

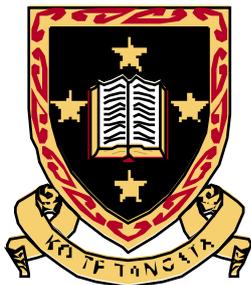
*An Evaluation of  
TE RAU PUAWAI  
WORKFORCE 100*

# **Stakeholder perspectives**

## **technical report no. 6**

**Prepared for the Ministry of Health**

By



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May 2002

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## Summary

To evaluate the Te Rau Puawai programme, the Ministry of Health commissioned the Maori and Psychology Research Unit of the University of Waikato in July 2001. The overall aim of the evaluation was to provide the Ministry with a clearer understanding of the programme including: the perceived critical success factors, the barriers if any regarding Te Rau Puawai, the impact of the programme, the extent to which the programme may be transferable, gaps in the programme, and suggested improvements.

There are a number of stakeholders who do not have a direct role in the provision of Te Rau Puawai. These people are not involved in the day to day running of Te Rau Puawai (as do, for example, the coordinator, support team or academic mentors), nevertheless they play an important role, contributing in a variety of ways to the programme. Key stakeholders include:

- Te Rau Puawai Board
- Heads of School and Department from the relevant study programmes, specifically in Social Policy, Health Science, Psychology and Maori Studies
- employees of the Ministry of Health who have had involvement with Te Rau Puawai in various capacities, including members of the Board and contracting/funding responsibilities
- employer representatives of mental health provider agencies who have employees participating in Te Rau Puawai

A number of findings from the stakeholders are highlighted below:

- Critical success factors include coordination, support systems, whanau approach, innovative programme structure and ongoing funding
- Improvements which could be made to Te Rau Puawai include improving links with mental health agencies and improving the academic mentoring system
- Linking the selection process to identified Maori workforce development needs is important
- The selection process is important to ensure that bursars committed to ongoing careers in Maori mental health are part of Te Rau Puawai
- The Board may need to be more focused on the strategic development of Te Rau Puawai
- Characteristics of Te Rau Puawai are transferable although programmes would need to be able to respond to the specific needs of their particular contexts.

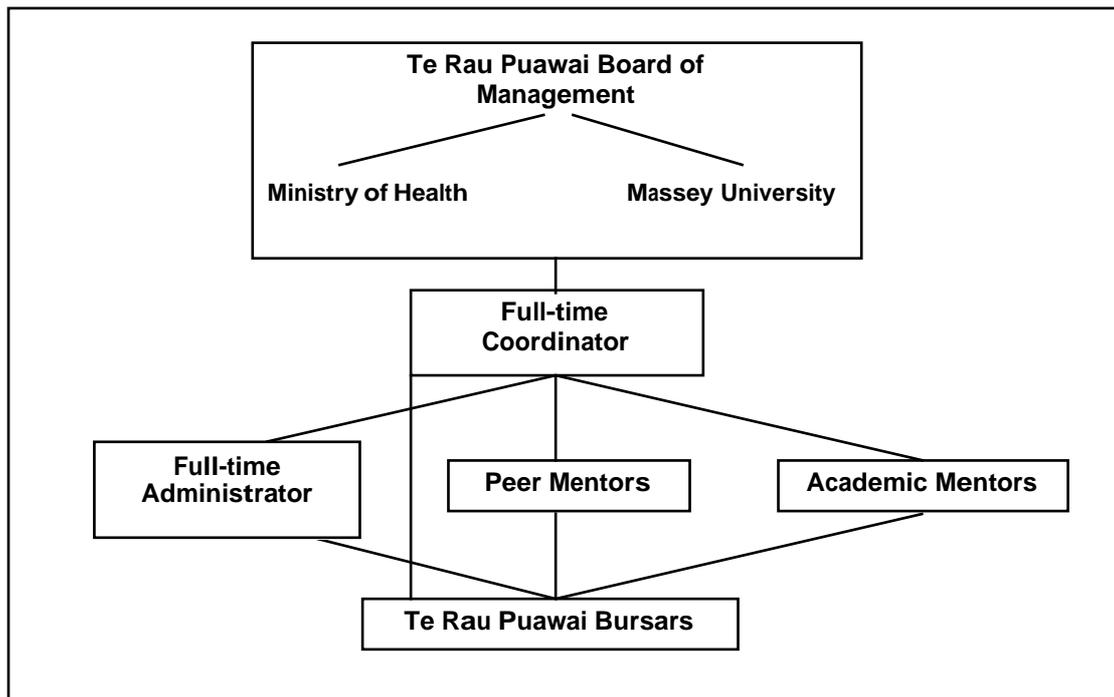
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## Introduction

### Brief Overview of Te Rau Puawai

Te Rau Puawai is a workforce development programme aimed at assisting Maori who have a strong interest in Maori mental health, gain tertiary qualifications relevant to the mental health field. Since 1999, Massey University, in partnership with the Ministry of Health, have combined to offer a selected group of Maori students (bursars) support throughout their study. The Ministry of Health is the funding agency and Massey University provides various support resources for the student's programme of study. The goal of Te Rau Puawai is to enable 100 Maori to successfully complete and gain relevant mental health related academic qualifications by 2003. This objective is to be achieved through the provision of bursaries and academic and learning support (mentoring and study programme) for Maori students enrolled in appropriate programmes within the College of Humanities and Social Sciences at Massey University. Bursars study courses from a number of mental health related disciplines such as social work, nursing, rehabilitation, psychology and Maori studies.



**Figure 1.** Organisational framework of Te Rau Puawai

Massey University offers flexible training options including: internal, extramural, block courses, and mixed mode (internal and external) from three campuses located in Palmerston North, Albany and Wellington. Te Rau Puawai however, has its base at the Palmerston North campus within Te-Putahi-A-Toi, the School of Maori Studies. At the time of this evaluation, the programme supported 123 students many of whom are employed within the broad area of Maori mental health, are mature students and

study part-time as distance learners. Bursars are located extensively throughout New Zealand from Kaitaia in the far north to Christchurch (Maxwell-Crawford, 2001).

The organisational framework of Te Rau Puawai is shown above.

Te Rau Puawai is lead by a full-time coordinator under the umbrella of the Te Rau Puawai Board of Management. The Board comprises of:

- the Pro Vice-Chancellor of the College of Humanities and Social Sciences and three other representatives from Massey University appointed by the Pro Vice-Chancellor
- three representatives from the Ministry of Health appointed by the Deputy Director General of Mental Health

Financial support from the Ministry of Health supports the following:

- bursar fees and course related costs
- bursar attendance to on-campus courses and headstart hui
- the full-time coordinator
- the full-time administrator
- cost of staffing the Thursday night call centre (peer mentors)
- regional visits by Te Rau Puawai staff to meet with and support bursars
- website
- database

Massey University provides the following:

- Te Rau Puawai office located within the School of Maori studies
- the provision of an academic mentor for each of the bursars
- Te Rau Puawai room with access to a computer and internet 24 hours per day
- a site for the Thursday night call centre
- a place to hold headstart hui twice per year in the School of Maori studies
- relevant mental health related educational programmes
- overhead cost for Te Rau Puawai coordinator, administrator and call team eg. power, phone costs and equipment

## **Key Stakeholders**

There are a number of key stakeholders who do not have a direct role in the provision of Te Rau Puawai. These people are not involved in the day to day running of Te Rau Puawai (as do, for example, the coordinator, support team or academic mentors), nevertheless they play an important role, contributing in a variety of ways to the programme. Key stakeholders include:

- Te Rau Puawai Board (the composition of which is described earlier)
- Heads of School and Department from the relevant study programmes, specifically in Social Policy, Health Science, Psychology and Maori Studies
- employees of the Ministry of Health who have had involvement with Te Rau Puawai in various capacities, including members of the Board and contracting/funding responsibilities

- employer representatives of mental health provider agencies who have employees participating in Te Rau Puawai

As evaluators we recognise the importance of these stakeholders, particularly in relation to their capacity to impact both positively and negatively on the success of Te Rau Puawai. Given this it is important their views are captured within this evaluation.

## **Evaluation objectives**

To evaluate the Te Rau Puawai programme, the Ministry of Health commissioned the Maori and Psychology Research Unit of the University of Waikato in July 2001. The overall aim of the evaluation was to provide the Ministry with a clearer understanding of the programme including: the perceived critical success factors, the barriers if any regarding Te Rau Puawai, the impact of the programme, the extent to which the programme may be transferable, gaps in the programme, and suggested improvements.

The key stakeholders described earlier are an integral component of the Te Rau Puawai programme and were identified as an important group to receive comment from. This report documents the evaluative exchange that we had with some key stakeholders of Te Rau Puawai.

## Method

### Participants and procedure

Individual interviews were held with:

- four Te Rau Puawai Board members, all from Massey University
- two Heads of School and one Head of Department at Massey University
- four employer representatives of Mental Health Provider Agencies each from Gisborne, Palmerston North, Porirua and Tauranga
- four employees of the Ministry of Health who have had involvement with Te Rau Puawai in varying capacities, including members of the Board and those with contracting responsibilities

One Board member is also a Head of a School, two members hold roles as academic mentors and one member is an employee of the Ministry of Health.

#### *Te Rau Puawai Board members, Heads of School and Department*

Interviews were arranged via the Te Rau Puawai programme coordinator. Mutual dates and times were organised to conduct interviews on campus at Palmerston North. All participants consented to be interviewed.

One to three members of the evaluation team were involved in interviewing participants. The sessions were audio-recorded and hand written notes were taken. On completion of the interviews, the notes taken were supplemented and expanded by verbatim quotes to produce a summary report. Summary reports were offered to participants for their comment prior to analysis.

The interview schedule for the Board was slightly different to that for the Heads of Schools/Department. The semi-structured interview schedule for the Board sought information regarding:

- the perceived critical success factors
- the barriers if any regarding Te Rau Puawai
- impact of the programme
- thoughts about transferability
- suggested improvements
- and any gaps in the programme.

(See Appendix 1 for the Te Rau Puawai Board questionnaire)

Information sought from the Heads of Schools/Department was more specific including:

- what knowledge participants had about the programme
- the type of impact Te Rau Puawai had made within the school/department
- the contribution that schools/department had made to Te Rau Puawai
- the relationship between schools/department and Te Rau Puawai

- suggestions for improvement
  - and the positive/negative aspects of the programme.
- (See Appendix 1 for the Heads of School/Department questionnaire)

### ***Ministry of Health Representatives***

Interview times and locations convenient to the participants, were arranged by members of the evaluation team. All key informants consented to be interviewed. A total of four interviews were conducted with Ministry of Health representatives in Wellington and Hamilton. Hand written notes were taken for each session. On completion of the interviews, the notes taken were used to produce summary reports. Summary reports were offered to participants for their comment prior to analysis. The specific focus of the interviews with key informants from the Ministry of Health were their role as workforce development policy makers, funders of Te Rau Puawai and Board members of Te Rau Puawai.

A semi-structured interview eliciting information on the following key themes was used:

- whether Te Rau Puawai is delivering what was expected by the Ministry of Health.
- whether the money invested by the Ministry of Health in Te Rau Puawai is being well spent.
- whether Te Rau Puawai is making a difference to the Maori mental health workforce.
- the Te Rau Puawai Board (including the perceived role of the Board, whether participation by the Ministry of Health on the Board is a critical success factor).
- the transferability of Te Rau Puawai including characteristics of Massey University as an appropriate provider for the programme.
- the interface between mental health agencies and the Te Rau Puawai programme (including its importance, and whether it can be improved).

### ***Mental Health Provider Agencies***

Bursars who were employed by a mental health provider agency were asked, through the bursar questionnaire, to nominate an agency person who would be willing to be approached to participate in an interview. Bursars were asked to provide contact details to enable one of our team members to arrange an interview either in person or by telephone. All key informants consented to be interviewed. Three interviews were conducted over the telephone and one in person. Hand written notes were taken for each session and in the case of the face to face interview, the session was also recorded on audio tape. On completion of the interviews, the notes taken were supplemented and expanded by verbatim quotes to produce a summary report. Summary reports were offered to participants for their comment prior to analysis.

A semi-structured interview was used seeking the following information from participants:

- their knowledge of the Te Rau Puawai programme
- the number of employees who have or are currently on the programme
- the degree of contact with the Te Rau Puawai coordinator
- the impact the programme has had on the agency
- the types of support the agency has provided employees on the programme
- comments about improving the programme

(See Appendix 1 for the Mental Health Agency questionnaire)

## **Data analysis**

The responses made by stakeholders were subjected to content analysis to identify major themes. These are reported on in the Findings section.

## **Ethical issues**

This procedure was subjected to ethical review by the Research Committee of the Department of Psychology at the University of Waikato.

## Findings

The findings section is presented in four parts:

1. Te Rau Puawai Board members (excluding representatives of the Ministry of Health).
2. Ministry of Health representatives.
3. Heads of School and Head of Department.
4. Mental Health Agency Providers.

For each part, major themes are presented below. The findings section ends with our conclusions.

### Part 1: Te Rau Puawai Board Members

The following themes emerged from the interviews we conducted with Board members and are presented according to the aims of the evaluation.

#### ***Critical success factors***

Board members identified six factors critical to the success of Te Rau Puawai. They were: a) the employment of an enthusiastic and committed coordinator who provided an essential foundation for the programme; b) an efficient and effective system of support; c) good leadership and the ability to gain and maintain the confidence of the Ministry of Health and the Maori mental health sector; d) funding; e) a whanau approach; and f) an innovative structure responsive to the needs of bursars.

#### **The Coordinator**

Programme coordination was viewed by Board members as a critical success factor. They assessed that the coordinator had provided an essential foundation for a successful programme of support that was embedded in a network that welcomed, encouraged and informed bursars, academics and mental health agency staff. The coordinator was described as a core part of the Te Rau Puawai team and acted as a point of contact for Board members, mentors, students and community agencies alike. Her diligence and enthusiasm was seen to have shaped the programme into what it is today, leading one Board member to comment:

*...[Her] contribution... has really given the programme a distinctive edge...*

## Support Systems

The following support mechanisms were mentioned as critical to the success of the programme. These included the:

- support provided by the coordinator
- headstart hui at the beginning of each semester
- telephone support team
- regional support visits made to bursars

Comments were made regarding how the coordinator and the team could pull the various aspects of the programme together to work for the bursars and that the heavy input of the Te Rau Puawai support team into the programme had contributed to its success. In relation to the headstart hui, participants stated that the hui were important for students to establish links with staff and network with other bursars. The following statement reiterated the importance of these support systems:

*...direct support to students through Te Rau Puawai in all of its manifestations, [the coordinator]... phone support, [the administrator], regional support visits, headstart hui – which is really important in terms of developing that ethos among the students. They come on board and they get a load of expectations put on them but, not by us, but by other students and they know that this is serious and they've got to do well... moral obligation...*

## Key Person

Most Board members mentioned how a key person (Professor Mason Durie) played a pivotal role in establishing the Te Rau Puawai programme. In initiating Te Rau Puawai Professor Durie was able to seek funding from the Health Funding Authority as well as enlist the support of Massey University. A comment was made on how the Health Funding Authority was willing and prepared to engage in discussions with Massey University because of the calibre of staff and of their enthusiasm.

## Strategic direction and Funding

Two Board members stated that financial backing was critical to the establishment and success of Te Rau Puawai. Close collaboration with the Health Funding Authority in the early conceptualisation of the programme enabled adequate funding to be secured over a long enough period to ensure continuity for bursars and programme staff. One Board member commented that:

*Students that wouldn't have come to university are now able to study here...*

With regard to the strategic direction of the Board, the Board Chairperson explained:

*“We take the view that the strategic direction (of Te Rau Puawai) is as set by the contract which charges the Board with certain expectations and establishes outcomes for the programme. At key points, The Board has clarified the strategic direction of the programme with the Health Funding Authority or the Ministry – for example, giving greater emphasis to those who*

*would work in key areas like child and family, alcohol and drug; or re-assessing the appropriate balance between completions and the introduction of new students”.*

The Board’s approach to realising the goals of Te Rau Puawai has meant that the Board is able to: act responsively to the workforce needs of the Maori mental health sector; be selective about the type of applicants accepted as bursars; and introduce complementary programmes (eg., Tipu Ora) or support strategies (extra administration) when required.

### **Whanau Approach**

One Board member commented that the whanau approach of the programme was a critical success factor. The structures in place to facilitate networking amongst bursars and the Te Rau Puawai team were considered important in terms of creating a whanau environment. A whanau atmosphere enabled bursars to feel comfortable and was conducive to meeting their academic needs.

### **Innovative Structure**

Having an innovative structure was also considered an important factor in terms of developing a programme tailored to meet student needs. As the programme was originally designed for full-time internal students changes were required to accommodate the needs of mostly part-time, external, mature students. By incorporating new support structures such as regional support visits, phone support and headstart hui, the coordinator was able to meet students learning requirements. In this sense Te Rau Puawai was both innovative and dynamic, able to respond to needs as they were identified.

### ***Programme barriers and gaps***

Board members identified a number of barriers to success and programme gaps. They were: a) continuity of funding; b) the need to develop a closer relationships with Maori mental health provider agencies; c) the challenge for bursars to reconcile Maori and Western world views; d) the workload created by the programme for Maori academic staff; e) finding students committed to working in the Maori mental health field; and f) improving the academic mentoring system.

### **Continuity of funding**

Board members expressed their concern in relation to securing continued funding necessary to support the successes that the programme had already achieved. It was felt that there was a high demand for the programme, as measured by the number of applicants to Te Rau Puawai, but insufficient funding to meet this need. Furthermore, as continued funding was not guaranteed, thought needed to be directed to other means by which students could continue to be successfully supported. Tipu Hauora, a

scaled down programme from Te Rau Puawai, had been designed to fill the continuity gap but bursars were only guaranteed funding for one year.

Board members recognised that despite bursars receiving financial assistance, for some, financial barriers were always going to be present. However, for other bursars, they only required small amounts of financial assistance to supplement other sources from which they gained financial support.

Although financial backing for the programme was seen as a key issue to address, building stakeholder commitment to the programme was also seen as important for the continuity of Te Rau Puawai.

### **Closer workplace relationships**

Two Board members discussed how the connection between the workplace and the programme could be further explored. Communication issues were cited as a key issue with one Board member talking about some providers lack of knowledge in relation to how Te Rau Puawai operated.

### **Reconciling world views**

One Board member commented on how bursars had to cope with working within both Maori and Pakeha worlds, particularly in relation to balancing employer expectations, study, and family responsibilities. With regard to the programme it was felt that there may not have been adequate support for bursars who worked in mainstream organizations as compared to those who worked in Maori organizations. In respect of the papers offered at university the following comment was made:

*Pakeha papers that don't acknowledge the Maori dimension... may make it quite difficult for [bursars] to feel that the knowledge belongs to them...*

### **Workload on Maori academic staff**

Another comment was made that particular groups of Maori staff “*tended to do all the mahi*”. It was important that the workload associated with Te Rau Puawai was shared amongst all staff within the relevant schools and departments, as opposed to residing solely with Maori staff.

### **Funding the ‘right’ students**

One Board member discussed their thoughts on the possible lack of commitment from undergraduate bursars to Maori mental health as opposed to postgraduate bursars who were perceived as possibly being more committed to completing their study. Given this, the possibility was raised that Te Rau Puawai may be funding students who may not continue to work in the Maori mental health field. It was suggested that funding could potentially be more focussed at postgraduate or senior undergraduate level as opposed to earlier stages of an undergraduate degree.

## **Academic Mentoring**

Two Board members discussed how the academic mentoring aspect of the programme was not well utilised. One comment was that bursars could be doing well without the assistance of an academic mentor. Another respondent stated that some mentors were more committed than others to bursars, which could affect mentor/bursar relationships.

## ***Uniquely Maori aspects***

The opportunity to hui regularly provided the context for foundational processes of whanaungatanga to occur. Along with participation in the programme, by Maori academic staff and Maori staff of the Ministry of Health, a sense of Maori 'ownership' was felt to have been created.

## **Hui and whanaungatanga**

The headstart hui held at the beginning of each semester was mentioned by all Board members as a uniquely Maori aspect of Te Rau Puawai. The hui gave bursars the opportunity to network with other Te Rau Puawai students and the Te Rau Puawai support team. The construction of Te Rau Puawai as a whanau was seen as being facilitated by these hui. Within the programme whanaungatanga was seen as a key aspect by two Board members with regard to providing inspiration and encouraging bursars to take responsibility for one another.

## **A sense of Maori ownership**

One Board member stated that the Te Rau Puawai programme was driven by Maori, specifically in relation to Maori representation from Massey and the Ministry of Health on the Board, and the location of the programme in the Maori Studies Department. The following comment was made:

*The programme is situated in the Maori Studies Department which is an environment conducive to Maori... Location of Te Rau Puawai is good for [for the coordinator's] safety...*

One respondent talked about how Te Rau Puawai empowered the mana of bursars and provided them with the opportunity to be active and successful within the university environment.

## ***Transferability***

All Board members agreed that the Te Rau Puawai programme or elements of it could be transferred to other areas, groups or tertiary institutions. One respondent talked about how it was always intended that the programme be transferable as the original goal was for health generally, with the focus on Maori mental health being opportunistic and well timed.

Board members also discussed the key elements which they thought made Te Rau Puawai transferable. The success factors previously mentioned were thought to be important. Other elements included the importance of finding a good home for the programme, a good coordinator, a good selection process, regular contact and support.

*You have to have a link with somebody that you can meet...Need to be able to contact students, follow them up, need to provide support otherwise you'll lose them... We could transfer the model to say Maori health, mental health and a whole range of things... but it's that balance needed for support. It's all about keeping in touch.*

### **Suggested improvements**

Board members identified two areas that required improvement. The first was the academic mentoring system. Participants felt that further clarity about the roles of mentors was necessary. They also suggested that academic mentors take on more responsibility for initiating contact with bursars and that regular contact between bursars and mentors be encouraged. The second area for improvement concerned funding. A suggestion was made that funding be continuously provided to bursars from year two or from postgraduate level until course completion. This was viewed as being of benefit to Te Rau Puawai staff in relation to less administrative requirements and to bursars in relation to secured and guaranteed course funding.

## **Part 2: Ministry of Health**

The following themes emerged from interviews held with four Ministry of Health representatives.

### **Delivery expectations**

All participants agreed that Te Rau Puawai had met or exceeded initial expectations. Some of these expectations were: that 100 people with an interest in Maori mental health would be trained; students would experience success within tertiary education; Maori would be learning about mental health; a desire to work in Maori mental health would be created; and the Maori mental health workforce would be developed and improved as compared with when Te Rau Puawai started.

Two participants commented on the age of the bursars being supported through Te Rau Puawai, specifically that the bursars funded were older in age than had been anticipated. It was felt that there may be a need to consider the type of workforce which is needed, for example age, type of worker, gender, with adjustments to the programme being made based on those identified needs. Although the age of the bursars was commented on, it was also felt that the value of the tikanga and kaupapa Maori knowledge and experience that pakeke and kaumatua contributed to mental health service delivery also needed to be recognised within workforce development programmes.

### ***Value for money***

All participants agreed the resources invested by the Ministry of Health had been well spent. Particular mention was made of the support services aimed at facilitating academic success such as the co-ordinator, administrator, support team and hui. Issues identified as being important to examine included a possible need to experiment more with funding allocations in relation to identified workforce needs. For example, if Te Rau Puawai is wanting to target the development of a younger workforce, an area for consideration may be financial support targeted to meeting childcare expenses.

An area of concern for programme development and maintenance is matching the importance of funding students through to completion of their studies against the length of time taken to complete. Many Te Rau Puawai bursars undertake study part-time. This creates a risk for the Ministry of Health in funding students who may take a longer to complete than the period for which funding is provided.

### ***Selection criteria***

Respondents were of the view that a flexible and broad selection criteria was required to meet the needs of the Maori mental health workforce. Reasons for this were based on the current model of recovery within the mental health sector and the need for a diverse and responsive workforce, and secondly, a need to attract Maori students many of whom have not had previous opportunities to experience tertiary education. It was pointed out that the Board ultimately held responsibility for the selection of bursars and that a particular role of the Board was to determine priorities for selection. Given this, it was important that the criteria was broad, with flexibility to enable the Board to prioritise and be responsive to differing workforce needs as they arose. For example, being able to focus on different types of students or training in particular disciplines, or attending to what particular regions may benefit from all point to the need for flexible selection criteria.

The broad criteria was also viewed as being critical to the success of Te Rau Puawai, in that it facilitated a combination of older and younger bursars which allowed for processes of whanaungatanga, integral to the creation of the Te Rau Puawai whanau.

Although the broad criteria was perceived to be advantageous, comments were also made in relation to the Board needing to more specifically focus on selecting bursars according to identified workforce needs. For example, it may be necessary to have funding specifically allocated for post/graduate students or for the development of an alcohol and drug workforce. This was summed up as adjusting the focus of Te Rau Puawai from outputs to outcomes. A possible risk of maintaining a broad selection criteria may be that bursars supported by Te Rau Puawai might not necessarily go on to work within Maori mental health. This, however, was viewed as a potential risk for *any* workforce development programme.

### ***Impact of Te Rau Puawai on the Maori mental health workforce***

The majority of participants agreed that it is too early to measure whether Te Rau Puawai is having an impact in terms of overall Maori mental health workforce development. Participants were of the view that the programme has had an impact in terms of creating an interest in working within Maori mental health as evidenced by the number of application to participate in Te Rau Puawai, as well as assisting in the retention of the existing workforce through validating the skills that workers currently possess through gaining tertiary qualifications in Maori mental health.

### ***Role of Te Rau Puawai Board***

Ministry representatives perceived the Board to be responsible for the overall management of Te Rau Puawai, leadership of the initiative, supporting the co-ordinator and support team, and the provision of strategic direction via selection criteria. However, for participants who were (or had been) Board members the primary role of the Board was viewed as bursar selection. Comments were made about the Board being perceived as a management Board and, although it may have been initially intended to operate as such, it had evolved, in practice, into a Board focused primarily on the selection of bursars. These differing perceptions may have lead to a difference in expectations between the Board and the support team, a result of which may have been a perceived lack of leadership and strategic direction by the Board. However, participants also mentioned that at times it appeared that the Board had taken on the role of simply approving procedures or directions due to the efficiency of the coordinator and her team in terms of managing the programme.

The composition of the Board was viewed as being critical to the success of Te Rau Puawai. The contract for Te Rau Puawai was unusual in that it specified the exact composition of the Board. The composition of the Board was deliberate as it was designed to establish a team of active contributors, for example: those with expertise in education, systems and marketing from Massey University; and those with expertise in workforce development, mental health service development, strategic direction and vision for Maori mental health from the Health Funding Authority/Ministry of Health. One participant succinctly described the Board as being deliberately composed so as to ensure “that everyone had something to gain and something to lose”. The key advantages of the current composition of the Board were that: it allowed for input from all parties; provided an effective mechanism for dialogue between the funder and provider enabling issues to be identified and addressed as arose; continuity and certainty through the health sector transition period; and the facilitation of opportunities for leadership roles for all key stakeholders. However, it was also commented that whilst Ministry of Health involvement was critical to the success of the Board and Te Rau Puawai in the establishment phase of the pilot programme, the need for Ministry of Health participation in the future needed to be further investigated, for example it may maintain a monitory function only.

Although the Board was perceived to be successful in its role, several areas for improvement were identified. These included the possible need for a Board more clearly focused on programme management with a specific focus on strategic

development. It was also suggested that the Board could benefit from representation from mental health providers and an ex-Te Rau Puawai bursar.

### ***Transferability***

A key theme to emerge in relation to the transferability of Te Rau Puawai was the importance of ensuring that programmes developed in different settings were targeted to adapt and respond to their own particular needs. For example, the basic characteristics and culture of the programme can be transferred, such as the support practices, however the way in which these manifest in practice will be determined by the uniqueness of the particular context in which they are situated.

The concept of a national programme, co-ordinated at regional levels was raised, with programmes being structured around the specific Maori mental health workforce development needs of regions. From the Ministry of Health's perspective one of the challenges of transferability is maintaining national consistency across programmes and monitoring programmes across localities.

Another important theme to emerge which has implications for transferability was the contracting arrangement for Te Rau Puawai. The five year Te Rau Puawai contract was unusual as contracts of this length present a very high risk for the Ministry of Health. Approval to undertake such contracts are dependent on contracting with providers such as Massey University who have a clearly established track record, known personnel and known commitment to the kaupapa of Maori mental health workforce development. The length of the contract for the Te Rau Puawai project allowed for the full development of the programme. In addition to the length of the contracted period, it was also considered critical that each party had a clear understanding of what was being contracted, for example outputs, criteria, and monitoring requirements. It was also suggested that Te Rau Puawai remain the responsibility of the Ministry of Health, funded at a national level, as opposed to becoming the responsibility of District Health Boards. Such a shift in funding provider was perceived to be a threat to the success of workforce development initiatives. District Health Boards were seen as lacking an environment which recognised the importance of encouraging recruitment and retention within the Maori mental health workforce.

A further theme to arise was the importance of initiatives having what was referred to as a 'figurehead' – someone who is well respected and has status within the sector. The person most often referred to in relation to Te Rau Puawai was Professor Mason Durie. The impacts of the involvement of Professor Durie were securing buy-in from the sector, the Ministry of Health and Massey University, and the fostering of a sense of expectation amongst those involved to ensure the programme was successful.

### ***Interface between mental health agencies and Te Rau Puawai***

It was felt that one reason some mental health agencies may not be providing optimal levels of support for bursars could be due to resourcing issues, specifically the lack of resources available to cover staff who are undertaking study. Relationship building

and maintenance with mental health agencies was not perceived as being the core responsibility of Te Rau Puawai, whose resources were better utilised to focus on the provision of support to bursars. However, a possible additional component of Te Rau Puawai which could be progressed further was encouraging the development of a philosophy within mental health services which recognises the importance and value of the recruitment and retention of Maori staff. Some stated this should be a combined effort between the Ministry of Health and the Board, whilst others stated it was the responsibility of the Ministry of Health.

### **Part 3: Heads of School/Department**

The following themes emerged from interviews held with two heads of school and one head of department.

#### ***Relationship between Te Rau Puawai and School/Departments***

Respondents discussed how links had been developed between staff and the bursars especially through the academic mentoring system. They noted that academic mentors were not widely accessed by bursars, with a key problem being reliance on bursars to make contact with the mentors. They felt that academic mentors needed to be more active in contacting bursars but were hesitant as to whether the mentors were adequately equipped with appropriate cultural knowledge. Te Rau Puawai staff were seen as having played an important role in assisting academic staff to relate to Maori students.

Better informing bursars of the benefits of using mentors was recommended, for example, as a preventative measure to avoid stress in terms of help with assignments. Another suggestion was to have regular meetings with students and mentors to encourage ongoing contact between the two.

#### ***Benefits of programme to School/Departments***

Respondents commented that Te Rau Puawai had brought more students into the School/Department that otherwise may not have come to university. Other statements were that support systems were in place for bursars, the programme was successful in retaining bursars and assisted bursars to prepare for post/graduate studies. Another response was that Te Rau Puawai mediated between: international staff and Maori students with regard to cultural awareness; and the mainstream university environment and Maori students.

#### ***Positive/negative aspects of the programme***

Respondents could not identify any negative aspects of the programme nor did they have any suggestions to improve the programme. Positive aspects mentioned included:

- *Opening more pathways between the School/Department and Maori*
- *More communication between the Schools – ‘just getting together’*
- *Recruitment and retention of Maori students*
- *Better environment for Maori*
- *Excellent support mechanisms*

Te Rau Puawai was reported as also having made an impact in relation to rethinking processes for the recruitment and retention of students in other health related programmes on campus.

### ***Transferability***

Respondents agreed that the programme could be transferable to other areas, for example a general health 'by Maori for Maori' programme. Also mentioned was the need to have a skilled coordinator to run the programme.

*...should be fine in other environments if they are lucky enough to have people [with good coordination skills].*

## **Part 4: Mental Health Provider Agencies**

Key informants shared the following themes with us. Most themes are presented according to the order of questions.

### ***Knowledge of Te Rau Puawai***

Participants from mental health provider agencies found out about Te Rau Puawai in a number of ways. In some cases the bursars themselves informed employers about the programme, two participants mentioned they found out from Massey University, and one other had attended a conference at which the coordinator had given a presentation about Te Rau Puawai.

When participants were asked what they knew about the programme, all commented that they thought Te Rau Puawai was a workforce development programme aimed at enabling Maori to gain qualifications to work in the Maori mental health field. Participants mentioned that the support services provided by Te Rau Puawai were offered to bursars in ways that were comfortable for Maori. For instance positive comments were made regarding the whanau concept of the programme.

*I... understand that Te Rau Puawai is very whanau orientated. It doesn't matter what iwi, hapu or rohe you come from, they are all whanau because they are Te Rau Puawai bursars.*

### ***Number of employees on Te Rau Puawai***

Of the four agencies that participants belonged to, most had more than one employee on the programme either currently or in the past. The numbers ranged from 3-9 bursars at each agency.

### **Contact with the Te Rau Puawai coordinator**

All participants reported that they had contact with the coordinator during the year, although this varied from twice per year, to more frequent contact.

### **Impact of Te Rau Puawai on the agency**

The programme was reported to have made a positive impact within agencies. Comments were made regarding the provision of placements and employment opportunities for bursars. Others talked about how bursars brought innovativeness to the agency.

*[The bursar] brings with her new innovative ideas such as research knowledge and [is] constantly learning new and improved ways of assessing needs of clients through surveys, which also provide community feedback.*

### **Support provided by agencies**

All participants reported that their agency provided study leave to varying degrees. Some agencies appeared to provide more types of support than others. For instance one participant told the evaluation team that their agency provided:

- *financial assistance*
- *resources to attend the headstart hui*
- *paid time off*
- *one day study leave each week*
- *supervisory support*
- *encouragement and support*

One other participant also talked about how their agency provided financial incentives for bursars to pass papers.

Those we spoke with generally felt that their agency had provided all the support that was needed.

### **Improving the programme**

Two participants were pleased with the programme in its present form and thought it did not need improving. One other participant talked about how Te Rau Puawai should be promoted more to the public and not just within the mental health field in order to encourage more interest from Maori. Another participant commented that the programme was limited and needed to expand:

*...to other whanau who may find it difficult to get to Massey University.*

This participant also described how the training of Maori in leadership roles was missing such as in Human Resource management, as the programme was focussed on clinical roles. The following comment was made:

*Knowing how to navigate the Pakeha management world within Maori constructs is really important. Those sorts of things will make Maori mental health successful. That is Kaupapa Maori management training [is] needed for Maori clinicians.*

### **Other comments**

Participants were, for a variety of reasons, generally pleased with Te Rau Puawai. For instance the support that was provided by the programme was considered to be valuable for bursars as explained by one participant:

*Good for kaimahi at work who hadn't thought about tertiary study, whole tautoko package... opened doors for kaimahi. Practical support is there, such as phone support... The basics are provided such as tutorials on essay writing [and] note taking.*

The coordinator was regarded highly in terms of being available to provide support to bursars:

*[The coordinator is a] really good individual, excellent support from her...*

*Tremendous support... very, very highly regarded... [the coordinator's] always there and gives heaps of support.*

Providing Maori mental health funding to bursars and guaranteeing they work in Maori mental health was considered problematic within the programme. This concern was shared:

*...after... investment in a student there is no guarantee that they're actually going to go into Maori mental health even though they've had financial support from TRP which is Maori mental health workforce development money and a placement in a Maori mental health workforce environment which is time [in] regards to supervision. There is no bonding, no commitment of those bursars to go into Maori mental health and I think that is a serious weakness. We've had that experience. I don't think it's fair to take from one kaupapa and go into another.*

Mention was made of how other sectors such as Corrections and Child, Youth and Family Services should provide workforce funding to train their own people. It was suggested that the programme be reviewed with regard to this problem.

A participant mentioned that if the programme were to be extended it should capture Maori at all levels, from 'grass roots' to those currently employed within Maori mental health.

## Conclusions

The findings from the key stakeholders indicate that critical success factors for Te Rau Puawai include: coordination, support systems, a whanau approach encouraging whanaungatanga, a 'figure head' to lead the programme, ongoing funding and an innovative structure enabling the programme to respond to issues as they arise. A finding potentially unique to the stakeholder participants was that the composition of the Board, specifically the inclusion of both funder and provider, and the importance of total commitment from these parties, played a significant role in the success of Te Rau Puawai. The importance of extended funding contracts (ie 5 years) for programme success and the need for funders to select providers carefully in order to enter into extended contracts were also an important theme.

Several areas for improvement were noted. These included ensuring bursars were committed to career pathways in Maori mental health. One suggested way to address this issue was through the Board being more focused on strategic development through its selection of bursars, for example more specifically targeting identified Maori mental health workforce needs. The suggestion for other agencies, such as Corrections or Child, Youth and Family, to take responsibility for their own workforce development needs may also be important to consider.

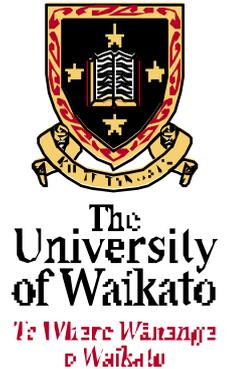
Improving the links between Te Rau Puawai and mental health agencies was also considered an area in which improvements could be made. It was interesting to note that of the mental health agencies interviewed none identified the Ministry of Health as a source of information about Te Rau Puawai. To some extent this supports the premise that the development of relationships between Te Rau Puawai and mental health agencies is an area in which the Ministry of Health could play an enhanced role.

The academic mentoring component of the programme was viewed as having scope for improvement so that the potential benefits for bursars could be realised. Increased promotion of mentors to bursars, as well as placing more emphasis on mentors being proactive in their mentoring roles were perceived ways to achieve this. It was interesting to note the view that some mentors may feel unsure of their ability to fulfil a mentoring role within Te Rau Puawai due to perceived cultural limitations, possibly reflecting a lack of understanding on the part of mentors about the role of academic mentors within the programme.

All key stakeholders thought that the programme was transferable. Key issues to consider in relation to this included: a multi-skilled coordinator; good leadership to secure buy-in from relevant stakeholders; and the ability to ensure that a 'transferred' programme is responsive to its target group.

## Appendix 1 Information sheet and questionnaire Te Rau Puawai WORKFORCE 100 Evaluation

### Information sheet for those in central roles



Tena koe,

Kei te tuku atu nga mihi ki a koe e hapai ana nga taurira Maori o Te Whare Wananga o Manawatu.

In July 2001, the Ministry of Health commissioned the Maori & Psychology Research Unit of the University of Waikato, to evaluate the Te Rau Puawai Work Force 100 programme of which Massey University is the provider.

The overall aims of the evaluation are to investigate and comment on the following aspects of the Te Rau Puawai programme.

- critical success factors
- barriers to success
- uniquely Maori aspects of the programme
- gaps in the programme
- recommendations for improvements
- transferability
- other relevant issues

We are seeking your views as they relate to your role in the Te Rau Puawai programme. In our report, we will not identify you by name. However, because of your unique position, it is possible that some readers will recognise who is being interviewed. If there is certain information you would like treated with confidence, please indicate this during the interview. We will respect all such confidences.

Please note the following:

- This is an anonymous interview/focus group. We ask you not to provide any information that may identify you in any way unless you state otherwise.
- Answer only those questions that you want to answer.
- You may withdraw from this process at any time and without explanation.
- Announcements and progress reports on the evaluation will be provided in Nga Moemoea. You will be given a summary report and not a full transcript of the interview/focus group.
- If you have any concerns about this project, please contact other evaluation team members, or the Chair of the Psychology Department's Ethics Committee - Dr Bernard Guerin, University of Waikato, Private Bag 3105, Hamilton, Phone: 07 8562889.

Manaakitanga,

Linda Waimarie Nikora  
(Evaluation team leader)

**Te Rau Pauwai WORKFORCE 100 Evaluation**  
**Consent form for those in central roles**

- Name of evaluation team member:**
- Delwyn Hewson
  - Jacqueline Henry
  - Laura Whangapirita
  - Linda Waimarie Nikora
  - Michelle Levy

I have received an information sheet about this research project and the researcher has explained the study to me. I have had the chance to ask any questions and discuss my participation with other people. Any questions have been answered to my satisfaction.

I understand that the evaluators are seeking my views as they relate to my role in the Te Rau Puawai programme. In evaluation reports and summaries, I will not be identified by name. However, because of my unique position, I understand that it may be possible that some readers will recognise who I am.

I agree to participate in this evaluation project and I understand that I may withdraw at any time. If I have any concerns about this project, I may contact other evaluation team members, or the Chair of the Psychology Department's Ethics Committee - Dr Bernard Guerin, University of Waikato, PB 3105, Hamilton, Ph: 07 8562889

Participant's

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator team member's

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **QUESTIONS FOR STAKEHOLDER INTERVIEWS**

### **Te Rau Puawai Board**

1. What do you think are the critical success factors of the programme?
2. The board is also responsible for ensuring the effectiveness of the mentoring component of the Te Rau Puawai programme. Reports indicate that mentors are not widely utilised by bursars. What are your comments in relation to this?
3. The desired outcome of Te Rau Puawai is to “accelerate the development of a professional Maori mental health workforce, and the range of providers of Maori mental health services...”. Can you please explain whether you think this has been achieved?
4. In what ways do you think the Te Rau Puawai programme could be improved?
5. What do you think are the barriers to success of the programme?
6. What do you think are the uniquely Maori aspects of Te Rau Puawai?
7. Do you think there are any gaps in the programme? Please explain.
8. With regard to transferability of the programme to another tertiary institution to encourage Maori participation and success rates at tertiary level:
  - a. what elements of the programme do you think are easily transferable?
  - b. what elements of the programme do you think are not easily transferable?
9. Any other comments that you think are important for us to know as evaluators?

### **Heads of Schools, Head of Department**

1. What do you know about the Te Rau Puawai programme?
2. In what ways has Te Rau Puawai been of benefit to your school/faculty?
3. What contribution do you think your school/faculty has made to the Te Rau Puawai programme?
4. Describe the relationship between this school/faculty and the Te Rau Puawai programme.
5. What do you think are the positive aspects of the Te Rau Puawai programme?

6. What do you think are the negative aspects of the Te Rau Puawai programme?
7. In what ways do you think the Te Rau Puawai programme could be improved?
8. Any other comments that you think are important for us to know as evaluators?

### **Mental Health Provider Agencies**

1. How did you first find out about Te Rau Puawai?
2. How many of your employees have been or are currently on the Te Rau Puawai programme?
3. What type of contact do you have with the Te Rau Puawai Coordinator?
4. What is your understanding of the programme?
5. In what ways has Te Rau Puawai made an impact on your agency?  
**Prompts:**
  - **Are there any benefits to the agency with having employee/s on the programme?**
  - **Are there any 'downsides' to the agency having employees on the programme?**
6. What types of support have you provided employees on the Te Rau Puawai programme?
7. What types of support were you **unable** to provide employees on the Te Rau Puawai programme?
8. We are interested in recommending how the Te Rau Puawai programme could be improved. Do you have any comments to make in relation to improving the programme? Please explain.
9. Any other comments that you think are important for us to know as evaluators?

## **Appendix 2 List of technical reports**

Technical report no. 1	Te Rau Puawai – Evaluation overview
Technical report no. 2	Addressing the recruitment and retention of Maori students in tertiary education institutions: A Literature Review
Technical report no. 3	Perspectives of Te Rau Puawai Bursars
Technical report no. 4	Te Rau Puawai Support team and staff perspectives
Technical report no. 5	Academic mentors perspectives
Technical report no. 6	Stakeholder perspectives