

Tū Whakaruruhau (Auckland Wellbeing Collaborative) - Job Description

TITLE: Kaiwhirioranga Rangatahi (Youth Lived Experience Lead)

REPORTS TO Clinical Director – Tū Whakaruruhau (Auckland Wellbeing Collaborative)
Line management (as independent from the Enablement Team), support, supervision and professional development is offered as part of the role through a Tū Whakaruruhau (Auckland Wellbeing Collaborative) host organisation.

TERM: 0.5 FTE for the term of the existing TWO agreement (end of June 2024) with the right of renewal.

LOCATION: Can work from their home organisations base and access shared programme office space.
All roles in the team are mobile across a variety of workplaces and in community settings.

DATE: Updated November 2023

Primary Function(s)

The Kaiwhirioranga Rangatahi (Youth Lived Experience Lead), as part of the Enablement Team and the Tū Whakaruruhau Collaborative will be the Kaitiaki (custodian) for the Youth Lived Experience voice, championing Youth Lived Wisdom and worldview and will be responsible for leading engagement with Youth lived experience.

The name Kaiwhirioranga has been gifted to this role by our treaty partners and means “to weave a pathway of wellness through life experience”.

This position will ensure that youth lived experience is influencing systems and practice across the programme, working in partnership with the Pou Taurawhiri (Māori Cultural Lead) and Quality & Equity Lead to improve equity, access and choice for youth consumers of primary care services.

“Rangatahi” and “youth” (used interchangeably) in the context of the programme are considered to be those aged 12 to 25 but more collectively includes a focus on all young people and their whānau.

KEY ACCOUNTABILITIES

Key Result Area	Expected Outcomes / Performance Indicators
Community Engagement	<p>Engage intentionally with youth and whānau as well as other lived experience leaders, community groups, councils and networks, targeting groups who focus on youth and whānau.</p> <ul style="list-style-type: none">● Meet regularly with rangatahi and whānau, focussing effort to engage with Māori, Pacific and other priority groups.● Meet regularly with key rangatahi and whānau stakeholder groups in the Auckland Region● Facilitate partnerships between IPMHA providers and youth accessing these services for the purpose of co-design and co-production.● Ensure the involvement of youth with lived experience in shaping and improving health care processes and systems.

	<ul style="list-style-type: none"> ● Ensure that feedback including complaints and concerns from youth are addressed in a mana-enhancing way.
Functioning Relationships	<p>Develop and maintain strong and effective relationships with rangatahi (youth) groups, youth and whānau support providers, Kaupapa Māori and Pacific providers and key Tū Whakaruruhau collaborative partners.</p> <ul style="list-style-type: none"> ● Identify and develop strong relationships with key rangatahi and whānau stakeholder groups in the Auckland Region ● Develop strategic relationships with key youth mental health and addiction service providers in the Auckland Region. ● Partnership relationships with Health Improvement Practitioners, Health Coaches, and Awhi Ora practitioners delivering support to youth.
Quality Improvement	<p>Ensure that the views of IPMHA rangatahi service users and their whānau are privileged in the development and growth of services and activities.</p> <ul style="list-style-type: none"> ● Ensure IPMHA operates in a person/ whānau centric strengths not deficit focused manner in order to improve practice and process. ● Communicate what needs to be done on a practical level to improve services and structures for youth. ● Provide best guidance for written materials, communications, practice produced by the practice or programme.
Co-design & Evaluation	<p>Work together with the Quality and Equity team to conduct feedback and co-design sessions with youth service users and whānau (in particular IPMHA priority populations – Māori & Pacific) to generate service improvement ideas.</p> <ul style="list-style-type: none"> ● Identify qualitative themes about what is working well with the IPMHA programme and what is not working well. ● Prioritise change ideas from feedback to be used for improving youth access and experience of the IPMHA services. ● Regularly reports on feedback and evaluation outputs to the Enablement Team.
Statutory & Treaty of Waitangi obligations	<p>Application of cultural competencies as described below:</p> <ul style="list-style-type: none"> ● Competent knowledge of the Treaty of Waitangi and the rightful place this has within the health system. ● Knowledge of the Governments Whānau Ora Policy. ● Demonstrated understanding of Māori Organisations in the health sector. ● Understanding the difference in Māori who access main-stream services and Māori who access a “to Māori, by Māori, for Māori” Model of Care.
Honouring Cultural Diversity	<p>Understands the cultural diversity of the Auckland region</p> <ul style="list-style-type: none"> ● Ensures work is delivered in a manner responsive to all cultural groups. ● Takes steps to address inequity of access and outcomes for any cultural group. ● Respect, sensitivity, and cultural awareness are evident in all interpersonal relationships.

Relationships

External	Internal	Committees and Groups
<ul style="list-style-type: none"> ● Te Whatu Ora ● Tāmaki Makaurau Communities 	<ul style="list-style-type: none"> ● Enablement Team ● Programme Board ● Tū Whakaruruhau partners 	<ul style="list-style-type: none"> ● Lived Experience groups and youth service providers

Person Specifications

	Essential	Desired
Qualifications	<ul style="list-style-type: none"> ● Lived Experience of mental distress and/or addiction as a young person and the ability to critically reflect on the learning from this journey. 	<ul style="list-style-type: none"> ● Quality Improvement training ● Relevant tertiary qualification.
Skills Experience	<ul style="list-style-type: none"> ● Minimum of 2 years- work experience. ● Demonstrated experience engaging with community groups (especially youth) ● Demonstrated experience in thinking and communicating strategically. ● Demonstrated experience in advocating for social justice and equity. 	<ul style="list-style-type: none"> ● Experience of primary care/primary mental health service systems. ● Credibility and strong relationships with key sector roles. ● Experience in co-design and/or quality improvement in the health and/or disability sector. ● Experience in coordinating and managing small projects ● Experience working or volunteering in the New Zealand health and/or disability sector, community organisations and/or in advocacy roles.
Personal Attributes	<ul style="list-style-type: none"> ● Be Lived-Experience driven. ● Confidence to maintain a (youth) Lived Experience lens as central to the role. ● Empathy and understanding of the experiences of those with mental health and/or addictions issues, particularly in relation to youth. ● Creative, innovative and forward thinking. ● Good communicator, facilitator and relationship builder. ● Ability to confidently talk to and relate to young people from all cultures. ● High levels of personal and professional integrity. ● Good understanding of personal strengths and areas of challenge. ● Clear criminal record checks. ● Proof of legal right to work in New Zealand. 	

Critical Competencies

Competency	Description
<p>Connection and communication: Demonstrated skills that can build rapport, trust, enable effective engagement, networking, and teamwork.</p>	<ul style="list-style-type: none"> ● Communicates clearly in a variety of settings and with a range of audiences. ● Builds rapport and trust with both internal and external stakeholders. ● Networks and collaborates with both internal and external stakeholders. ● Demonstrates the ability to handle complex situations effectively.
<p>Lived Experience worldview: Can use their own personal experiences of mental distress and/or addiction and wellbeing to inform their work.</p>	<ul style="list-style-type: none"> ● Uses personal lived experience along with the experiences of others and research to inform and influence people and systems. ● Demonstrates the ability to look beyond one's own experiences and work effectively with diverse lived experiences, views and voices. ● Works to influence people and systems to privilege lived experience perspectives
<p>Human Rights & social justice: Understands the application of human rights approaches and frameworks relevant to their role and using them in their work.</p>	<ul style="list-style-type: none"> ● Demonstrates understanding of what equity means. ● Uses human rights to guide approaches and work. ● Challenges and address the impact of prejudice and discrimination. ● A demonstrated belief in, and commitment to, promoting the rights of, and quality of life for people with mental health problems and their whānau.
<p>Cultural consciousness & safety: Competent knowledge of the Treaty of Waitangi and the implications on the health system.</p>	<ul style="list-style-type: none"> ● Demonstrates ability to critically self-reflect about self as a culture bearer. ● Awareness of the role Treaty Partners play in health and social services. ● Competent knowledge of the Governments Whānau Ora Policy. ● Understanding the difference in Māori who access main-stream services and Māori who access a “to Māori, by Māori, for Māori” Model of Care.
<p>Quality Improvement: Co-ordinating and engaging in service and quality improvement processes</p>	<ul style="list-style-type: none"> ● Is part of developing and supporting the use of quality improvement approaches that are consistent with lived experience. ● Demonstrates ability to engage with rangatahi and their whānau for ● Works to gather lived experience wisdoms for quality improvement activities

Appendix Background and Context

Tū Whakaruruhau - The Auckland Wellbeing Collaborative and Integrated Primary Mental Health and Addiction Services (IPMHAS)

Tū Whakaruruhau - The Auckland Wellbeing Collaborative won the RFP to deliver in metro Auckland the “Integrated Primary Mental Health and Addictions” (IPMHA) component of the wider “increased access and choice of primary and community mental health and addiction support” programme funded via the Wellbeing Budget of May 2019. The IPMHA model was developed by PHOs and NGOs in Metro Auckland, with DHB support, in response to identified need for easier access to a range of supports in primary care and community settings, to address psychosocial and cultural support needs. The model integrates 3 new roles into primary care teams – Health Improvement Practitioners (registered health professionals trained in the Behavioural Health Consultant model adapted to the NZ context), Health Coaches (a non-registered workforce, ideally with lived experience of managing a long term health condition, and reflecting tangata whenua and the other major cultural groups of the practice population, who are trained in the CEPC Health Coach curriculum adapted to the NZ context), and NGO Peer and Community Support Workers (trained in working in a primary care context).

The access and choice funding was a response to He Ara Oranga, which identified that people with mental health needs want accessible and responsive community based services. These services should be available without delay and should be part of an integrated and coordinated service system. They should be responsive to, tangata whenua, to actively achieve equity and improve outcomes for Māori, along with being responsive to all other cultural groups.

Tū Whakaruruhau- The Auckland Wellbeing Collaborative was established to respond to the subsequent RFP to deliver IPMHA services to districts or regions.

The collaborative is made up of Iwi Partners (Te Rūnanga o Ngāti Whātua, Manawhenua i Tāmaki Makaurau, Te Whānau o Waipareira), Te Whatu Ora (Waitematā, Auckland and Manukau), seven PHOs and multiple NGOs, people with lived experience, and Māori and Pacific providers. It is rolling out the IPMHA model to general practices across the Auckland region. Numerous organisations and representative groups have an interest in the functions and outcomes of the Auckland Wellbeing Collaborative.

A contract was signed between MoH and ADHB on behalf of the Auckland Wellbeing Collaborative at the end of March 2020 for the first 15 months of an intended 4-5 year programme of rollout to all of Metro Auckland General Practice settings. The Contract expectation is to deliver an integrated primary mental health and addiction service accessed through the General Practice, with an initial focus on practices with high enrolled populations for Māori, Pacific, Youth.

Core Guiding ideas

The core ideas and approach agreed by the partners and described in the original RFP are outlined below (taken from the RFP summary).

1. **Person and whānau at the centre:** Our response has been developed with the person in need and their whānau at the centre of our service design.
2. **One response; one model:** This is one coordinated and collaborative proposal for all of metro Auckland. The proposal is also based on building up each of the five elements in the RFP and bringing them together into one integrated service model.
3. **Deep collaboration:** We have an agreed collaborative response, with integrated governance, aligned service design, coordinated implementation, shared infrastructure, agreed processes, joined-up learning and clear and transparent funding systems.
4. **Maximising reach and responsiveness:** Reach to the target populations is central to our proposal, with tranche 1 and tranche 2 practices being selected for large target populations in their registers. Ensuring responsiveness to Māori, Pacific and youth permeates our bid, with Māori, Pacific, youth and people with lived experience having influence at all levels of the programme leadership and decision-making process.
5. **Te Tiriti o Waitangi reflected in governance:** Treaty partners are respected and reflected in the governance structures and operational leadership, including establishing a taumata responsible for cultural responsiveness across the system.
6. **Building on strengths:** The core programmes being funded were developed and tested in the Auckland metro area by a collaborative including Auckland DHB, Counties Manukau Health, Waitematā DHB, ProCare, Total Healthcare and the DHB-funded mental health NGOs delivering the Awhi Ora (brief community peer support) service. These organisations have committed to sharing their learnings and workforce to rapidly build capacity across the collaborative.
7. **Explicit delivery of tranche 1:** The Collaborative has agreed exactly which practices will deliver HIPs and health coaches in tranche 1, and when they will be activated, leading to significant target population reached within six months. Due to their maturity, Wellness Support, General Practice Support Teams and Awhi Ora will also rapidly extend to a larger number of practices ensuring increased reach for priority populations.
8. **Innovation and connection in tranche 2 and beyond:** A series of co-design processes across all five service elements will occur in the initial six months of 2020 to deliver a person-centred, whānau-focused and integrated whole-service model to be rolled out in tranche 2. Our co-design process will draw on the best ideas and evidence from across successful existing philosophies and programmes, such as Awhi Ora, Whānau Ora, Wellness Support, HIPS and health coaches, virtual services and secondary services liaison and support.
9. **Focus on equity and quality:** The collaborative partners are under no illusion of the difficulty of effective execution of this new service model. We are committed to a high-quality implementation, and providing the foundation for equitable, safe, sustainable and effective services into the future. This will also require integration of evidence-based components of the model including Awhi Ora and Wellness Support.
10. **Workforce is vital:** The Access and Choice programme will be supported through the development of a capable new primary care, NGO, Māori and Pacific workforce. The Collaborative will work together to coordinate recruiting, retaining and developing this workforce. This will occur alongside the current skilled workforce of GPs and practice nurses, who are currently delivering evidence-based interventions

