

Collaboration and partnership



CONTEXT

Mana Ake – Stronger for Tomorrow takes a transformational approach to mental health, aiming not only to provide care and support for those who need it, but also to build mental wellbeing awareness and literacy.

The initiative aims to enhance wellbeing and promote positive mental health for tamariki in school years 1-8, improved networks between providers, consistency in mental health services across schools, and access to wellbeing support for children and whānau across Canterbury.

Mana Ake was first implemented in schools in March 2018 and undertook a phased roll-out over the subsequent year, until it was available to all students in years 1-8 throughout the 222 schools in the Canterbury (District Health Board) region.

The Canterbury Clinical Network (CCN) worked with the other sponsor organisations – the Ministry of Health, the Ministry of Education and Canterbury DHB – as well as cross-sector partners including schools/kura, NGO providers, mana whenua, and consumers to provide strategic oversight to the co-design and implementation of a flexible response that would work best for our community.

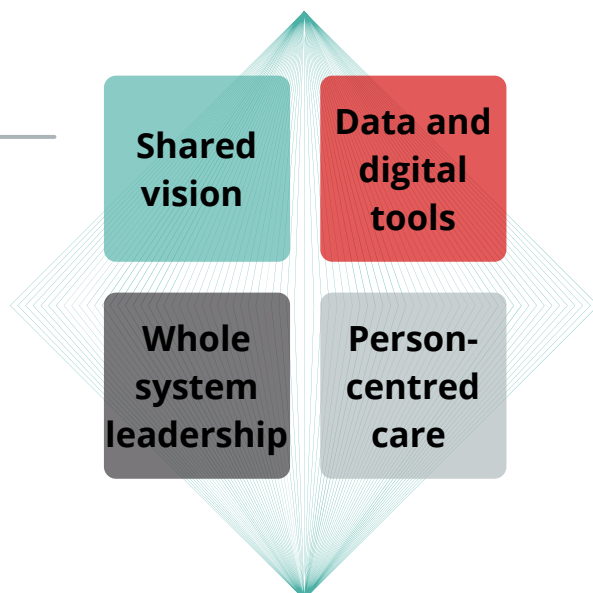
Using an iterative co-design process, Mana Ake has continued to evolve to best meet the needs of schools and their communities within the enabling mechanism of CCN. Funded by the Ministry of Health, Mana Ake support to school communities is provided by kaimahi employed by a collaborative of 12 NGO's in the social service sector.

More detail on the Mana Ake Initiative can be viewed [here](#).

PRINCIPLES

The principles which have allowed Mana Ake to succeed are:

- **A shared vision** with people and their whānau at the centre.
- **Collaboration** and **partnership** between providers within health and sectors outside of health.
- A neutral space for diverse parties to **collectively design a response** to an identified high priority and complex need.
- **Data-driven decision making.**
- **A focus on outcomes and continuous learning.**



APPLYING THE PRINCIPLES

Commitment to a shared vision with people and whānau at the centre

- A common, aspirational purpose focussed on early intervention to improve life outcomes for the population.
- A shared language shifting away from negative connotations including a move from mental illness to mental health and wellbeing.
- Keeping tamariki and their whānau at the centre of all decision-making.

Collaboration and partnership based on trust

- Acknowledging the value of relationships and kanohi ki te kanohi (in person/ face-to-face) engagement.
- Building trust in something new e.g. schools work together and kaimahi operating as a virtual team under a Provider Network.

Collaboration and partnership between providers within health and sectors outside of health

- Cross-sectoral involvement from leaders/ decision makers.
- Engaging recognised leaders with influence e.g., respected Principals who can harness change amongst their peers.

A neutral space for diverse parties to collectively design a response to an identified high priority and complex need

- An iterative co-design approach, bringing the right people together to continuously develop and respond to identified needs.
- Deliberate decision not to have criteria - allowing a flexible and responsive approach.
- Permission in the funding model to provide a workforce that was able to respond to the needs of the tamariki, rather than specifying the workforce.
- A flexile and holistic delivery of interventions that allowed support for whānau alongside their tamariki.

Data-driven decision-making

- Using evidence-informed interventions delivered by a diverse workforce.
- Sharing data with stakeholders, partners, schools, and those to whom the data belongs to inform and guide future development and encourage shared ownership of the resource.
- Encouraging curiosity in the data from a range of perspectives.
- Using a combination of qualitative and quantitative data alongside ground-up knowledge to make informed decisions.
- Investing in a shared Client Management System across the provider network (13 NGOs) provided all parties with visibility of data to monitor outputs and short-term outcomes.

Outcomes Orientation and continuous learning

- Development of an outcome framework over time, informed by schools/kura, kaimahi, providers and sector partners has built strong local commitment and accountability.

LESSONS

- Timeframe - the rapid rollout of the initiative presented a number of challenges but enabled the workforce on the ground to quickly understand needs and build the response from there.
- Willingness to collaborate - It has taken some schools/kura and clusters time to come to terms with the concept of working collaboratively in respect of managing wellbeing for their respective student populations.
- Behaviour change takes time – which is supported by embedding system tools and ways of working e.g., Leading Lights and ERMS online, as well as developing a common language.



ACHIEVEMENTS AND OUTCOMES

Since the inception of Mana Ake (March 2018) there has been:



4,117 tamariki supported individually

5,215 tamariki supported in groups



126,921 page views, and 9,269 users on the web-based tool designed to provide wellbeing guidance for educators (Leading Lights)

And independent study (the Impact Lab report) found that for every \$1 invested in Mana Ake results in \$13.32 returned to NZ

