

APPLYING KIA KOTAHI PARTNERSHIP IN DESIGN

CASE STUDY: PAE ORA KI WAITAHA

BACKGROUND

Kia Kotahi Partnership in Design is a framework which promotes a Te Tiriti o Waitangi based model of partnership throughout design processes. As a values-based framework it puts people and whānau at the centre of hauora (health and wellbeing) service design.

It was developed during 2021 simultaneously with **Pae Ora ki Waitaha**, a co-design project to explore how the health system can better support the pae ora (healthy futures) of all members of our community, so they can stay well and be in control of their own hauora.

There has been discontent that not all our population's voices and needs have been included in the end results of service design. Co-design is not consultation, applying an equity lens or adding cultural design elements. Kia Kotahi Partnership in Design is a co-design process based on equal partnerships and meaningful engagement throughout the entire lifecycle of a project or initiative.

The Pae Ora ki Waitaha working group piloted Kia Kotahi Partnership in Design as a process for engaging and sustaining community voices in the planning, development and refining of health and wellbeing services. A driver for this work was the Te Whatu Ora Waitaha review of healthy lifestyle services.

This case study looks at how the Pae Ora ki Waitaha project was achieved using the Kia Kotahi Partnership in Design framework.

"Kia Kotahi Partnership in Design and Pae Ora ki Waitaha evolved at the same time. For me they are a double helix - two strands twisted together."



Koral Fitzgerald, CCN
Senior Project Facilitator

APPLYING THE KIA KOTAHI PARTNERSHIP IN DESIGN PRINCIPLES

Step 1



Pae Ora ki Waitaha Working Group Chair and Clinical Lead, Lynley Cook, led discussions to identify members for the Working Group. The group honoured Te Tiriti o Waitangi by prioritising authentic partnership with Māori and Pasifika throughout the process. Working Group member perspectives included consumer, Māori and Pasifika, as well as Equity Lead Ngaire Button.

Step 2



With supporting evidence from a Te Mana Ora (Community and Public Health) literature review the working group held an initial hui focused on identifying the scope of the issue, and developed two broad questions to ask community members:

1. What does hauora mean to you?
2. What can the health system do to help support you to stay well?

Further collaboration revealed the best way to engage with priority communities:

1. Community conversations with priority populations in places they are most comfortable, such as marae, community facilities and workplaces.
2. A survey was distributed online as well as hardcopies to suit the needs of different groups.

Using Māori models of health as the framework for doing the analysis of the survey data uncovered the participants' broad and holistic understandings of health and wellbeing.

Ngā whanonga pono (values)



Ōritetanga - Equality

Key voices from priority populations were involved from the beginning to facilitate relationship building and trust, so everyone involved in the design process is given an equal opportunity to be heard and involved in the decision making from the beginning.

Mana - Respect for all

The working group considered previous research and community conversations.

"We want to respect and value the time and contribution they have made in the past."

Working Group Chair and Clinical Lead, Lynley Cook

Mākohakoha - Open Mindedness

The working group considered new ideas and worldviews through gathering of perspectives from priority groups.

Step 3



Community conversations with Māori and Pasifika were prioritised:

- Opportunities to engage with priority populations were increased by holding discussions in the community.
- Discussions were also held with community leaders, e.g. Helen Leahy (Te Pūtahitanga) and Carmen Collie (Tangata Atumotu).

Approximately 670 survey responses were received with 29% from Māori (Māori are 15% of the population), which was attributed to promotion of the survey to whānau and through Te Kāhui o Papaki Kā Tai (Māori health advisory group).

The working group was mindful that dreaming of new solutions means nothing is off the table, including funding.

Step 4



The working group held regular and focused hui (meetings) throughout the project to reflect on what they had heard, emerging themes, gaps and development of new directions going forward.

Step 5

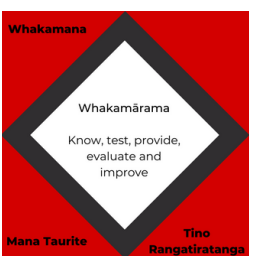


Engagement naturally slowed down, and it was time to come together to develop a report. This was both easy and difficult - easy because there was much to say, but difficult because the questions asked were broad and encouraged free and frank discussion.

The group felt a responsibility to capture the stories shared by the community and address the issues, even those that were outside the scope of the project.

Themes from the community conversations and surveys were compared to other sources of information, including previous consultations and national strategies to develop the report.

Step 6



Stage one was complete and the report presented to the CCN Leadership Team in September 2021.

The Leadership Team acknowledged the whānau stories that had been shared and that the KKPID process made the project and evidence credible. They endorsed the project moving to stage two.

As part of the process, a document capturing key lessons and reflections has been produced.

Ngā whanonga pono (values)



Mana - Respect for all

Continued discussions and feedback to leaders and groups, such as Te Kāhui o Papaki Kā Tai occurred to keep the community informed and involved in the process.

Every member of the working group and members of the community who contributed to conversations were respected for their views, beliefs, and experiences at all times.

Wānanga - observe, listen, learn

The process to wānanga deserves time - the Working Group took their time to establish a process for sincere listening in ways that would capture a range of voices. The group did not rush or give in to external deadlines as they felt a responsibility to listen to as many community members as possible.

"We are really committed to making sure that something happens from what we've heard."

Lynley Cook

Tino rangatiratanga - self-determination

Through sharing of new ideas and concepts, priority communities could contribute thinking from their worldview of what services would best meet their needs - promoting a greater sense of self-determination.

Mana taurite - Equity

Continued equal input and partnership with priority populations generated new approaches for how the health system can support the community to achieve more equitable outcomes for all.

"Never before have I been involved in a co-design process that's been as empowering of providers as this experience. The providers are being heard and promoting what we know works in the communities; this is an opportunity to reduce inequities."

Project participant

"One of the many advantages of this framework is the ability for community, providers and funders to be both learners and experts in their own right, particularly during the whai whakaaro (mindful listening and learning) and wawata (dreaming) stages."

Koral Fitzgerald



The Pae Ora ki Waitaha Working Group acknowledged that when designing equitable health services, how we co-design is crucially important. We can and must do better:

- We must purposefully engage and maintain community voice in the planning, development and review of health services.
- Involving priority populations from the start and throughout co-design is vital for success - from governance, working groups, interviewers, analysis and design of surveys.
- The communities we listen to, must hear back about the difference their input has made, or trust will be lost.

Positive observations

The Kia Kotahi Partnership in Design framework:

- upholds Te Tiriti o Waitangi principles;
- contributes to strong engagement with tangata whenua (people of the land) throughout the project;
- encourages tino rangatiratanga (self-determination) in the design, the delivery, and also in the monitoring and evaluation;
- targets and listens to our priority populations.

Supporting videos

[Watch](#) CCN Senior Project Facilitator, Koral Fitzgerald, talk about how the project team engaged with priority populations for the Pae Ora ki Waitaha project using the Kia Kotahi Partnership in Design framework.

[Watch](#) Working Group Chair and Clinical Lead, Lynley Cook (until October 2021) talk about the Pae Ora ki Waitaha project and hear from some of the consumers who were involved.

Challenges

Challenges identified were:

- Kia Kotahi Partnership in Design doesn't align well with the RFP (request for proposal) processes that occur within a commissioning agency, because that process is confidential;
- change is hard - there are now four providers providing a Whānau Ora (family health) based approach to healthy lifestyles for which this mahi (work) was all about. But to disinvest to reinvest is a challenging thing for everyone;
- it is time consuming compared to previous ways of working.

"Kia Kotahi Partnership in Design places an emphasis on people – involving people from the very beginning. It asks the community to go on that journey together and build something based on what will work for them."



Dr Lynne Maher, Principal of co-design at Ko Awatea