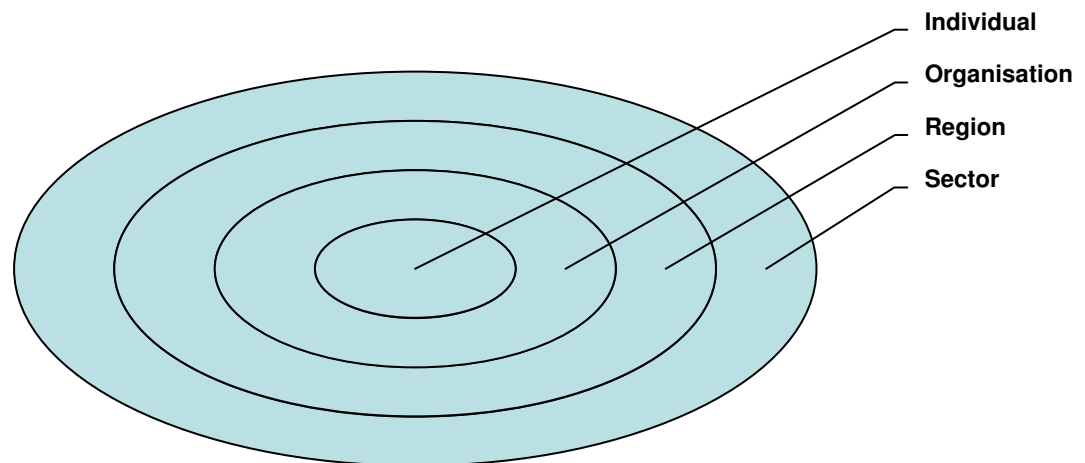
(Home Office, 2004, p.15).

Connolly (2002) describes capacity building as the process of strengthening an organisation to improve its performance and impact. Hawe et al., (1999) - specifically focusing on health - defines it as an approach to develop sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over. In the context of this feasibility study, capacity building will be viewed at a micro level, as the actions or initiatives that support Pacific mental health provider infrastructure and organisational development.

Levels of Workforce Development

A skilled and knowledgeable workforce is the linchpin to creating effective organisations that deliver high quality service delivery. The *South Australian Aboriginal Health Partnership - Health Workforce Development*, a South Australian Strategy for Aboriginal and Torres Strait Islander People 2005-2010, highlights that health workforce development is everyone's concern. It draws attention to the infrastructure or network of responsibilities of different parties at different levels to achieve a skilled and competent workforce (see Figure 2). The strategy refers to the responsibilities of an individual, organisation, region and the sector.

Figure 2: Levels of Workforce Development



- **Sector responsibilities** entail strategic planning and high level frameworks and actions that would increase collaboration and coordination in a nationwide approach to addressing issues.
- **Regional responsibilities** includes development of regional implementation plans consistent with the overall strategic direction to facilitate the provision of well coordinated and complementary services, programmes, projects and resources in such a way that is consistent with the needs of the region.
- **Organisational responsibilities** would need to utilise the regional plans to address workforce issues in their organisation and communities. This would include the development, implementation and monitoring of organisational capacity building initiatives.
- **Individual responsibilities** are of equal importance. The need to develop an interest in the subject, talk to the organisation and the sector about issues and opportunities encountered during health service delivery. For example, an individual should make the effort to seek professional development and higher qualifications.

Critical Success Factors

McKinsey (2001) conducted longitudinal case studies of thirteen non-profit organisations engaged in capacity building over a ten-year period. Three key lessons had the most significant impact on organisational capacity.

The first lesson was that the greatest gains in capacity were experienced by those who took a reassessment and resetting of their aspiration, strategy and vision. The second lesson was the importance of good management and the need for people in senior roles who have the skills and are committed to make ‘capacity building’ work throughout all levels of the organisation.

The third lesson was patience. Almost everything about capacity building took longer and was more complicated than originally expected. There were few quick fixes. In reality capacity building should be viewed as an ongoing process as improvement in one area placed unexpected new demands in other areas, which in turn, triggered new needs.

The challenges of building effective governance and leadership among NGO Pacific providers across different sectors is a strong theme that resounded throughout the key informant interviews. This has also featured in the work previously undertaken by the authors of this report with Pacific social service providers. Given the prominence of this issue and its direct impact on provider effectiveness, it is critical that further research on Pacific governance and organisational development be undertaken.

Leadership

The importance of strong leadership in nurturing and growing high performing organisations is discussed consistently throughout organisational development literature. Capable leaders are needed throughout all levels of social service organisations from board to senior management level through to those who provide on-the-ground services. Put in the simplest way, leaders may be described as those who are able to influence others to create action (De Vita and Fleming, 2001). Effective leaders are able to:

- create an environment that allows workers to perform well;
- develop strategies to engage, mobilize and inspire managers and staff;
- communicate their ideas clearly;
- be a strong advocate;
- think strategically and maintain organisational momentum; and
- effectively utilise staff and draw on the diverse skills of others internally and externally.

(Adapted from 'Integrated Health Promotion - A practice guide for service providers. n.d., p.15.)

Strong leaders will set high standards for their organisation. They will also have a great sense of ownership for the work their organisations have set out to achieve. Flexibility and adaptability are qualities of leaders who must keep pace with the constant change in trends that impact on their work (De Vita and Fleming, 2001). In addition effective leaders, particularly those in governance, seek out the appropriate resources to help make the dream of an organisation a reality, 'they articulate the dream of what can be and then marshal the resources necessary to make the dream a reality' (ibid).

Governance

Boards have the major responsibility for setting strategic directions. They create the future rather than 'mind the shop.' A board holds the ultimate responsibility for an organisation's performance.

The right mix of skills on a board is critical to ensuring that the board can draw on a capable membership. These skills often range from financial management, fundraising, marketing and communications, and legal experience.

Bugg and Dallhoff (2006) who recently undertook Canada's first governance study in the non-government and non-profit sector, identified a number of themes that emerged throughout their research. These are listed below.

- **Leadership** - The leadership role of the chair is critical and plays a crucial part in selecting and retaining the right CEO.
- **Recruitment** - Recruiting and retaining qualified board members is vital yet challenging and dealing with board member appointments can be difficult.
- **Succession planning** - Developing future board leaders and planning for CEO succession is important.
- **Role clarity** - Clarifying roles and ensuring that board members understand their fiduciary duties and responsibilities is critical.
- **Education and development** - Ongoing education and development of board members is necessary.
- **Accountability and stewardship** - The boards role will be affected and need to adapt and change as expectations and demands from donors and funders change and increase.
- **Culture** - The need to develop the right board culture and balance for a successful board culture with the rigor of policies and processes.
- **Board meeting** - Effective board meetings are critical for carrying for fulfilling the duties of the board as well as engage board members.
- **Strategic planning** - Strategic planning is a vital part of the board's role and increasing board member competency in this area is important.
- **Performance management** - Implementing performance measures to assess board effectiveness is needed.
- **Risk management** - Risk management policies, processes, and tools are important for sustainability.

(Adapted from 'Bugg and Dallhoff, 2006'.)

Learning Organisation

The notion of the 'learning organisation' is explored briefly in the *Tauawhitia Te Wero - Embracing the Challenge: National Mental Health Addiction and Workforce Development Plan 2006-2009* (Ministry of Health, 2005). The document recognises the relevance of this model to organisations in terms of development and growth. The plan also stipulates the need for further exploration of approaches to ascertain the relevancy and suitability for diverse organisations.

The 'learning organisation' has been defined by Senge (1990, p.3) as one "where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free and where people are continually learning how to learn together."

This approach is likely to be appealing to Pacific people as their cultures are often collectively based. More information about Senge's learning organisation can be found at Appendix 4.

Best Practice Model

This section provides a snapshot of a popular model pertaining to organisational infrastructure and development that may be relevant to Pacific mental health workforce development. This model, McKinsey's 7S Framework, to some degree informed this study on key issues and success factors in relation to organisational development and provided the basis for the development of key question areas.

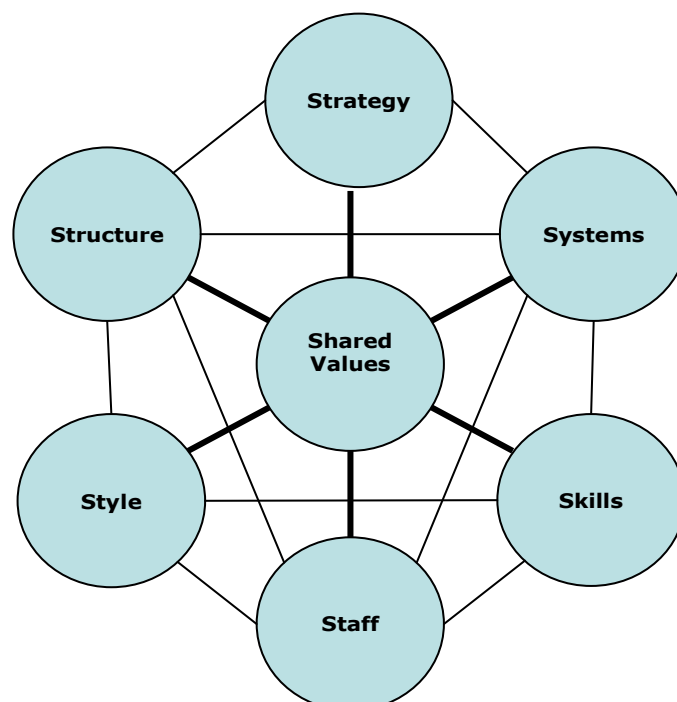
Choosing the right model/framework that is relevant to the Pacific provider context is crucial, but is not an easy task. The researchers undertook an extensive literature search. However, there is limited literature that specifically addresses Pacific workforce and organisational development infrastructure in a holistic way. The researchers aimed to not impose generic frameworks for this study, rather, it utilises key models like McKinsey's 7S Framework in discussions with various stakeholders interviewed for this study, to further identify key elements that are relevant to Pacific providers.

McKinsey's 7S Framework

Organisational development is probably one of the least understood aspects of workforce development (Ministry of Health, 2005). In order to demystify organisational development, McKinsey's 7S framework, considered by many as a foundational capacity building framework in organisational design, provides a high level framework for viewing and addressing different facets of provider infrastructure and organisational development. The framework was used to facilitate discussions in this study.

A recommendation from one Pacific mental health service provider involved the suggestion to adapt other elements that are important to Pacific peoples to McKinsey's 7S framework such as culture and religion/spirituality.

Figure 3: McKinsey's 7-S Framework



Below is a description of the elements of the framework.

- **Shared values (or superordinate goals)** are the set of values and aspirations of higher order that goes beyond the formal statement of objectives often defined by culture. For example, Pacific principles and values would need to be at the core of how the service operates.
- **Strategy** describes the actions used to improve the provider's position in response to, or in anticipation of, changes in the external environment to provide better value to the client. For example, the actions of Pacific providers are determined by their mandate to their community, funders and consumers.
- **Structure** is the basis for specialisation and coordination influenced primarily by strategy and by the organisation's size and diversity.
- **Systems** are the procedures (formal and informal) that support the strategy and structure.
- **Staff** is the people pool of resources. This includes the hard end: recruitment, retention, appraisal - and the soft end: morale, attitude and behaviour.
- **Style** represents leadership and senior management's approach - more a matter of what leaders and managers do than what they say.
- **Skills** refer to organisational skills. The distinctive competences pertaining to the organisation - what the provider does best, and ways of expanding or shifting these competencies.

In an attempt to contextualise the framework relative to this study as suggested by the participants, two further elements were included.

- **Size** - For Pacific providers, it is important to be aware that there can be 'no one size fits all' approach. Certain structures and systems that are suitable for large size organisations may not be suitable for small-sized organisations and vice versa.
- **Stakeholders** - Organisations' actions are usually affected by their stakeholders. In the case of Pacific organisations, the Pacific community is a key stakeholder that often has a role in determining the strategic direction of the organisation and the values of its members. Hence, stakeholders for Pacific providers do not sit outside the organisation's design as in the generic model, but within it.

The connecting lines in the diagram draws attention to the complexity of these different facets as they are interrelated and interdependent. For example, skills will depend on multiple factors such as structure, strategy, systems, leadership style and shared values. The skills of an individual may be better utilised to its full potential and workers are able to be trained and up-skilled when these elements are effective and functioning well.

Assessment and Monitoring

Integral to provider effectiveness is the ongoing assessment and monitoring of capacity building. This not only affirms the work of an organisation but it is also an indication for communities and funders to gauge current performance and needs. There are a number of tools, of which some are presented above, that could assist organisations to assess infrastructure and organisational development needs. Depending on available skills and resources, these tools may be used internally by a

designated person or can be conducted by an external evaluator. It is highly recommended that further research is undertaken to explore ways in which these models can be adapted to the Pacific organisational context.

The voluntary and community sector, often built with the support of self-determining communities, are most at risk. They often require ongoing help and support (Home Office, 2004).

Conclusion

This document review was undertaken to inform the primary objective of this study which was to recommend a range of options for implementing a Pacific mental health provider development and training programmes specific to their needs. Pacific mental health NGO and DHB providers play a vital role in a consumer's journey of recovery. It is critical that the services they receive are effective and of the highest quality. Furthermore, with the recent spotlight cast on targeted policies and programmes including PPDF, this research arrives at a most opportune time.

Defining infrastructure and organisational development is not always as clear cut as one might think. This document review revealed two levels of infrastructure - provider infrastructure and a sector-wide infrastructure. Although this review focuses on organisational infrastructure, both are inextricably interrelated.

Organisational development is described as broadly referring to activities that strengthen the ability of an organisation to build and advance its infrastructure and capabilities to achieve its objectives. It appears that a number of the NGO Pacific mental health and addictions providers are at the emerging stage of their development. This is useful to know in order to identify appropriate efforts on addressing the gaps in Pacific provider infrastructure and organisational development.

A range of various infrastructure and organisational development models and frameworks were presented. The ongoing issues facing Pacific mental health providers in these areas are complex, which confirms that the one size fits all approach will not work. A multi-faceted approach would be the most effective. The lack of literature on Pacific mental health provider infrastructure and organisational development renders this important subject one that requires further investigation.

It is important to highlight that organisational development can be a slow process. Questions that need to be asked include, at what stage are Pacific mental providers at? Should funding and investment be tailored for each stage? What are the immediate solutions? What are the long-term solutions? These are some of the plethora of questions that need to be resolved in order to address the organisational development needs of Pacific mental health and addictions service providers.

Key Points

- Infrastructure and organisational development takes time and approaches to address organisational needs include both short- and long-term options.
- To be effectual, capacity building must be considered and undertaken to include the different facets and levels of an organisation.

- As learning organisations Pacific providers should be able to develop where people grow their capacity to get the results they want.
- Current models and frameworks for infrastructure and organisational development should be adapted for the Pacific mental health provider context. This requires further exploration with Pacific providers' as key contributors in such an exercise.
- There is very little literature in the area of Pacific organisational development. It is recommended that more research in this area be undertaken.

Part Two - Key Informant Interviews and Focus Group

Overview

This section provides an overview of the information collected from key informant interviews and focus groups discussions with funders, Pacific mental health and health providers, consumers and other stakeholders.

It reports on the following areas:

- needs and expectations of Pacific mental health providers;
- a review of current Pacific provider development and capacity building initiatives delivered by various government and private organisations;
- options available for funding Pacific mental health provider development via DHBs and others;
- suggestions of likely indications for effective training and development strategies; and
- the extent to which training development is available and opportunities for further areas of training.

During the course of the key informant interviews and focus groups undertaken with Pacific providers, managers, funders and planners, themes emerged about their needs and expectations. However, in some cases there were distinct differences between the needs and expectations of Pacific non-government mental health services and Pacific DHB mental health services.

Pacific Mental Health Provider Needs and Expectations

“Pacific providers punch way above their weight!”

Opinion leader.

Participants were asked to describe the needs and expectations of Pacific mental health and addictions service providers with regard to infrastructure and organisational development. Providers agreed that the greatest need in these areas was lack of funding. There was resounding support for more financial resources to be invested in Pacific mental health.

Resources

Lack of resources is a major concern for Pacific providers. This includes financial and management systems resources but most critical of all is the lack of skilled human resources. While Pacific providers recognise the importance of good systems and management practice, most acknowledge the lack of suitably qualified people ranging from mental health support workers to administrators and managers, as a major contributor for why so many service providers struggle.

*“You can have all the appropriate systems in place
but if you don’t have the right people it’s no use”*

Opinion leader.

As one opinion leader expressed, current Pacific capability falls well short of the needs of Pacific mental health and addictions service users. There was overall agreement from the research participants that more resources need to be invested in the Pacific mental health and addictions sector.

Current Funding Approaches

Pacific providers in this study stated that current funding approaches do not consider the Pacific mental health and addictions context. Funding should be ongoing rather than one-off initiatives. There needs to be a change in attitude and ongoing dialogue between funders/planners and Pacific providers. Discussions about reviewing funding approaches to meet the needs and expectations of funders and providers need to occur. Current funding approaches according to some Pacific health administrators, are framed in a competitive way yet there is expectation from funders for Pacific providers to work collaboratively. However, according to some Pacific leaders, Pacific providers need to take a good look at themselves and take responsibility to ensure that they deliver effective services.

The challenge for Pacific providers is treading that fine line between maintaining good business practice, while delivering culturally appropriate and effective services for the amount of funding they receive. Pacific mental health and addictions service providers, including Pacific managers and key opinion leaders, agreed that the current investment in Pacific mental health falls well short of addressing these needs and concerns.

“Sometimes funders expect a \$50 outcome for \$10 funding - it’s unrealistic if we want to deliver a truly Pacific service!”

Pacific Service Manager.

Training

Most Pacific mental health and addictions service providers in the study reported that training programmes pertinent to infrastructure and organisational development such as governance and strategic planning were relatively accessible. On most occasions Pacific providers contracted private trainers to deliver in-house governance training programmes. Informal workshops/seminars were reported as the most common form of training utilised by Pacific providers, as they find these courses are cost-effective and convenient.

Pacific mental health and addictions providers stated that finding time to undertake training was a barrier. Some Pacific staff undertake formalised training through tertiary institutions. Respondents claim that these studies take longer to complete and are more expensive. Work commitments, family responsibilities, church and community obligations impact on the availability of staff to attend training programmes. Finding replacements while staff are on study leave can be problematic for providers. Pacific providers have to be creative and flexible within these constraints, however this can place a burden on resources and their ability to function.

The lack of training programmes available in Pacific languages highlights another training need reported by a number of Pacific staff and providers. Some Pacific providers employ a large number of older Pacific immigrant staff. They also recruit board members from this segment of the Pacific community. This gives rise to the

need for appropriate and relevant training initiatives, and tailored training tools in Pacific languages. Current infrastructure and organisational development training programmes need to be tailored and delivered in a manner that is relevant to Pacific and easily accessible.

Some participants claim that governance training funded through PPDF requires review as this training it would appear, is not effectively presented. One Pacific trainer reported that while training is important, people's attitudes and behaviours needed to change as well, otherwise old habits remain. The implications here is that a range of interventions are required to bring about change. However, there was agreement from the participants that ongoing high quality training is vital to the growth and development of their organisation.

*“One size does not fit all - we need room to be flexible to our needs.
It's about meeting us half-way”*
Pacific Service Manager.

Community Ownership

Pacific leaders, managers and other key stakeholders in this study agreed that Pacific providers are largely motivated by community commitment and a strong desire to provide advocacy. Pacific providers often place a strong emphasis on communication or interface with the communities they serve. These shared values are embedded within the psyche and culture of Pacific organisation and is advantageous in allowing providers to work well with consumers and their families and the community at large. This closely bound relationship often renders a sense of ownership of Pacific mental health and addictions service providers by the community. In effect, Pacific service providers are not just accountable to consumers, their families and funders but they are also answerable to the community at large. The community is a key component of Pacific provider infrastructure and organisational development. Some Pacific providers in this study state that there are times when these expectations can be challenging. Pacific leaders in the sector often wear numerous 'hats'. For some, this has the potential to cause burn-out. Current funding approaches may not consider these circumstances.

Collaboration and Partnerships

Pacific mental health and addictions service providers continually struggle to fill positions in management (including accounting and finance), and at governance level. Pacific managers stated that they've resorted to employing non-Pacific staff to fill some of these roles, although they would prefer to employ Pacific staff who often have dual competencies. A number of Pacific health administrators and key informants proposed the notion of Pacific mental health and addictions service providers collaborating and pooling their resources together to address their infrastructural needs. Others suggest the idea of partnering or merging boards with other more established organisations. Employing skilled and qualified mentors to provide guidance at governance level was also suggested .

Core Responsibilities

“Providers need to do the work that they’re supposed to do, report when they’re supposed to report and use the funding as they agreed to!”

Pacific General Manager.

Pacific peoples often view health in a holistic manner. Mental health workers report that for consumers and their families to receive care that meets their needs, they will often perform tasks beyond their contractual requirements. However, some Pacific health leaders argue that Pacific providers need to realise their core responsibilities and learn to operate within their contract specifications. There is a sense, according to some Pacific health administrators that Pacific providers may place too much emphasis on culture, which is to be applauded but often they lose sight of what they are supposed to do. It would be helpful for Pacific providers to gather evidence of the extra work that they do, to highlight to funders and planners that additional resources is required.

Governance

Respondents identified governance as one of the most critical areas that requires immediate attention, especially for Pacific NGO mental health and addictions services. It was felt that there is a lack of suitably qualified and skilled Pacific individuals available to serve on boards, in governance roles. Some of the existing Pacific board members that are qualified and experienced may serve on other boards already and are in demand.

“We need to glamorize governance - we need to talk openly about the needs and educate people that governance is an essential component of community groups and organisations”.

Pacific CEO.

Some Pacific opinion leaders suggest that providers need to be innovative and search beyond the mental health sector for options to recruit and attract skilled Pacific individuals to serve on boards. At the very least, contract those who are experienced trainers to provide training and guidance for their board members. Existing board members need ongoing governance training to ensure they are well versed in their roles and responsibilities. It was suggested that there should be incentives to attract skilled Pacific individuals to accept governance roles. The need for appropriately skilled board members is critical because they determine the vision, survival and growth of the organisation.

Quality Systems and Accountability

Quality systems and accountability are some of the critical infrastructure and organisational development needs identified by Pacific providers. According to some Pacific opinion leaders and health administrators, Pacific providers need to address quality management and quality control issues. One opinion leader reported that often Pacific providers think salaries first and may overlook set-up costs. This includes establishing quality management systems and putting in place accountability mechanisms.

Many Pacific providers acknowledge that these areas require major improvement. They agreed that these issues are complex and need frequent revisiting. A Pacific

manager highlighted that this is not just a Pacific provider problem per se, rather one may only look at high profile examples such as the Enron company, the TVNZ board, to realise this. The point being made here is that these are issues that affect Pacific organisations as well as others. However, as current frameworks and approaches for solutions are mainstream orientated it would be prudent to further investigate ways in which these approaches can be adapted, to address some of the issues facing Pacific organisations, especially in the mental health and addictions sector.

Pacific Mental Health NGO and DHB Services

While NGO and DHB needs and expectations of Pacific mental health service providers are similar across the board there are some distinct differences in relation to infrastructure and organisational development needs.

Pacific NGO Services

Government is increasingly turning to NGOs as partners in meeting the needs of the community. This has expanded the role of NGO providers with increased expectations of accountability. Government and DHBs seek evidence of NGO service delivery and programme effectiveness. Pacific NGO mental health services provide residential and community support services for Pacific whaiora/consumers and their families. In conjunction with Pacific DHB services, they aim to support whaiora/consumers to live well in the community.

Recruiting and Retaining Staff

Attracting and keeping skilled staff is a challenge for Pacific NGO mental health and addictions service providers. Some study participants stated that there is a perception that Pacific DHB services offer better employment opportunities. A number of Pacific NGO providers reported that even when existing staff are supported to undertake further training, once they become qualified they are often lured away by the prospect of better pay and opportunities offered by DHB services. Moreover, some Pacific NGO mental health and addictions service providers in this study admitted that the perception among health workers is that DHB services are regarded as being of higher status and seen as more prestigious.

Most Pacific NGO mental health service providers are small and struggle with maintaining administrative responsibilities as well as delivering quality services. Often they have difficulty with attracting qualified staff. Some argue that Pacific providers, who serve primarily the migrant Pacific populations, may not appeal to young New Zealand-born Pacific peoples. Workforce capability contributes to ongoing infrastructure and organisational development issues according to some Pacific managers and other stakeholders in this study. Although there was suggestion from one Pacific leader that perhaps change is required at the helm of Pacific providers.

“The tragedy is that a lot of our Pacific leaders with the skills to start with are not the ones to interface with bureaucracy and contracts...we need to have the courage to move people on in a dignified manner”

Pacific leader.

Pacific DHB Services

Pacific DHB community mental health services provide clinical management of Pacific consumers who are acutely unwell and their families. They may work closely with Pacific NGO services to provide care and support for clients in the community. These services are part of a broader DHB infrastructure. This can be beneficial in providing sound infrastructural support, having established HR and management systems. However, most of those interviewed concede that despite these advantages there are challenges.

DHB Infrastructure

Pacific DHB providers operate within the confines of a mainstream DHB structure. While the benefits of being supported by a large infrastructural framework may appear obvious, it is not always the most conducive environment for operating in culturally appropriate ways, respondents reported. Factors such as spending longer face-to-face sessions with each client and working intensively with families may differ from mainstream practice.

Pacific DHB services interviewed for this research report that DHB infrastructures need to be flexible and align closer to Pacific service delivery models. Within the DHB fraternity there is a strong emphasis on delivering excellent clinical service as determined by the medical/clinical model. While important, it is also vital that Pacific approaches to mental health and health services in general are considered.

Some Pacific DHB services have managed to overcome these barriers by sharing clinical expertise and cultural competence within their teams. A Pacific psychiatrist recently proposed the notion of “collective competency” referring to utilising a team approach within their service when working Pacific clients and their families with regard to cultural matters (cited in Southwick and Solomona 2006). In addition, having access to resources, well qualified staff, management support and effective leadership are key factors to their success.

However, the challenge remains for many Pacific DHB providers of finding a balance between clinical excellence and cultural appropriateness that will enable them to aid the recovery of Pacific whaiora/consumers.

Pacific Provider Development Fund and Capacity Building

Overview

As part of this research project, interviews were conducted with Pacific teams and leaders from government and other agencies to discuss Pacific provider development and capacity building initiatives. The purpose was to ascertain the key success factors and challenges of these programmes within their respective organisations. Excerpts from key informant interviews and Pacific mental health and addictions services who deliver social services as well, have been sought. Where available, supporting information was obtained from literature and other sources.

It must be noted that this overview is not comprehensive, such an undertaking is beyond the scope of this study although it does provide the basis for future in-depth investigation. Rather, it offers a general overview that may be useful in developing strategies to address the infrastructure and organisational development needs of Pacific mental health and addictions service providers.

The table below provides a brief overview of Pacific provider development and capacity building initiatives offered by various government and other agencies.

Pacific Capacity Building Initiatives

Table 7: Overview of Inter-sectoral capacity building initiatives

Agency	Pacific capacity building	Outcomes
<p>Child Youth and Family (Source: Key informant interview)</p>	<ul style="list-style-type: none"> • CYF share resources and work collaboratively with other government agencies. • Focus is on strengthening small numbers of providers. • Funds cultural awareness training programmes and a range of organisational development training; for example, strategic planning and financial management training. • Funders/planners and providers are encouraged to work together. 	<ul style="list-style-type: none"> • Improved service delivery. • Increased awareness of Pacific cultural beliefs and values by staff. • Impact of reducing providers yet to be determined.
<p>Ministry of Education (Source: www.ece.govt.nz and key informant interview)</p>	<ul style="list-style-type: none"> • Has no specific PPDF initiative however, it provides provider development resources for its ECE centres. • Maintenance of language and culture seen as key reasons why Pacific community groups establish ECE centres. • Provides funds for the establishment and development of Pacific ECE centres at different stages. It provides: <ul style="list-style-type: none"> – <i>Planning grants</i> - for developing and submitting proposals, cover design costs, architect fees, resource consent etc; – <i>Building grants</i> - for builders fees, materials, quantity surveyors fees etc; and 	<ul style="list-style-type: none"> • The numbers of Pacific ECE centres have increased. • Growing evidence that Pacific culture and languages among New Zealand Pacific are increasing.

Agency	Pacific capacity building	Outcomes
	<ul style="list-style-type: none"> - <i>Health and Safety grants</i> - funds compliance to regulations efforts, removal of unsafe materials, leaky building repairs etc. • Group contribution - recipients of the funding are expected to contribute ten percent towards the cost of the project. This may be in the form of monetary contributions, donated time or materials. • Other supports include the following. <ul style="list-style-type: none"> - Access to professionals, advisors, such as architects, builders, accountants etc. - Pasifika ECE coordinators are allocated to each centre. They provide advice and guidance throughout the development process. - Information pamphlets are available. - A website with necessary business information including templates, budgeting samples etc are provided. • ECE centres can be registered as a quality centre if they meet certain standards in offering quality programmes, having good management systems etc. 	
<p>Lottery Grants Board (Department of Internal Affairs) (Source: www.dia.govt.nz)</p>	<ul style="list-style-type: none"> • Provides PPDF targeted at Pacific community groups. This contestable funding is aimed at improving their ability to become self-sufficient and sustainable. • Information, application forms and guidelines are available on their website. A free 0800 number is also available. • Provides information pamphlets for community groups. 	<ul style="list-style-type: none"> • The Lottery Grants Board has revised its PPDF process based on a recent review. The review discovered that community groups struggled with management and financial control issues.

Agency	Pacific capacity building	Outcomes
JR McKenzie Trust (Source: Key informant interview and www.jrmckenzie.org.nz)	<ul style="list-style-type: none"> • Pasifika funding advisors are also available to assist groups. <hr/> <ul style="list-style-type: none"> • Funds Pacific community groups to strengthen their governance, management skills and structures. • Has information available on its website. • Pacific community groups are able to apply for other funding as well. 	
Ministry of Health (Source: Key informant interview and literature)	<ul style="list-style-type: none"> • PPDF is distributed by DHBs and the Pacific Health Branch, MOH. • PPDF administered by DHBs to fund workforce development, organisational development and infrastructure, quality improvement and new innovative initiatives/projects. • Nationally, PPDF funds: <ul style="list-style-type: none"> – National provider development for non-priority DHB Pacific disability support services; – National fono; – Pacific health leadership development; – Pacific health awards and scholarships; and – Support Pacific health professional organisations. • A portion of PPDF is allocated for strengthening and improving the infrastructure and development of Pacific providers. 	<p>Based on a recent ministerial review, PPDF has achieved the following:</p> <ul style="list-style-type: none"> • Enabled 75 Pacific people to complete Institute of Directors courses and 20 Pacific people to receive a certificate in company direction. • Three Pacific PHOs, two major partnerships with mainstream PHOs and community partnerships with churches and other groups to promote and advance health initiatives, were established. • Enabled more Pacific people to serve at board level in Crown entities in the health sector, such as DHBs and the Health Research Council. • Enabled more Pacific people to participate in key ministerial committees and Ministry of Health consultative and advisory groups.

Agency	Pacific capacity building	Outcomes
	<ul style="list-style-type: none"> • Research grants - a Pacific Health Branch and HRC collaboration. 	<ul style="list-style-type: none"> • Supported the growth and development of Pacific professional and support organisations such as the Pasifika Medical Association, the Samoan Nurses Association of New Zealand, the Cook Islands Health Network.
Key Points		
<ul style="list-style-type: none"> • A hybrid of funding approaches are utilised by different agencies. • Governance is a critical issue across agencies. • Capable and highly skilled workforce is needed, particularly in infrastructure and organisational development. 		

According to Pacific providers interviewed for this study PPDF has enabled them to accomplish a number of goals and objectives. In terms of infrastructure and organisational development, PPDF has enabled providers to achieve the following:

- provide further training for their staff;
- improve their management and information systems; and
- grow the overall Pacific health sector.

PPDF Issues

- The majority of Pacific providers interviewed agreed that the PPDF programme has been useful in increasing the number of Pacific mental health services as well as improvements in some areas such as being able to employ more staff, establishing and consolidating management and financial systems. However, most acknowledge the need for more flexibility in the current funding approach. Furthermore, they expressed that there should be some allowance to use PPDF to supplement staff salaries and capital costs in certain circumstances and/or a separate funding pool should be created for these purposes.
- Pacific providers reported that funders need to be clear and specific in terms of what they expect from PPDF. There needs to be more communication and open discussion between the funders and providers so each are aware of their respective needs.
- PPDF funding rounds need to be aligned with semester/education terms to enable better planning around staff rosters and availability for study and further training.
- PPDF allocated to Pacific mental health and addictions providers needs to ensure that it is relevant and meeting the needs of Pacific mental health and addictions context. The mental health and addictions sector deals with ‘the heart and soul’ of a person that is disconnected with no visible injuries, unlike physical ailments. For Pacific peoples, care and support may require more than just the traditional key worker or support worker. The use of church pastors/reverends, traditional healers and translators may be required at some stage. The extra support requires more resources and robust systems.
- Some argue that PPDF administered by the Ministry of Health, while created to promote innovation has created dependency in some Pacific providers.

Critical Success Factors of Pacific Mental Health Providers

Respondents were asked to describe the key elements of an effective Pacific mental health service provider. The following elements were identified as critical to being an effective Pacific mental health and addictions service provider. These elements are described below.

Strong Governance

Strong organisational governance and leadership are essential to organisational success.

Leadership

Leadership is essential for organisational direction, sustainability and growth. An effective leader creates a culture and environment that people are attracted to and want to become part of. A good leader is inspirational and leads by example.

Management and Financial Systems

Sound management and financial systems are critical. As the environment constantly change, it appears that funder expectations increase. Providers need to be able to adapt according to those changes and expectations. Strategic planning and quality assurance are essential. Managers need to develop baseline competence, and services need to be aware of their core business needs.

Skilled Staff

Having the right mix of people with the appropriate skills and experience is important. They do not have to be all Pacific as long as they are qualified and have an understanding of Pacific culture and values. A number of Pacific providers endorse this and have employed people who are non-Pacific.

Communication

Effective communication top down and across different teams in organisations is critical. As well, sharing information is important so that colleagues can learn from another.

Partnerships

Strong collaborative relationships and partnerships with other organisations resonated with respondents. A framework of partnership is needed between government, NGOs and the Pacific community.

Recognition

Staff need to be acknowledged and rewarded.

Infrastructure and organisational development although well understood by most respondents, can be difficult to orchestrate and address in practice. However, most acknowledge that these areas are critical for provider growth and sustainability. A well-established infrastructure and organisational development will enable Pacific mental health and addictions service providers to grow and provide continuous quality services for Pacific whaiora/consumers and their families.

Key Findings

Infrastructure and Organisational Development

Although Pacific providers have an awareness of infrastructure and organisational development, they continue to struggle with these areas of concern. A skills shortage was identified as a significant factor. The notion of collaborative relationships, sharing resources and amalgamating organisations were suggested as possible solutions.

To address the infrastructure and organisational needs of Pacific providers, a multi-faceted approach is recommended. McKinsey's 7S framework was used as a tool to facilitate discussions and understanding of infrastructure and organisational development. Re-evaluating provider aspirations and vision, sound management and practice were identified as key factors that influence organisational effectiveness. While most providers interviewed for this study agreed that this model/frameworks was useful, it was acknowledged that they needed to be developed further and adapted to the Pacific mental health context.

Needs and Expectations

Pacific mental health and addictions service providers are either NGO or DHB community-based services. Pacific NGO services provide community and residential support for Pacific whaiora/consumers while Pacific DHB services provide clinical care. These services combine to provide care and support for Pacific whaiora/consumers and their families to enable them to recover and live well in their communities.

Pacific NGO providers lack sustainable infrastructure and organisational development capability. Pacific providers often struggle with balancing community expectations, Pacific values and beliefs with funder expectations. There was strong support for Pacific providers and funders to work more closely to address these concerns.

Some Pacific informants argue that Pacific providers have had adequate time for establishment and growth and that it is time to deliver quality services. Others report that Pacific providers need to focus on their core responsibilities to meet their contract specifications.

Lack of resources was a major issue for Pacific mental health and addictions service providers. The majority are small to medium in size, and are NGO providers with recent histories. Unlike Pacific services within the DHB infrastructural framework, Pacific NGO services are reliant on their own efforts to establish their infrastructure and foster organisational development. Although Pacific providers can be resourceful, the overwhelming consensus is that they are not well resourced.

Recruiting and retaining skilled staff is a major concern. Finding suitably qualified and experienced Pacific managers, governance board members, HR staff is an ongoing challenge for Pacific providers. Key informants suggest exploring options of sharing resources, establishing collaborative relationships/partnerships, merging governance boards as plausible solutions to addressing infrastructure and organisational development needs.

PPDF

The Pacific Provider Development Fund has been instrumental in establishing and growing Pacific providers. PPDF was established in recognition of the poor health and low service uptake of Pacific peoples. Pacific providers used PPDF to strengthen their infrastructural and organisational development capabilities. PPDF is administered by the Ministry of Health but mostly distributed by local DHBs. Pacific providers in other sectors such as CYF also receive a portion of PPDF.

While PPDF has been beneficial, respondents agreed that it needed to be revised to enable greater flexibility and increased responsiveness to the Pacific mental health and addictions sector. Current one-off funding approaches are inadequate in addressing the infrastructure and organisational development needs of Pacific providers. The general consensus from the study participants and the document review findings suggests that capacity building takes time and requires attention. Most Pacific providers had some awareness of other sources of funding for provider development and capacity building, but due to time constraints and funding restrictions these funding options were not explored.

Other government and non-government agencies deliver Pacific capacity building initiatives, some of which are funded by PPDF. They include CYF, MOE, Lottery Grants (DIA), JR McKenzie and others. These organisations use various funding approaches for Pacific provider development and capacity building. Most provide funding advisors and coordinators to assist Pacific organisations who are recipients of funding. Other supports such as information pamphlets, website guidelines are a part of their approach as well. Pacific providers contracted by these agencies experience similar infrastructure and organisational development concerns as Pacific mental health and addictions services. These concerns include lack of skilled staff, managers, and governance members. However, poor resourcing overall is a key concern.

Training

Training enables people to gain skills and experiences that will enhance their workplace performance. Infrastructure and organisational development training such as governance and management training are offered by various trainers and educational institutions. These interventions are delivered within organisations or externally. Generally, Pacific providers favoured in-house governance training. They stated that it was important that the trainer was credible, knowledgeable and trusted.

Pacific providers are aware of the need to up-skill and train staff. Finding time to do training however is an issue. Pacific staff reported that lack of time due to family responsibilities, church commitments are barriers for undertaking further training. Most cannot afford to take time off work for further study, especially service delivery staff, who are an important component of the organisation. For providers, finding replacements while staff are on study leave can be difficult and costly. Most Pacific providers agreed that training programmes in relation to governance and management should incorporate Pacific perspectives.

According to Pacific providers, governance and other organisational development training programmes are relatively accessible. Most contract private trainers who

deliver training programmes for staff. According to one trainer, peoples attitudes need to change if the organisation is to grow. A person can have all the training in the world but if their attitudes do not change then old habits will remain.

Leadership

Pacific providers and participants in the study agreed that leadership was instrumental in addressing their infrastructure and organisational development needs. Leaders needed to be innovative, visionary and inspirational. This is supported in the document review which identified leadership as a critical component in capacity building and workforce development. The need to grow Pacific leadership resonated throughout the focus group discussions and key informant interviews.

Governance

Sound governance is critical to organisational success. A good governance board provides strategic direction and helps grow and strengthen the organisations sustainability. A competent board member may have specialist skills such as accounting and finance knowledge and be able to think strategically to achieve an organisations goals and objectives.

Pacific providers in the study admitted that finding appropriately skilled and experienced Pacific board members is difficult. To address this gap, ongoing governance training must be provided to existing board members. Governance needs to be promoted to the wider Pacific community, where potential board members can be recruited.

“If we intend to recruit from our communities to sit on our governance boards they need governance training. They need to know what their roles and responsibilities are”
Pacific CEO.

Pacific Provider Development Training

In discussing options for implementing a Pacific provider development training programme, participants highlighted the following points:

- **Quality training** - Pacific providers emphasized the need for quality training for all staff at all levels;
- **Short courses** - relevant short courses either internally and or externally such as workshops, seminars etc;
- **Accessibility** - although training programmes are readily available, lack of time was identified as one of the key barriers;
- **Incentives** - what are the incentives for further training? How do we retain staff once they become trained?;
- **Support** - support from funders and other key agencies;
- **Leadership** - clear leadership and direction is necessary to support training linkages at national, regional and local level;

- **Cultural awareness** - current governance and provider development training programmes lack Pacific cultural dimensions;
- **Pacific training tools** - assessment/audit tools developed by Pacific organisations. A blend of Pacific and mainstream training techniques, models, visual aides etc; and
- **Supervision and mentoring** - staff are supported and mentored for further development. May also involve succession planning.

Furthermore, training should not be ‘one-off’ but ‘ongoing’ programmes with short-, medium- and long-term goals. Programmes should take into account ‘*on the ground*’ support and follow-up.

Key Training Areas

The following are the key areas for infrastructure and organisational training suggested by respondents:

- Governance;
- Management;
- Supervision;
- HR - Policies and procedures development;
- IT;
- Recovery training;
- Communication - collecting and disseminating information; and
- Motivational and managing people training.

It is important to highlight that organisational development can be a slow process. Questions that need to be asked include, at what stage are Pacific mental health and addictions service providers at? Should funding and investment be tailored for each development phase? What are the immediate solutions? What are the long-term solutions? These are some of the important questions that need further investigation to address the organisational development needs of Pacific mental health and addictions services.

Conclusion

Infrastructure and organisational development takes time and approaches to address these areas should include short- and long-term solutions. To be effectual, capacity building must be considered and undertaken to include the different areas and levels of an organisation.

The models and frameworks presented in this report on infrastructure and organisational development are relevant to and should be adapted for the Pacific mental health provider context. This may require further exploration and dialogue with Pacific providers', as key contributors in such an exercise. There is sparse literature in this area that focuses on Pacific organisations. It is recommended that more research be undertaken.

There was overwhelming support for the establishment of a Pacific mental health workforce development organisation. With limited resources and staff shortages, Pacific NGO service providers were especially keen to see this option realised. The Pacific mental health workforce development organisation will be a platform from which a range of policy and capacity building strategies can be spearheaded. These initiatives will enable Pacific providers to strengthen their infrastructure and organisational development.

In examining the different options, it becomes clear that no one option on its own is capable of providing the ultimate solution to improve workforce and organisational development for Pacific providers. The myriad of challenges and issues faced and experienced by Pacific mental health and addictions service providers are complex. These include an interwoven matrix involving labour supply issues, quality service delivery and care for Pacific consumers and their families, compliance with contractual obligations, while maintaining clinical integrity and social responsibility. While each option in the recommendations offered below has individual strengths, collectively, the impact of these options could create greater outcomes for the Pacific providers and the services they provide.

Recommendations

The following recommended options are based on the information obtained from the document review and data gathered from the interviews and focus group discussions.

There was general agreement that some options could be linked or overlapped with others. For example it was suggested that Option 2 should be linked with Options 1 and 4.

Options for Implementing a Pacific Provider Development Training Programme

OPTION 1: Dedicated Pacific Workforce Development Organisation

DESCRIPTION

A dedicated Pacific workforce development organisation that provides a number of targeted services including excellent organisational development and training programmes. For more information about this option see the *Pacific Mental Health Workforce Development Feasibility Study* report.

It is envisaged that a Pacific Mental Health Workforce Development organisation will contract or advise the Ministry of Health on the resources and expertise required to develop a range of high quality training programmes. This may include training programmes designed specifically to meet the infrastructure and organisational development needs of Pacific mental health and addictions service providers. Some of these training programmes should be NZQA approved, to ensure course quality and to enable participants to cross credit their courses to a relevant qualification.

STRENGTHS

- It is essential that these courses are delivered by qualified and skilled trainers. This organisation should ensure that training programmes combine Pacific ways of doing things and mainstream expectations by developing and implementing tools, approaches and training that is relevant to participants.
- A centralised outlet for training programmes is advantageous so that the programmes can be standardized. This means that the content and quality of courses are consistent. However, it is important to consider regional factors when delivering these training programmes.
- This organisation will contract trainers to develop and deliver quality effective training programmes. It will be a focal point for Pacific providers. They will know where and who to go to when requiring training.

CHALLENGES

The notion of one organisation being responsible for delivering infrastructure and organisational development training services while attractive, also poses some challenges.

- One of the concerns raised about this option is the growing possibility of a monopoly. This may restrict the growth and capability of other Pacific organisations or individuals who offer similar training programmes.
- Another concern raised is the perceived 'homogeneity' of the programmes being offered as a result of one organisation having sole responsibility. By standardizing training programmes they may fail to consider regional or Pacific ethnic specific differences.
- Some opinion leaders commented that rather than establishing another workforce development organisation there should be more investment in developing Pacific capacity and capability in the current national workforce development programmes. Although some Pacific managers argue that in such circumstances Pacific often get 'lost' within mainstream, if they are not supported well.
- Others stated that this option must be approached with care and caution. They argue that this organisation may experience similar issues affecting Pacific mental health and addictions providers such as governance and capable management. It is important that these are addressed at the set-up stage.

SUMMARY

Although most Pacific providers interviewed for this project appear to favour this option considerably, many also agreed that a one stop shop approach will not solve all their problems. Others recommend that a multi-faceted approach would be most effective.

Despite some concerns mentioned above, the general consensus is that this organisation could be a conduit to other options, some of which are listed below.

OPTION 2: Web Portal

DESCRIPTION

A web portal is a common and useful tool used by various government and non-government agencies, designed to complement face-to-face training programmes. Web-based training or e-learning is a cost effective way of delivering training programmes that engages the learner. It enables the use of innovative techniques, up-to-date information and is accessible 24/7 (Sumner, 2005). A Pacific mental health workforce web portal that includes useful templates, for example, information on forming and governing trusts, developing and maintaining financial systems, writing proposals and with links to other useful sites that Pacific providers can access.

This portal would complement the first option and will contain a variety of useful information such as proposals for funding samples/templates, guides for formalizing legal entities such as companies, charitable trusts, incorporated societies etc. It may have samples of how to write trust deeds, policies and procedures manuals, how to gain accreditation etc as well as links to other useful and relevant sources of information.

Exploring what is currently available online highlights the potential this medium has. Most tertiary educational institutions in New Zealand deliver governance, management and financial training and other training programmes either partially or fully online.

However, further investigation is required to ascertain what this web-portal would look like and what sort of information it should contain. Discussions with potential end users would also help to shape the content and usability of the portal.

STRENGTHS

- The advantages of this option are many, but one of the most important is accessibility. Web-based learning and training is available twenty-four hours seven days a week. Pacific providers and others who are interested can have instant access to the web-portal at any time from anywhere with the necessary set-up/hardware and training.
- A web portal is comparatively low cost to set-up and run and can be relatively user-friendly. It would also contain information about the various sources of funding Pacific providers and groups could apply for, it may have step-by-step guides on how to apply for funding. Based on several case studies Sumner (2005) estimated that web-based learning reduced training costs by thirty percent, increased achievement by percent compared with traditional training methods. Key to this success was peer/mentor training.
- Web-based learning training can be tailored to the needs of an organisation. Visual and auditory aides, effective designs will help engage learners (Helenius, 2002).

- With advances in information technology another advantage of this option is the ability to continuously keep the material updated and current. By utilising information technology, internet users can have access to information from national and international sources that are up-to-date and current.

CHALLENGES

- Hong, Kinshuk et al., (2001) argue that current bandwidths and slow downloading speeds are a major limiting factor for e-based learning in New Zealand. This is especially applicable in remote regions who have limited access to face-to-face training where this type of approach would be most beneficial. Further Kinshuk and Yang (2003) argue that lack of human interaction, contextual discussion and understanding, human teacher expression and explanation are some of the limiting factors of web-based training.
- The templates provided may not be suitable for all organisations. Considering the one-size-fits-all nature of samples and templates available online, providers would need to adapt these to suit their needs and to reflect their identity. Furthermore, there are pockets of Pacific mental health workers who may not be computer literate. This could be alleviated by providing relevant computer training programmes.

SUMMARY

Most participants agreed that a web portal or web-based training was a useful option. It costs less than traditional training methods and it is relatively accessible. However, they all agreed this option should not replace face-to-face training but rather it complement other training means.

OPTION 3: Revising Current Pacific Provider Development Funding Approaches

DESCRIPTION

The Pacific provider development programme is administered by the Ministry of Health through the Pacific Health branch and DHBs. This initiative also funds Pacific scholarships through HRC. Its purpose is to help build Pacific capacity and capability.

Since its inception the Pacific provider development fund has been instrumental in supporting Pacific organisational capacity and workforce capability. Pacific providers who participated in this research agreed that the PPDF initiative has been extremely beneficial in helping Pacific organisations to grow and increase their efficiency.

STRENGTHS

The PPDF initiative has allowed the establishment and growth of Pacific providers. Many of those interviewed agreed that without PPDF some Pacific providers would struggle to grow and become self-sustaining. On the whole, PPDF has assisted some Pacific providers to strengthen their organisations.

- Most Pacific providers in this study stated that currently PPDF is relatively accessible. Most were aware of PPDF and where to source this type of funding. Since its inception Pacific providers have become more familiar with the processes of PPDF.
- Portions of PPDF are targeted for specific areas such as strengthening infrastructure and provider development capabilities. This has been useful according to Pacific providers because it helps guide them to invest allocated funds in infrastructural and organisational development areas.

CHALLENGES

- Pacific providers argue that the PPDF programme needs to be more flexible. Currently PPDF is ring fenced for certain areas.
- PPDF may not consider the complexities and challenges Pacific providers in the mental health sector experience. There was a strong recommendation for funders and planners to work more closely with Pacific organisations to identify the best approach for delivering PPDF that satisfies both their needs.

- While one-off grants with may deal with a particular need, an organisation may require ongoing assistance to ensure its survival and service effectiveness.

SUMMARY

The PPDF initiative has been useful in growing Pacific providers particularly in regard to their infrastructure and organisational development. However, these are areas that most Pacific providers continue to struggle with. This does raise the question of how effective PPDF has been for Pacific mental health and addiction providers. Yet a range of variables may come into play, which impact on the performance of provider development. Participants of this study maintain that current PPDF approaches need to be reviewed to consider the Pacific mental health and addictions context. Consideration to providing funding at different stages of provider development may go further to ensuring that Pacific providers move beyond the nascent and emerging stages through to an expanding organisation.

OPTION 4: Network of Specialised Training Providers

DESCRIPTIONS

Formalising and expanding a network of specialised trainers in the area of infrastructure and organisational development is a further option. These training providers will be qualified and highly skilled, and they will receive endorsement from the Ministry of Health to deliver training. Such teams should be available at local or regional level throughout the country to work closely with Pacific providers in addressing their infrastructure and organisational needs. According to the Home Office (2004) similar approaches in the U.K. have been useful in meeting the capacity building training needs of BME organisations. Additionally, trainers should aim to establish and build long-term relationships with the services they work with. This would enable the trainer to track provider progress and offer relevant ongoing support.

STRENGTHS

- Training providers in each locality will have awareness of Pacific provider needs as well as knowledge of local and regional circumstances. This will allow trainers to tailor training content when working one-to-one with organisations. Pacific providers can be confident that they will receive quality training.
- Training programmes can be delivered in a manner that suits a specific provider. Modes of delivery may include workshops, seminars, one-on-one mentoring and networking.
- Providers will have a range of training courses to select from.

CHALLENGES

- This option will require establishing a database or a referral service would need to be established in order to link providers with trainers.
- Standards and quality of training may vary from one training provider to another. It is critical that should this option become available, that training providers who are selected meet standards set by the Ministry of Health or by local DHB's.

OPTION 5: Organisational Development Contractors/Infrastructure specialists

DESCRIPTIONS

Organisational development contractors or infrastructure specialists are assigned to work with providers to improve their organisational development. Their role is 'not to police them and shut them down' but enable the establishment of better fiscal systems and service delivery. They should be funded to provide ongoing support for providers, particularly in early developmental stages of an organisation and at later stages if needed. They could carry out a 'diagnosis' or audit, and provide possible solutions. These specialists should work alongside providers.

STRENGTHS

- Organisational development contractors or infrastructure specialists provide specialist one-to-one support for the providers they work with.
- Unlike typical training interventions, contractors can provide follow-up and practical support.
- Working relationships may be established over time; each party will get to know and work with each other better.

CHALLENGES

- It is important that contractors/specialists with the right skills and working styles are selected. They must be able to work collaboratively with providers to produce positive outcomes.
- This option needs to be supported long-term with the goal of enabling self-sustainability among providers.

OPTION 6: Other Approaches

The following are some secondary options that arose from the document review, focus group discussions and interviews.

Mentor Organisations/Individuals

Pacific providers being mentored by other more established providers or experienced individuals. The mentor organisation or person would mentor a provider to address their organisational development needs. Providers would receive one-to-one support.

Host organisation

A host organisation with an established history and quality service delivery record can act as a host or umbrella organisation. The host organisation will have a solid infrastructure and be experienced in organisational development. It could provide a range of support and expertise when hosting a provider. The host organisation differs from a mentor organisation in that resources may be shared. For example, a host may provide administrative services for the provider. This could be a short- or long-term arrangement.

Appendices

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Appendix 2: Key Informant Questionnaire

PACIFIC MENTAL HEALTH & ADDICTION WORKFORCE DEVELOPMENT
INFRASTRUCTURE AND ORGANISATIONAL DEVELOPMENT
FEASIBILITY STUDY

KEY INFORMANT QUESTIONNAIRE

KEY INFORMANT NAME (S)	
JOB TITLE (S)	
ORGANISATION NAME (S)	
DATE OF INTERVIEW	
LOCATION OF INTERVIEW	
INTERVIEWER'S NAME	

QUESTIONNAIRE

1. What is your **definition/interpretation** of Pacific mental health workforce 'infrastructure' and 'Organisational development'?

2. What **funding options** are available to Pacific Mental Health and Addiction Providers in the area of infrastructure and organisational development? DHB and NGO

3. Tell us about the Pacific Provider Development Fund (**PPDF**) and how it is performing. Has it been evaluated? Has it achieved its objectives?

4. List **3 critical foundations** that you need the most to build sustainable capacity for a Pacific mental health provider?

5. What would MoH and DHBs need to assist with **initiation and ongoing support** of sustainable Pacific organisational capacity?

MOH

DHB

6. What is **different** about Pacific provider NGOs from mainstream NGOs in this area?

7. What do you think of the DHB **RFP requirements** (sample to be provided) in the area of organisational capacity? What are the challenges that faced you in this area? Are there any changes needed and why?

Appendix 3: Options Survey

Some Options for delivering Pacific provider training development in this area.

Option 1: A **dedicated** Pacific workforce development organisation that delivers a number of targeted services including organisational development.

Option 2: A Pacific mental health workforce **web portal** that includes useful templates (forming and governing trusts, developing and maintaining financial systems, writing proposals, etc).

Option 3: An improved version of PPDF (Pacific Provider Development) Fund.

Option 4: Formalising and expanding a **network of specialised training providers** in the area of infrastructure and organisational development.

Option 5: Other (Please specify)

What options (or mix of options) do you prefer? Why? Who should fund it?

Option 1

Option 2

Option 3

Option 4

Option 5

Comments

If you chose more than one option, please **rank** them in order of importance.

What is your impression of the 7-5 Model if used as a framework to enable better understanding in the area of organisational development?

Appendix 4: The Learning Organisation

Senge is well-renowned for the five disciplines or practices that he identified that would enable the organisation to achieve a collective 'mind shift'. In brief, the five practices include the following.

Systems Thinking - Is the first on the list because it is the conceptual cornerstone for all of the remaining practices. It is the holistic body of knowledge and tools developed over years that clarifies the full patterns of issues, problems and situations that confront organisational participants. Systems thinking changes the ordinary ways people think, talk and solve complex issues.

For example:

- Systems thinking uses archetypes for modeling the cycles that systems go through. Particularly relevant examples by Senge include: 'fixes that backfires', 'limits to growths' and 'shifting the burden'; and
- 'Leverage' involves finding the point in a cycle where effort is most effective or to change the structure of the system.

Personal Mastery - It is the practice of ongoing clarification and deepening of personal vision. People are drawn mostly to this practice. It is the responsibility of both the organisation and the individual to ensure that their own learning and development continuously improves.

Mental Models - The practice of "mental models" examines deeply ingrained assumptions, generalizations, or even pictures or images that influence how people understand the world and how take action. Senge identifies reflection and inquiry as integral exercises that are central to this discipline.

Shared Vision - The deep purpose that expresses the organisation's reason for existence. This addresses the process by which an organisation builds a collective image of its desired future and a set of governing values with which organisational members identify. Knowledge sharing is an outcome of this process and is realised when people reach a state of understanding these agreed upon vision and values.

Team Learning - This involves the practice of a number of strategies for group interaction. This involves dialogue and skilful discussion in such a way that enables team members to move beyond the superficial perception of team building. It reframes team relationships. The team is then able to work in a coordinated way, each knowing what is best to do, like a flock of birds that know what to do when they fly together.

(Adapted from 'Senge, Roberts, Ross, Smith and Kleiner, 1994, p.6')

Senge's work has been applied at many levels, including community groups who have adopted the principles of learning organisations and declared themselves as "learning cities or communities". The principles of learning organisations are also seen as highly appropriate for health services. A study currently underway here in New Zealand is applying Senge's concepts of learning organisations to developing learning communities for Pacific peoples. The Le Ala research project is a three year study aimed at reducing alcohol-related harm among Pacific communities in New Zealand. It uses Senge's learning communities approach through community action research,

whereby communities are empowered to develop solutions that are owned by them and will work for them (visit www.leala.co.nz for more information).