



**A shared approach to  
Wellbeing  
and Resilience  
in our region**

**Strategic Intersectoral Development  
Wairarapa 2017**



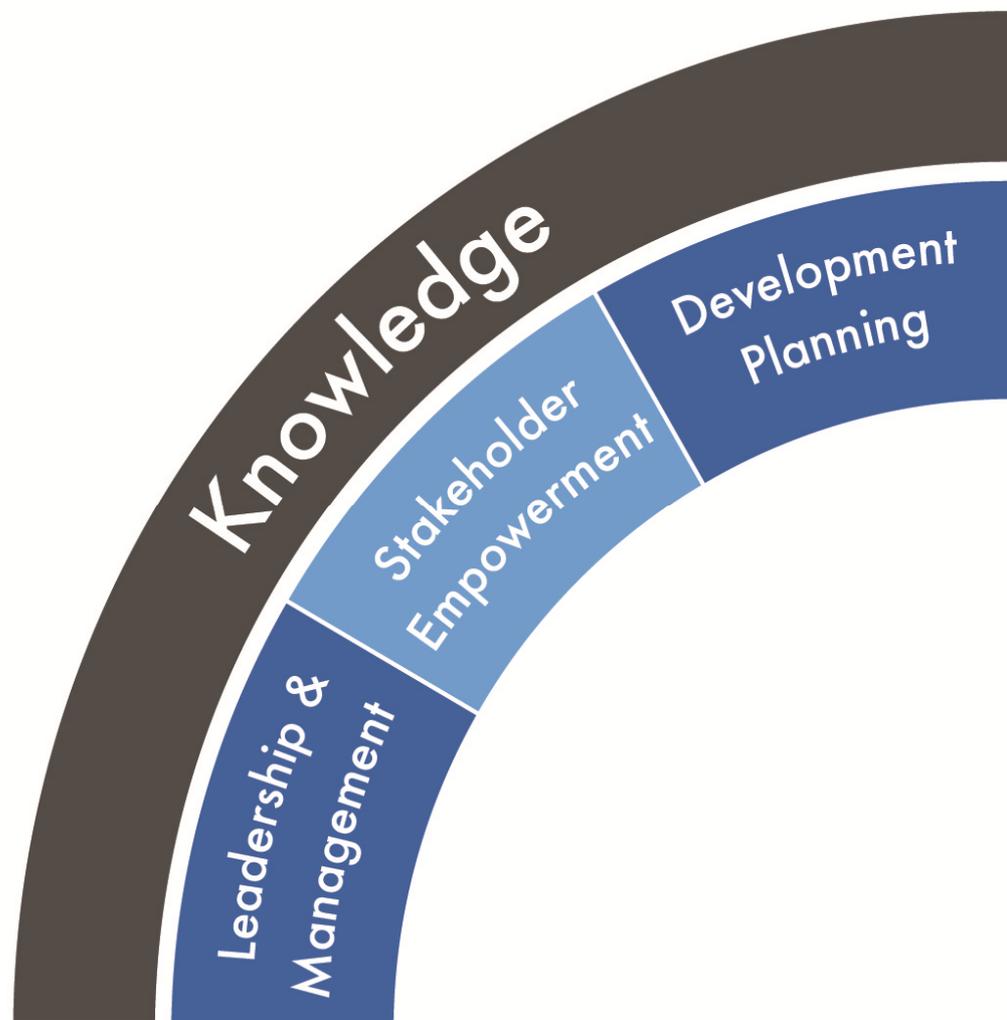
## *Ma whero ma pango ka oti ai te mahi*

*With red and black the work will be complete*

*This proverb refers to co-operation where if everyone does their part, the work will be complete.*

*The colours refer to the traditional kowhaiwhai patterns on the inside of the meeting houses.*

*Ma pango, ma whero also relates to the workers (pango) and the chiefs (whero) in working together.*



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*Individual commitment  
to a group effort -  
that is what makes a team work,  
a company work, a society work,  
a civilisation work*

*– Vince Lombardi*

# Foreword

*Adri Isbister, Chief Executive of Wairarapa District Health Board*

Around the world, there is a growing recognition that 'health' is an outcome of many complex factors. The World Health Organisation has long encouraged a wider view of 'health' by stating that is 'is not simply the absence of disease'.

In New Zealand, we have developed a greater understanding of health through exploration of many descriptors, especially Mason Durie's 'Te Whare Tapa Wha' – the four cornerstones of health – physical, spiritual, family/whanau and mental health.

Recognising the need for wider input into defining health and meeting the health needs in the Wairarapa, our District Health Board (DHB) embarked in 2017 on an inclusive Annual Planning process with stakeholders; and with close reference to the New Zealand Health Strategy, embedded into their strategic priorities for the first time 'working with all our partners'.

Three main priorities were identified through this consultative planning process: improving equity of health outcomes; the "triple aim" of balancing patient experience with quality and safety and wise use of resources; and taking an Intersectoral approach to improving the health outcomes of our population.

Wairarapa DHB demonstrated their commitment by commissioning two major complimentary initiatives:

- the development of a Consumer Council to enhance consumer experience and service integration across the sector, promote equity of outcomes and ensure that services are organised around the needs of people and their family / whanau.
- the development of an Intersectoral Forum of decision makers, who control funding for programmes that support health, wellbeing and resilience in our community.

This report presents the work of Wairarapa stakeholders in 2017 to determine the priorities that require the greatest degree of Intersectoral collaboration/partnership to make the most difference.

The aim is to ensure better coordinated effort where it will make the most difference, while reducing duplication and closing gaps both at policy and implementation levels.

At a grass roots level, the aim is to establish a system of more secure and coordinated funding for groups (voluntary/ NGO/ public/private) who are making or can make a measurable difference in priority areas.

Outputs promoted are strategic alliances between groups and longer term contracts with associated Key Performance Indicators related to the 6 identified priority areas – while avoiding disenfranchisement of voluntary/grass roots groups.

The report is presented in a format that can be widely used by Wairarapa stakeholders to influence where their resources are allocated over the coming years, and how we will work together to make a sustainable difference to the health, wellbeing and resilience of our community.

*Alone  
we can do so little;  
together we can do so much*

*– Helen Keller*

# Executive Summary

Many groups and agencies in the Wairarapa have developed strategic goals that describe service and business improvement goals, community development, and a desire to work with others to achieve a 'better' society.

While there is some congruence between these goals, there is no overarching strategy, and no forum where a full range of policy and resource decision makers can meet to add value to each other's efforts.

Over a series of workshops and interviews people who make decisions that affect the health, wellbeing and resilience of the Wairarapa communities, overwhelming consensus has been reached that we will work together using the following principles:

## Intersectoral Strategic Development Principles:

- We work together to a shared strategy
- We take an investment approach to initiatives
- We share information and stories to add value and prevent crisis/mitigate chronic stressors
- Our processes and programmes
  - strengthen relationships with Maori/Iwi
  - demand equity of outcomes
  - improve community resilience
  - promote prevention and early intervention
  - simplify access to services and services working together
  - help people succeed

While Wairarapa District Health Board commissioned this work, it was designed to look widely at the determinants of health in our region, recognizing that the emergence of ill-health springs from a complex range of societal factors, many outside the traditional view health services.

Through a process of investigation, sharing information and robust discussion, participants identified six key priority areas that require the greatest degree of Intersectoral collaboration to make a significant difference in our region.

## Shared priorities for 2017 – 2022:

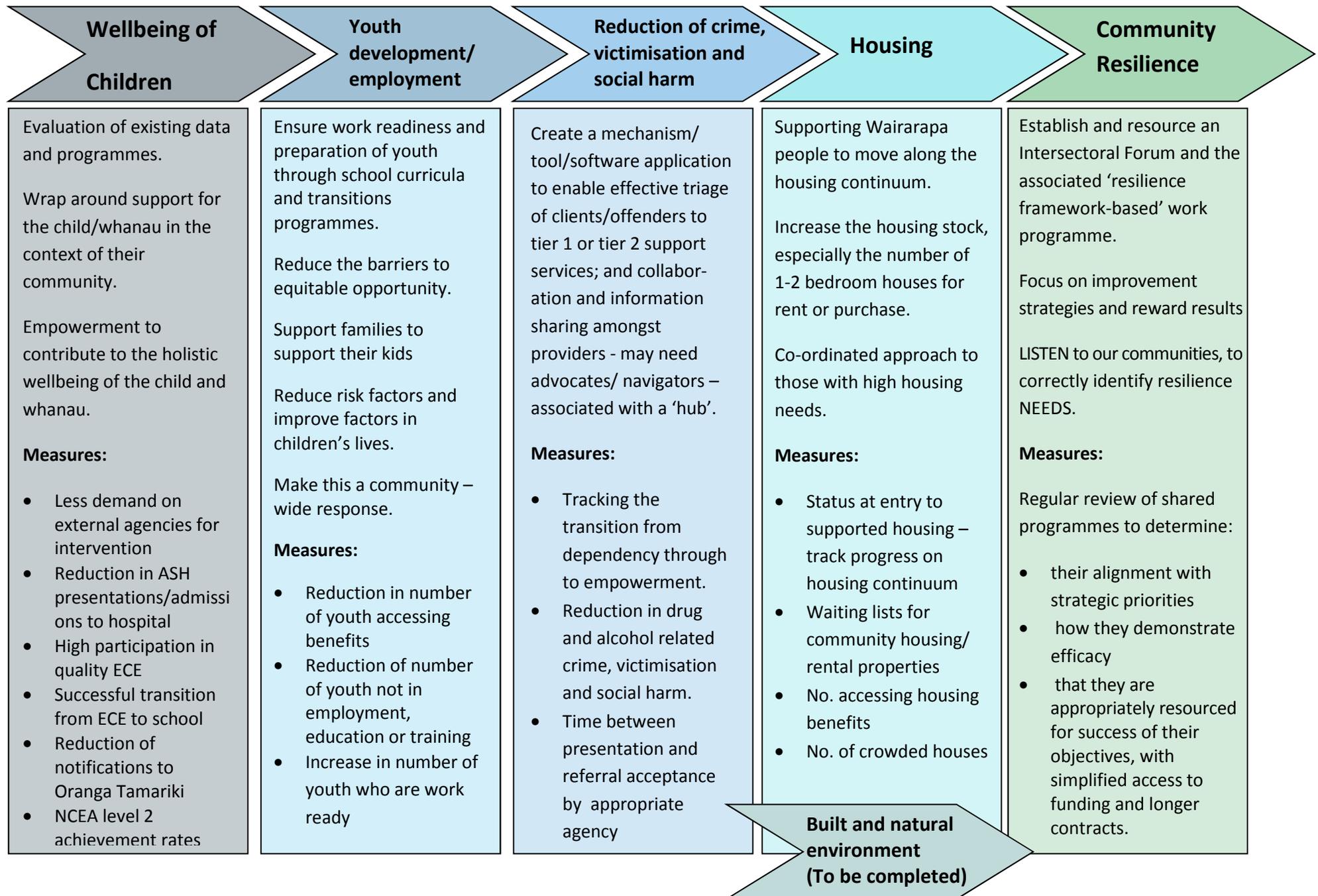
- Wellbeing of children
- Youth development/employment
- Reduction of crime, victimisation and social harm
- Housing
- Built and natural environment
- Community resilience

They agreed to use this process and information as a framework for working together to reduce duplication of effort, identify and rectify gaps, and support each other's efforts to make a sustainable difference on major issues in our region.



*Collaboration allows us  
to capture each other's fund  
of collective intelligence*

*– Mark Schmoker*



# Resilient Wairarapa – a strategy

*Jill Stringer, Programme Manager*

## Producing this strategy is not the end of the project – it's the beginning

Health hosted this piece of work, while making it very clear to participants that this was not just about 'health' – rather, it was about the determinants of health in the Wairarapa – those factors which build the wellbeing and resilience of our community.

We started on this journey with some unappealing statistics. ED attendances at Wairarapa Hospital are among the highest per capita in the country, despite our District Health Board being one of the smallest. Our rates of 'Did Not Attend' for outpatient clinics are persistently above the national average particularly for Maori and Pacific people. Likewise our rates of childhood respiratory admissions are growing, and the 'grey tsunami' in our population make-up is putting hospital services under severe pressure year-round, instead of just over winter.

But it soon became obvious that these are just the hospital-based symptoms of a much wider problem. They are the sum of thousands of individual actions but to diagnose the overall dysfunction, it is necessary to look at the wider determinants of health, and the empowerment of our community to engage in meaningful change.

It would be easy to see 'health' just as a health problem, related to specific individuals. Using this as a guiding philosophy, health professionals can make incremental changes to 'indicator' trends like those above, with some innovative thinking and action. But they are treating the symptoms, not the cause.

Taking a wider view of how people are addressing this internationally, the 'Resilient Cities' model<sup>1</sup> stood out with its holistic and inclusive approach. Co-incidentally, Wellington City has recently signed up to the 100 Resilient Cities movement, providing a rich resource of people and information to draw on, as well as common language to discuss concepts and plans. Over the course of this year, it has also emerged that all three of our Territorial Local Authorities are using some of the 'resilient cities' concepts and processes to varying extents.

Accordingly some of these concepts were adapted to help guide a 'resilient Wairarapa' approach, enabling a panoramic view of the determinants of health in our region to help stakeholders determine where our priorities are.

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<sup>1</sup> Developed by ARUP in 2013, the 100 Resilient Cities model was pioneered by the Rockefeller Foundation (100RC) and is dedicated to helping cities around the world become more resilient to the physical, social and economic challenges that are a growing part of the 21st century.

*Our method  
was to develop integrated products  
and that meant our process had to be  
integrated and collaborative*

*– Steve Jobs*

# How do our Wairarapa Priorities fit with the Resilience Framework?

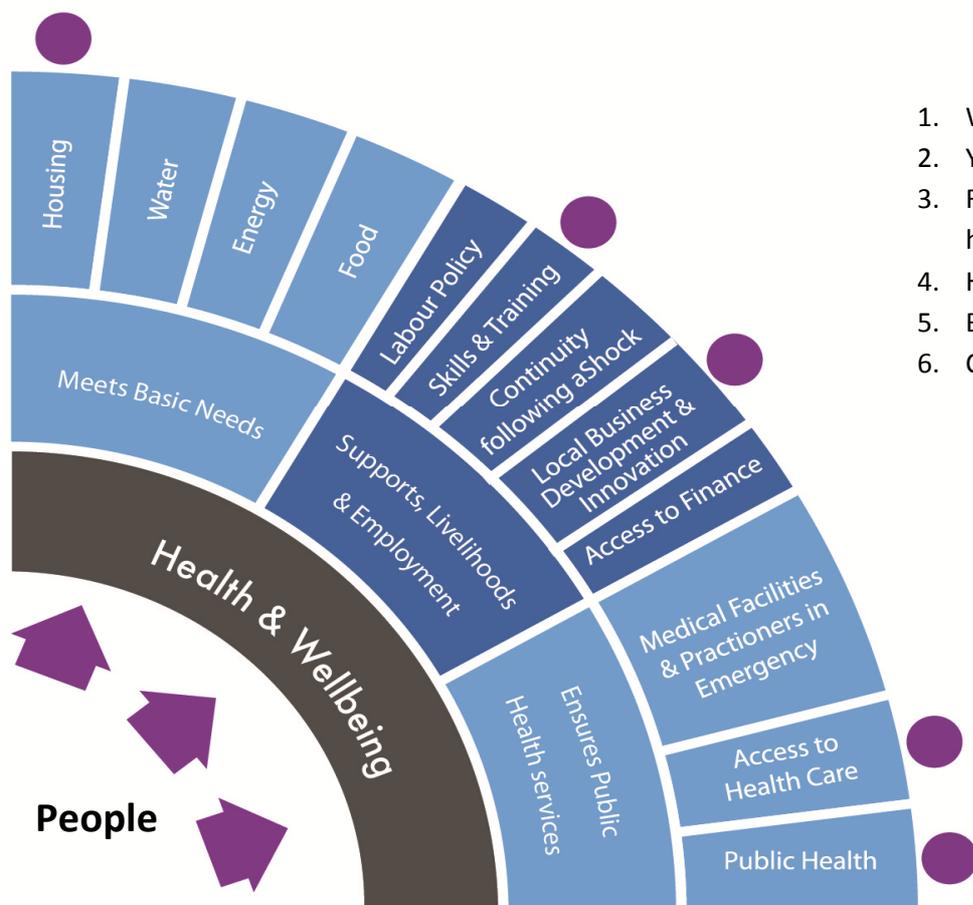
The Resilience Framework has four dimensions (people, place, knowledge and organisation), and twelve capacities.

Each dimension has three capacities:

- People (health and wellbeing)
  - Meets basic needs
  - Supports livelihoods and employment
  - Ensures public health services
- Place (Infrastructure and environment)
  - Provides reliable communication and mobility
  - Ensures continuity of critical services
  - Provides and enhances natural and man-made assets
- Knowledge (Leadership and strategy)
  - Provides leadership and effective management
  - Empowers a broad range of stakeholders
  - Fosters long-term and integrated planning
- Organisation (economy and society)
  - Fosters economic prosperity
  - Ensures social stability, security and justice
  - Promotes cohesive and engaged communities

54 measures complete the framework. In its totality, the framework contains striking parallels with the factors often quoted as the ‘social determinants’ of health.

The infographic quadrants on the next four pages map our Wairarapa priorities to the Resilience Framework, showing them in the context of all the factors that underpin wellbeing and resilience of a region.



## Our priorities 2017 to 2022

1. Wellbeing of children
2. Youth development/employment
3. Reduction of crime, victimisation and social harm
4. Housing
5. Built and natural environment
6. Community resilience

# Our way forward

## Strategic Intersectoral Development - the influences

There are three movements which are gaining traction internationally that have influenced this work.

### 1. Consumer and stakeholder engagement

The most significant, sustainable changes happening internationally in health improvement seem to be occurring where patients/family/whanau are an integral part not just of their health care, but of designing those services which affect their health, wellbeing and resilience (HQSC).

### 2. Social Investment

Social Investment is about improving the lives of New Zealanders by applying rigorous and evidence-based investment practices to social services. It means using information and technology to better understand the people who need public services and what works, and then adjusting services accordingly. (NZ Treasury, Jul 12, 2017)

### 3. Venture philanthropy

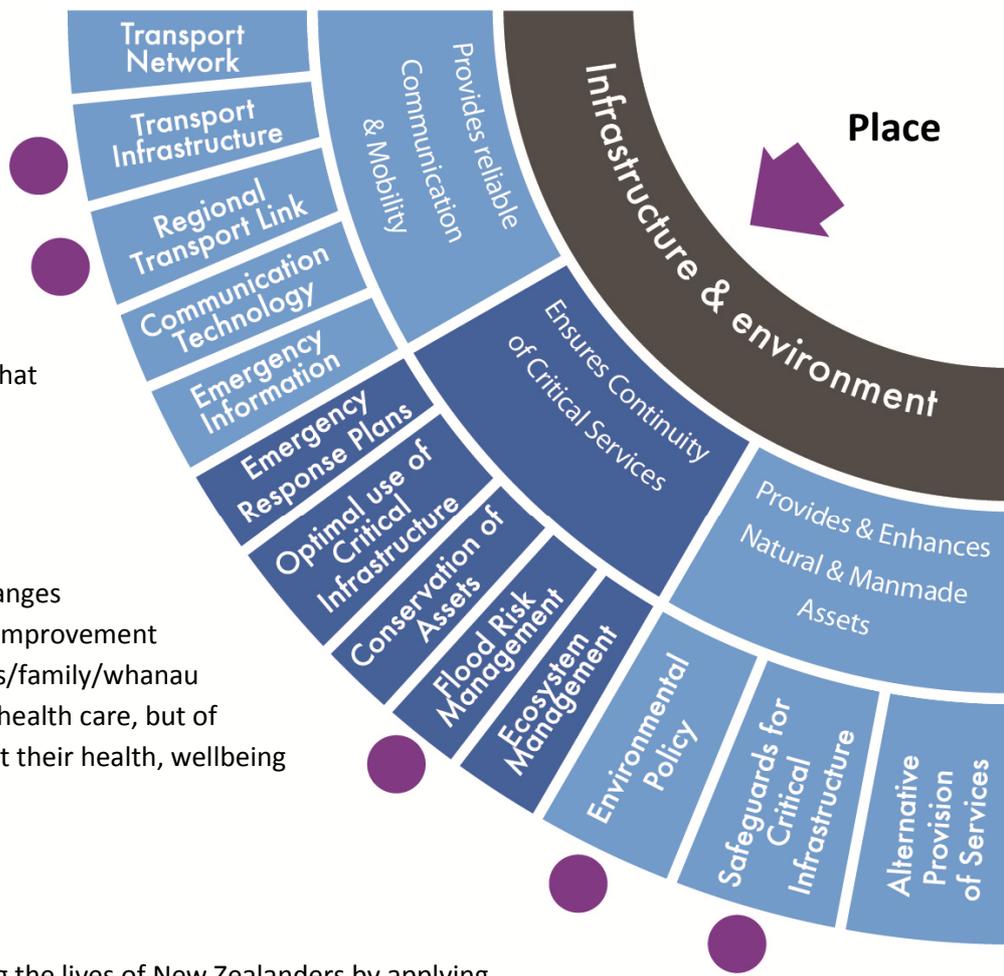
Venture philanthropy draws on the success of the venture capital industry in which investors partner with enterprises to provide both funding and expertise to support their success.

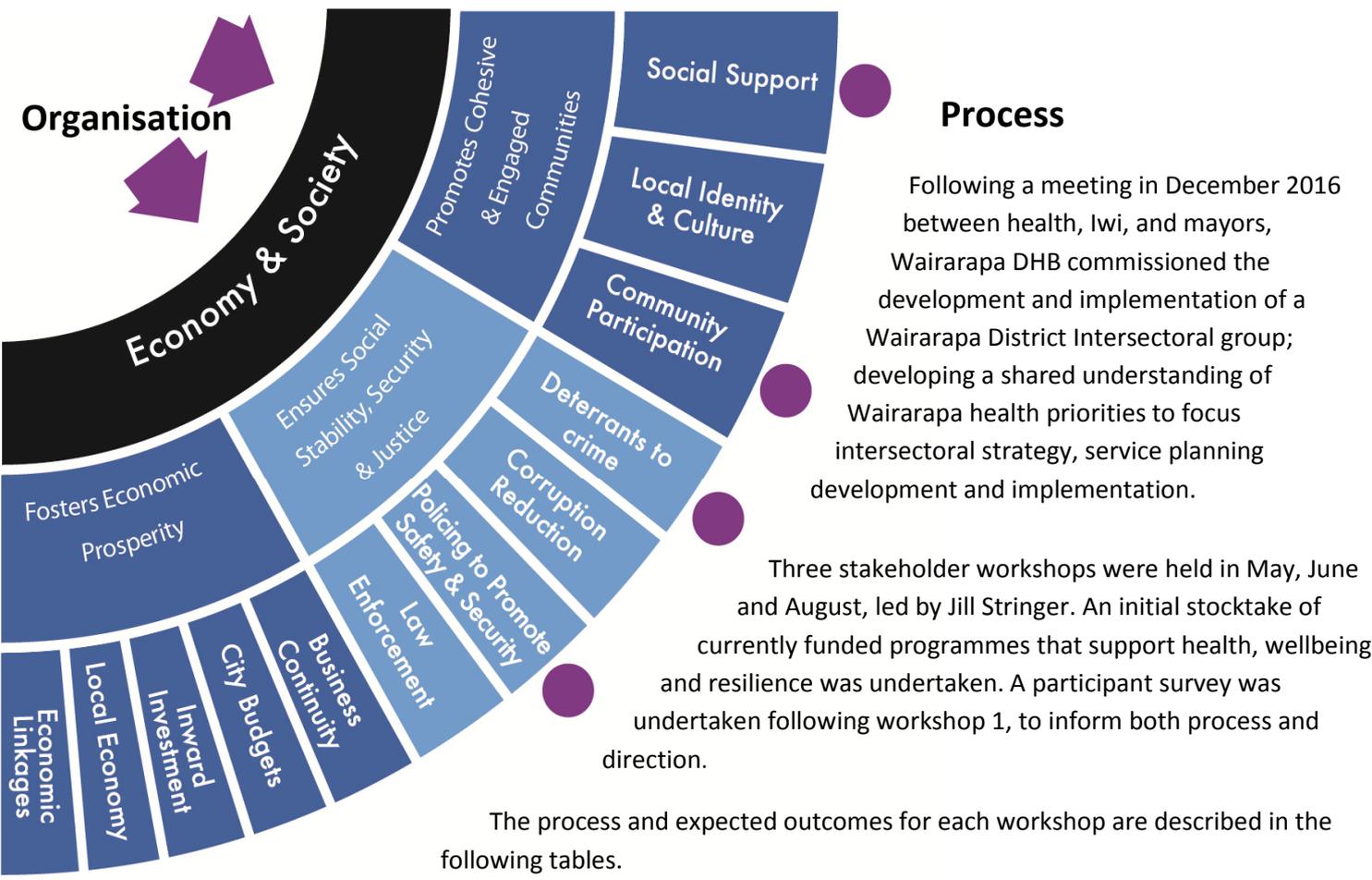
Philanthropic 'venture' investors provide a value-add form of 'high-engagement' grant-making in which both funding and a range of support services are delivered to selected community partners over a number of years. (Centre for Social Impact, 2017)

## Charting our progress

The next section describes how we reached agreement on the Intersectoral priorities, using the following headings:

- **Process** - the structure we used and delivery against expected outcomes
- **Pictures** - how we describe our region, the programmes we fund
- **Priorities** - finding our shared priorities
- **Principles** - defining how we will work together





Workshop 1: 19 May 2017		
Session 1: Wairarapa Profile Perspectives from stakeholders	Outcome (1)	Shared understanding of each sector/organisation's imperatives
Session 2: Overview of strategic priorities	Outcome (2)	shared understanding, agreed priorities short/medium/long term
	(3)	Identification of shared/vested interests
Session 3: Intersectoral stocktake and gap analysis	Outcome (4)	Description of Wairarapa region picture
	(5)	Overview of what is/not working well
	(6)	Identification of gaps
	(7)	Draft position statement on information sharing
Session 4: Frameworks for governance and purposeful partnership – a way forward	Wellington Resilience Strategy – Mike Mendonca	Outcome (8) Draft TOR for proposed (? quarterly) Intersectoral Governance Group

**Summary of main findings from post-workshop participant survey:**

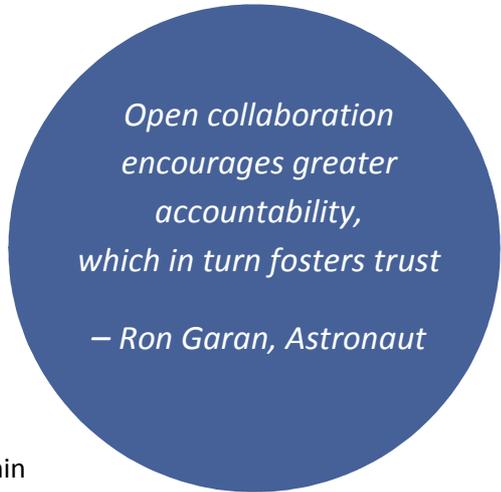
- There were high levels of satisfaction with the workshop (rated 1-10 with 1 being excellent). None of the indices scored more than 3/10 with the greatest satisfaction regarding facilitation, venue and networking opportunities.
- The most highly regarded session was session 4: resilience framework, closely followed by session 1: understanding the data we pay attention to.
- The workshop day, time, and venue suited most people
- There was great buy-in to sharing high level information

*It is the long history of humankind (and animal kind, too) those who learned to collaborate and improvise most effectively have prevailed*

– Charles Darwin

- There was strong support for continuing the Intersectoral survey
- All respondents showed commitment to continuing with the agenda, though one identified that their agency/sector was less committed.

Suggested improvements of a less packed agenda and inclusion of some other parties were actioned before the next workshop.



There was a deliberate strategy in these workshops to allow time for networking. To enable this time there was no reporting back from group work, rather comprehensive workshop notes were circulated in draft within 10 working days of each workshop, with a request for review and feedback. There was a standing invitation to comment on process and outcomes and all suggestions for improvement were actioned. Workshop notes were sent to entire mailing list, including those who could not attend on the day.

Workshop 2: 30 June 2017		
Overview of the Resilient Cities model – Resilient Region	<i>Outcome (1)</i>	<i>articulating where our draft priorities fit in the framework.</i>
Examples: Intersectoral action	123 Where should I be - Catherine Sands-Wearing A story of collaboration - Donna Howard	
Session 1: Strategic shared priorities	<i>Outcome (2)</i> <i>Outcome (3)</i>	<i>Confirm strategic priorities</i> <i>SMART description of each priority</i>
Example: Intersectoral action:	Tumai Hauora ki Porirua Alliance - Ranei Wineera-Parai	
Session 2: Overview of Intersectoral activity	<i>Output:</i>	<i>Add to 'map' of Wairarapa activity</i>
Session 3: Frameworks for governance and purposeful partnership – a way forward	<i>Outcome(4)</i>	<i>Confirm TOR for Intersectoral Group</i>

There were 54 participants at workshop 1, and a deliberate effort was made to scale down for the second workshop, to facilitate more focused discussion (32 participants).

While this was successful in some respects, the group expressed a desire for a third workshop, to gain a wider peer review of their work and allow a greater range of voices to be heard.



Workshop 3: 30 August 2017	
<b>Session 1: Summary of workshops 1 and 2</b>	<i>Outcome (1) all participants have an understanding of where we have arrived and how. Findings challenged/validated.</i>
<b>Examples: Intersectoral action</b>	<ol style="list-style-type: none"> <li>1. YETE – Josie Whaanga</li> <li>2. Housing – Sandy Ryan</li> <li>3. Venture philanthropy / impact investing – Jill Stringer</li> </ol>
<b>Session 2: ‘Sextant versus Satnav’</b>	<p><i>Outcome (2) Using this data and your collective experience, articulate the PROBLEM/S and desired OUTCOME/S for each priority</i></p> <p><i>Outcome (3) Identify key STRATEGY to achieve the desired outcomes</i></p>
<b>Session 3: ‘Uncharted waters’</b>	<p><i>Outcome (4) Analysis of known programmes related to each priority</i></p> <p><i>(5) With reference to the strategies, Identify possible KPIs (MEASURES).</i></p> <p><i>(6) Identify areas for further research</i></p>
<b>Session 4: Next steps</b>	<i>Outcome (7) Consensus on way forward</i>

Workshop 3 had 40 participants, including 8 attending for the first time. Given the apologies from key people related to the ‘Built and Natural Environment’ work-stream, a decision was made to defer this piece of work and reassign remaining group members to other work-streams.

All other workshop objectives were achieved, culminating in this report.

## Areas for further research/work

Item
<ul style="list-style-type: none"> <li>• Built and natural environment – problem statement, outcomes, strategies and measures</li> <li>• Broaden scope of Intersectoral Stocktake and include financial data</li> <li>• Strengthen and articulate links between philanthropic sector and Intersectoral Forum</li> <li>• Apply intervention logic tools to priority area strategies</li> <li>• Determine non-siloed leadership for each priority area/strategy, to report to the Intersectoral Forum</li> <li>• Ensure systematic intersectoral support for the work of the Intersectoral Forum <ul style="list-style-type: none"> <li>○ Develop MOU for the partner agencies defining their commitment</li> <li>○ Develop role description for Programme Lead and implementation budget</li> </ul> </li> </ul>

*Many ideas grow better  
when transplanted into another mind  
than the one where they sprang up  
– Oliver Wendell Holmes*

**Table 1: Achievement against the expected outcomes from the three workshops.**

Achieved
  Partial
  Not achieved

Outcome	Status following workshop	Update
<b>Workshop 1: 29 May 2017</b>		
(1) <i>Shared understanding of each sector/organisation's imperatives</i>	Achieved through sessions 1,2 and networking time.	
(2) <i>shared understanding (of priorities), agreed priorities short/medium/long term</i>	Understanding of the breadth of priorities achieved, further analysis required.	
(3) <i>Identification of shared/vested interests</i>	Subsequent analysis indicated the priorities requiring the greatest degree of Intersectoral collaboration. See page 16	Validated at subsequent workshops
(4) <i>Description of Wairarapa region picture</i>	Insight gained. Partially achieved, data incomplete. Invite PHO rep from Porirua to next workshop to describe their process.	Worked with available data. Porirua experience comparable.
(5) <i>Overview of what is/not working well</i>	Some discussion but requires more data	Addressed further at Workshop 3
(6) <i>Identification of gaps</i>	Some discussion but requires more data	Addressed further at Workshop 3
(7) <i>Draft position statement on information sharing</i>	Achieved, validated through post-workshop survey and included into our Principles. See page 17	
(8) <i>Draft TOR for proposed (? quarterly) Intersectoral Governance Group</i>	Achieved, first draft reviewed and changes proposed. See Appendix 1	Revised TOR validated at workshop 3
<b>Workshop 2: June 30 2017</b>		
(1) <i>Articulating where our draft priorities fit in the (resilience) framework.</i>	Achieved. See page 7	
(2) <i>Confirm strategic priorities</i>	Achieved. See page 17	
(3) <i>SMART description of each priority</i>	Partially achieved, wider validation and participation sought.	Addressed further at workshop 3
(4) <i>Confirm TOR for Intersectoral Group</i>	Changes from Workshop 1 included. For validation at next workshop.	Achieved.
<b>Workshop 3: 30 August</b>		
(1) <i>all participants have an understanding of where we have arrived and how. Findings challenged/validated.</i>	Achieved, including face-to-face meetings with some stakeholders who were unable to attend the workshop.	
(2) <i>Using this data and your collective experience, articulate the PROBLEM/S and desired OUTCOME/S for each priority</i>	Working draft achieved. See pages 19-23 Unable to complete for one priority area, as required a different mix of people around the table.	
(3) <i>Identify key STRATEGY to achieve the desired outcomes</i>	As above.	
(4) <i>Analysis of known programmes related to each priority</i>	Achieved. See page 14	
(5) <i>With reference to the strategies, Identify possible KPIs (MEASURES).</i>	Working draft achieved. See pages 19-23 Unable to complete for one priority area, as required a different mix of people around the table	
(6) <i>Identify areas for further research</i>	Achieved. See table on page 11	
(7) <i>Consensus on way forward</i>	Achieved. First meeting of Intersectoral Forum planned for December 2017.	

## Pictures: How we describe our region

While we all have access to the census data, each participating sector pays attention to different statistics, and may access data not available to other sectors.

At Workshop One, all participating agencies were invited prepare 1-2 slides indicating the data they pay attention to about the Wairarapa (PowerPoint available on request to author).



The highlights below are taken from discussion on the day and 'take home messages' recorded by participants following Workshop One, indicating the things which surprised or impacted them most.

- By 2030 4,605 more older adults (65 to 84 yrs.) (+65%); 1,185 more very old adults (85+) (+125%)
- 18% of people are current smokers (above NZ average)
- 30% of people are obese (76% higher for Maori than non-Maori)
- 5.5% of adults have diabetes (4.4% national avg.)
- 15% of people on medication for asthma (higher than national avg.)
- Wairarapa suicide rate is significantly higher than national average
- Drivers of police demand: Families, Youth, Alcohol, Safer Roads, Organised Crime and Drugs
- Education: High stand-downs, low suspensions and exclusion. Good ECE participation. Good reading results, writing and maths lag a bit.
- Around 70% of beneficiaries come to MSD *by* age 20, of those entering the welfare system at that age there's a 43% chance of still being on a benefit 15 years later **and** 25% of them being there 40 years later.
- Alcohol license applications (new & renewals) 14/15: 165, 15/16: 249
- Wairarapa Māori are 17.5% of population, but only 10% of those accessing disability support services.
- ageing population means future growth likely in urban areas.
- South Wairarapa: Absentee owners approx. 27% properties, or 3,500 more residents if all occupied by two people
- Carterton: rapid population growth, lack of suitable housing, starting to show up in deprivation indices
- Masterton: Need 3-5% growth in number of households, smaller households and infill housing as population ages.

*The secret is  
to gang up on the problem,  
rather than each other*

*– Thomas Stallkamp*

# Pictures: The Intersectoral Stocktake

By May 2017, 104 programmes had been identified to that are running in the Wairarapa which build the health, wellbeing and resilience of our communities. These programmes were analysed by small groups of workshop participants, to determine where each fitted with the 6 identified priority area. Some programmes impacted on more than one priority area. Groups found it illuminating to have even an incomplete map of the programmes running in the Wairarapa, and were generally surprised at the extent of activity.

Note that the stocktake is incomplete and this graph will change over time as a result of this.

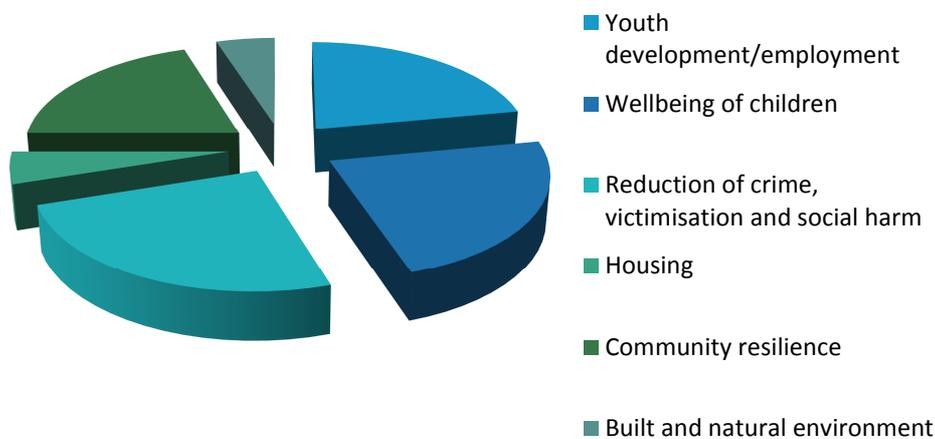
For example, the 'Youth in Employment, Training or Education' (YETE) programme had not yet been included in the stocktake data below (since remedied). This Intersectoral programme epitomizes the outcomes articulated for youth in Workshops 2 and 3.

It is noted that in the business case to establish the Porirua Social Sector trial (serving a population of around 50,000 – Wairarapa population is estimated at around 44,000) there were around 176 programmes using \$20M of resources.

*Synergy  
without strategy  
is a waste of energy*

*– Ogwa David  
Eminike*

## % existing programmes matched to identified priorities (Data as at 19/6/17)



Suggestions to add to the stocktake included ACC, REAP, Mates n Dates, Stopping Violence Services, Rural Health Alliance, Telecom Users Resource Group, YETE, CAMHS/Whaiora/Hauora, WBS, Greytown Lands Trust, GWRC.

In Workshop 3, participants were divided into 'priority area groups' and given

a list of all the known programmes related to 'their' priority, to assess the match between existing programmes, and the proposed goals and measures for that priority.

All groups noted the fragmented 'coverage' provided by the programmes, compared to the holistic/wrap around approach expressed in their goals and measures.

It was noted that while programmes may be working very well in their individual areas, they appeared to be a lack of co-ordination of effort, some lack of awareness of other related programmes, and often insufficient data on outcomes to effectively assess the efficacy of interventions.

More research was proposed in this area, to better inform coordinated approaches and funding, and longer term contracts for programmes that make a measurable difference in the priority area.

# Priorities: Finding our shared priorities

*Collaboration  
has no hierarchy.  
The Sun collaborates  
with the soil to bring  
flowers on the earth*

– Amit Ray

All participants were invited to share the priorities of their organisation or agency, drawing from any strategic planning or annual reporting processes.

These were collated and presented at Workshop One, and there were more than 90 'strategic priorities' for the Wairarapa.

Participants were given a worksheet on which all of the priorities were listed, AFTER the name of the agency from which they originated was removed. They were asked to indicate which priorities their agency was involved in delivering.

These worksheets were then collated, to determine the level of agency input. To validate this, in a separate exercise participants were asked to list their 'top five' priorities for the Wairarapa. These were then grouped and sorted like with like. (Table 2 below)

An assumption was made that those which showed the greatest (9/9) involvement were those which required the greatest degree of Intersectoral collaboration to make a tangible difference. (Table 3, next page).

**Table 2: Cross-check of top 5 priorities (grouped by theme)**

We work together to a shared strategy Working together Collaboration and accountability Collaboration and accountability towards access to services Sharing solutions and stories to avoid crisis Connecting the community – kindness, caring supportive	Strengths based investment approach Early intervention/proactive and preventative/equity/results based Investment approach Invest in community Investment into community sports Evidence based/improved systems/better integration of data
Youth development and whanau support Youth development Work ready Workforce development	Access – in its broadest sense Access to quality, integrated services Better access to care and services better access to care and services
Equity of opportunity, access and outcomes Equity/cultural awareness / working with Iwi Equity Equity of health outcomes, intervention, child health	Education/training/literacy/communications Joined up brokerage of skills development and training Connecting education and employment Education/training/coms/literacy
A knowledgeable community Knowledgeable community / individuals prosper and grow/active involved and caring community Our people succeed (x3)	Improved systems for prevention and environmental protection Sustainable healthy environment (x2) Environmental sustainability
Strengthening relationship with Iwi/Maori to improve equity of outcomes Working with Maori/strengthening relationship Culturally strong	Quality affordable services eg: housing/health/disability Housing/place to live Housing
Sustainable, healthy resilient communities Increasing community resilience	

**Table 3: Strategic Priorities grouped by degree of Intersectoral involvement**

Priority	Iwi	Police	Educ	MSD	OT	TLAs	Health	Trusts	ACC	Score
Working together										9
Better access to care and services										9
An investment approach										9
Our people succeed										9
Individuals prosper and grow										9
A knowledgeable community										9
Strengthening our relationship with Iwi / Māori										9
Prevention of disease e.g. improve oral health, smoking cessation and healthy eating and activity										8
Prevention										8
Reduce crime, victimisation and social harm										8
Working with Māori										8
Māori achievement										8
High aspirations for tamariki Māori										8
Cultural, Health and Well being										8
Help clients in their search for or to sustain a place to live										8
An active, involved and caring community										8
Increasing community resilience										8
Be easy to interact with through multiple access channels										7
Intervention										7
Equity of health outcomes										7
Joined up brokerage of skills development and training										7
Assist more New Zealanders to enter and remain in employment, particularly Youth, Those with health conditions and disabilities, Sole parents										7
Youth development										7
Transition and pathways										7
Community events										7
Identity, culture and language										6
Improved employment outcomes for youth										6
Transition into adulthood										6
Housing		?								6
Recreation and sport										6
Early development										6
Equity across the health sector e.g. access and workforce										5
Reduce fatalities and serious crash injuries on our roads										5
Proactive and preventative care										5
Students successfully complete their qualification										5
Child health										5
Quality participation in ECE										5
Improved accuracy and timeliness of entitlement processing										4
A sustainable, healthy environment										4
Protecting the environment										4
Environmental										4
The Arts: cultural and heritage										4
Graduates gain employment										4

*I never did anything alone.*

*Whatever was accomplished in this country  
was accomplished collectively – Golda Meir*

# Intersectoral Development – Strategic Priorities, Principles

Even after those strategic priorities which involved 3 or fewer agencies were taken out of the table, there were still 43 remaining. However, many could be grouped into 'like with like' without losing the sense of the priority e.g.: 'strengthening our relationship with Iwi/Maori' and 'working with Maori'.

It was immediately clear the 'working together' was on everyone's agenda, but like a number of the other priorities, this was a 'how to' rather than a 'what'.

When the lens of 'priority' (an action with a measurable outcome) and 'principle' (the way in which we will work together) was applied to the above two exercises, the following principles of Intersectoral engagement emerged:

## Intersectoral Strategic Development Principles:

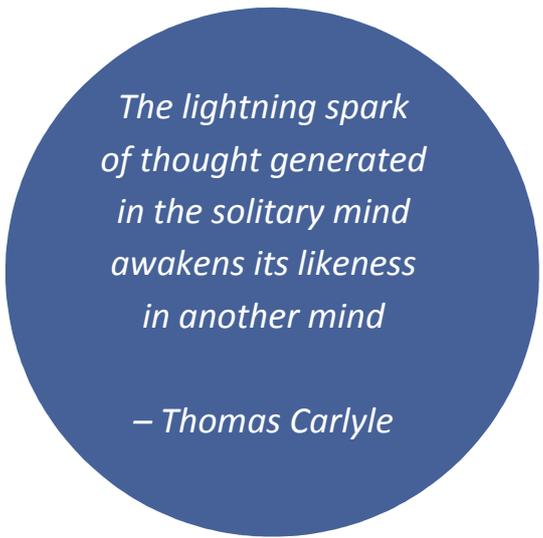
- We work together to a shared strategy
- We take an investment approach to initiatives
- We share information and stories to add value and prevent crisis/mitigate chronic stressors
- Our processes and programmes
  - strengthen relationships with Maori/Iwi
  - demand equity of outcomes
  - improve community resilience
  - promote prevention and early intervention
  - simplify access to services and services working together
  - help people succeed

This allowed the strategic action priorities to coalesce into the list below.

It is important to note that these priorities are listed in reverse alphabetical order, as there is no ranking for this list, and that it is a reflection of the priorities which require the greatest degree of Intersectoral collaboration to make a tangible difference.

## Shared priorities for 2017 – 2022:

- Wellbeing of children
- Youth development/employment
- Reduction of crime, victimisation and social harm
- Housing
- Built and natural environment
- Community resilience (changed from 'development')



*The lightning spark  
of thought generated  
in the solitary mind  
awakens its likeness  
in another mind*

– Thomas Carlyle

# Problem statements, strategies and measures

Having reached agreement on the six priority areas for the Wairarapa, we needed to turn concept into action. This was harder than anticipated for participants, with a general feeling that more information was required, and in some cases, new people around the table. In fact it was not possible to achieve this for the 'Built and Natural Environment' priority as key players were not able to attend the third workshop. This work remains outstanding for this priority area.

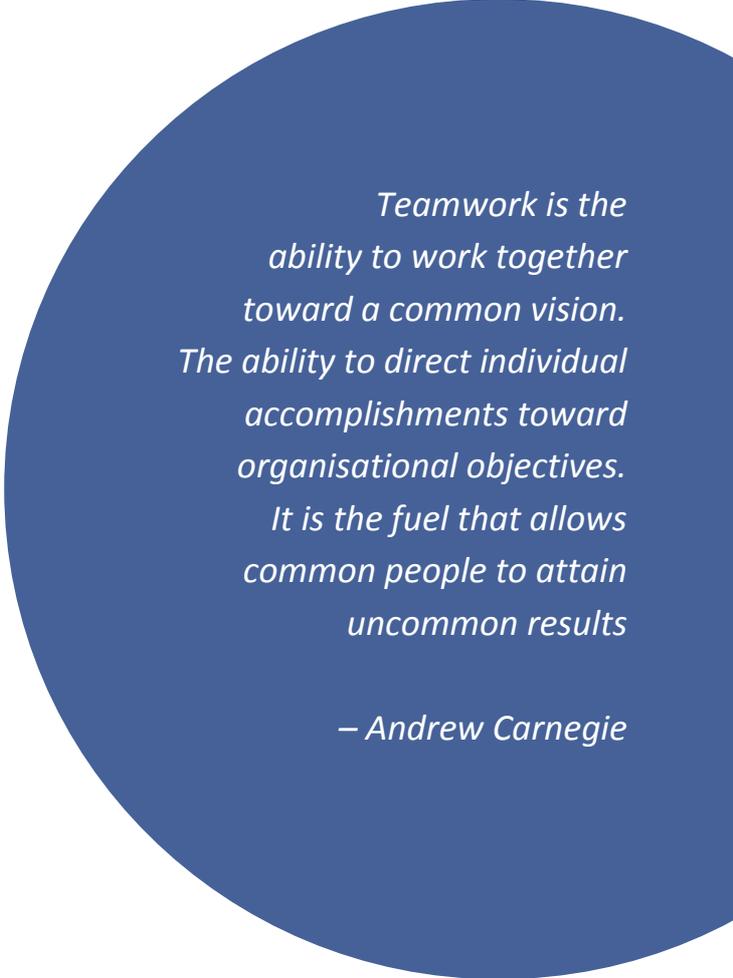
For the other five priority areas, new data was requested from participants, and existing data was further broken down into priority areas.

Participants were asked to firstly to draft a simple definition of the problem, which made this area a priority for the Wairarapa.

They were then asked to define at least one and no more than three strategies that would make a tangible difference to the stated problem.

Finally, they were asked 'how will we know that a positive difference is being made'?

The following five pages provide their responses.



*Teamwork is the  
ability to work together  
toward a common vision.  
The ability to direct individual  
accomplishments toward  
organisational objectives.  
It is the fuel that allows  
common people to attain  
uncommon results*

*– Andrew Carnegie*

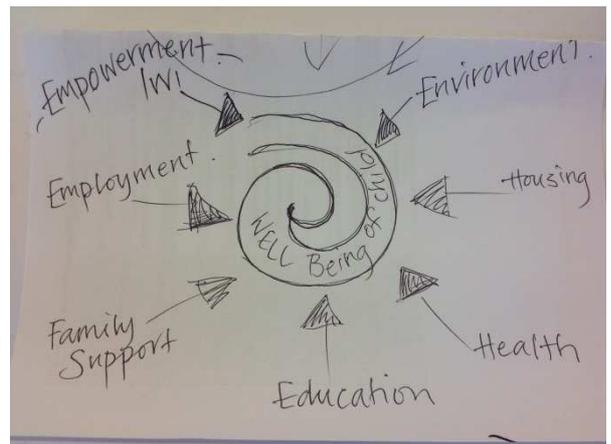
# Wellbeing of children

## Statement of problem:

Wairarapa has very disjointed services for children and their whanau, resulting in loss of potential and poorer outcomes for vulnerable children.

## Strategies:

1. Evaluation of existing data and programmes
  - We need a robust meaningful evaluation of systems and processes, to provide data, capture a narrative and determine the gaps, and understand what whanau are saying.
2. Wrap around support for the child/whanau in the context of their community
  - Empowerment of all the Intersectoral partners to keep the child at the heart of the matter and create connected services around the child
  - High-trust, non-territorial model that is strength, not deficit focused.
  - Use digital technologies, create a portal
  - Education – COL – sharing information – village approach
  - Health and education need to talk together
3. Empowerment to contribute to the holistic wellbeing of the child and whanau
  - First 1,000 days – pre-conception to 24 months... Face to face
  - 1 lead navigator – creating pathways / on track
  - Navigating, sense making, accessibility for families
  - Literacy – family/whanau
  - Cultural connections re: whanau
  - Social connections to whanau



## Measures:

- Less demand on external agencies for intervention
- Reduction in ASH presentations/admissions to hospital
  - High participation in quality ECE
    - Successful transition from ECE to school
      - Reduction of notifications to Oranga Tamariki
        - NCEA level 2 achievement rates increased.

*Politeness  
is the poison  
of collaboration*

– Edwin Land

**Outcome:** happy, confident, successful, resilient children, doing well in school, engaged, self esteem, great sense of wellbeing and belonging.

# Youth development/employment

## Statement of problem:

Not all our youth are prepared or ready for employment and the longer they remain unemployed, the greater the adverse impact on their lives and our region.



*It is literally true  
that you can succeed best  
and quickest by helping  
others to succeed*

*– Napoleon Hill*

## Strategies

1. Ensure work readiness and preparation of youth through school curricula and transitions programmes
  - a. Teach soft skills, habits of mind, underlying hidden curriculum
  - b. Build youth aspirations / attitudes / skills for success
  - c. Continue to resource YETE for at least 5 years and closely monitor results
  - d. Establish a Community of Learning (CoL) to help track and support youth who are struggling
2. Reduce the barriers to equitable opportunity
  - a. Literacy/numeracy/ financial capability development across the age spectrum
  - b. Make youth/whanau support systems less complex to navigate
  - c. Raise the profile of education as a driver of opportunities, pathway to a better world
3. Support families to support their kids
  - a. Peer support
  - b. Strengths based model
4. Reduce risk factors and improve factors in children's lives early (under 3 years – see page 20)
5. Make this a community –wide response,
  - a. Audit of all programmes / interventions / actions
  - b. Including businesses and Chamber of Commerce
  - c. Track the employment journey of Wairarapa school leavers for 4 years post-secondary
  - d. Support businesses with skills to manage 1<sup>st</sup> year employees.

## Measures:

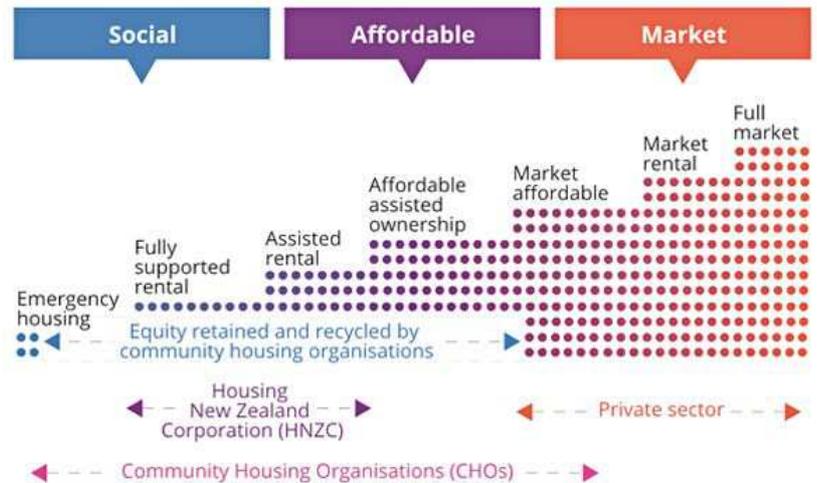
- Reduction in number of youth accessing benefits
- Reduction of number of youth not in employment, education or training
- Increase in number of youth who are work ready

# Housing

## Statement of problem

Lack of a coordinated housing strategy in the Wairarapa to address:

- Shortage of housing overall, particularly 1-2 bedroom dwellings
- Shortage of social housing
- Lack of emergency housing
- Coordinated approach to those with high housing needs



## Strategy:

1. Supporting Wairarapa people to move along the housing continuum
  - a. Socializing the continuum - our needs change throughout our life
  - b. Education of tenants, community, landlord and rental agencies
  - c. Investigate home-ownership support options – habitat for humanity, community housing trusts etc.
2. Increase the housing stock, especially the number of 1-2 bedroom houses for rent or purchase
  - a. Co-sharing – multipurpose dwellings – could be housing for temp workers then emergency housing
  - b. Move businesses out of houses – return them to tenant occupancy – businesses into commercial premises.
  - c. Working with stakeholder/private providers to increase housing stock
3. Co-ordinated approach to those with high housing needs
  - a. key stakeholders commit to working together , with lead agencies identified for ‘social’ and ‘affordable’ housing
  - b. Investigate the need for a housing advocacy service
  - c. wrap around services developed for those with high /transitional housing needs

## Measures

Regular data analysis - qualitative and quantitative

- Status at entry to supported housing – track progress on housing continuum
- Waiting lists for community housing/ rental properties
- No. accessing housing benefits
- No. of crowded houses

*Collaboration is valuable because it helps us transcend our individual limits and create something greater than ourselves*

– Bob Sullo

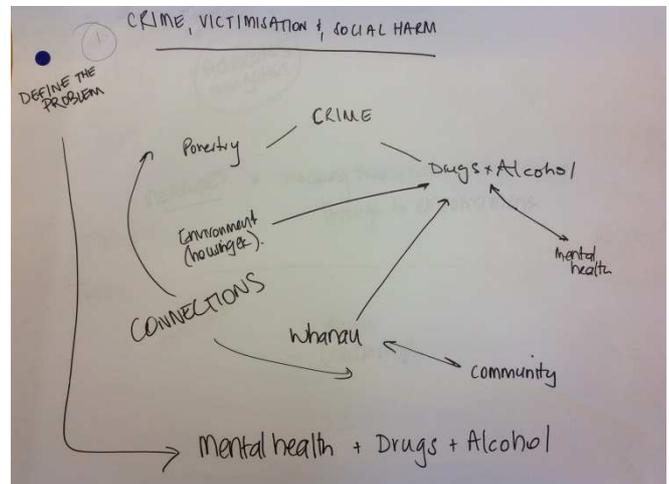
# Crime, Victimization and Social Harm

## Statement of Problem:

There is an overwhelming correlation between the over-use of alcohol and mind-altering drugs, and mental health; and crime, victimisation and social harm.

## Strategies:

1. Create a mechanism/tool/software application to enable:
  - effective triage of clients/offenders to tier 1 or tier 2 support services
  - collaboration and information sharing amongst providers - may need advocates/navigators – perhaps associated with a 'hub'.



## Measures:

- Tracking the transition from dependency through to empowerment.
- Reduction in drug and alcohol related crime, victimisation and social harm.
- Time between presentation and referral acceptance by appropriate agency

**Note:** that drug and/or alcohol users either wish to engage in changing their dependency/misuse, or they don't.

- Those that do want to engage need visibility of and access to services.
- Helping those who don't want to engage will take brave leadership.

Above all, we need to create a sense of belonging.

*No matter how brilliant  
your mind or strategy,  
if you're playing a solo game,  
you'll always lose out to a team*

*– Reid Hoffman*

# Community Resilience

## Statement of problem

Lack of a coordinated Wairarapa-wide resilience strategy.  
This has resulted in:

- more than 56 (often unconnected) programmes which
- address some resilience factors, but not others, and
- not necessarily those factors with the highest priority.



*Individually,  
we are one drop.  
Together, we are an ocean*  
– Ryunosuke Satoro

## Strategy:

1. Establish and resource an Intersectoral Forum of key resource and policy decision makers; and the associated 'resilience framework-based' work programme.  
Agreement has been reached on priority areas (shocks and stressors) which require the greatest degree of Intersectoral collaboration to make a real difference. Those priority areas are currently defined as:
  - Wellbeing of children
  - Youth development/employment
  - Reduction of crime, victimisation and social harm
  - Housing
  - Built and natural environment
  - Community resilience
2. Using the Resilience Framework developed by the Rockefeller Foundation (embedded into the Intersectoral Forum TOR) , ensure the Forum:
  - a. is linked to, contributes to, does not duplicate and
  - b. provides a place to bring together the work of other Intersectoral groups (e.g.: TLA's, Funders Forum, CoLs)
3. Focus on improvement strategies and reward results
  - a. Connect those that are trying to address the same issues and combine their resources to meet agreed collective objectives (providers and funders)
  - b. Identify programmes that demonstrate positive, strength-based results and support resilient families (e.g. Hapaitia, YETE, Too many Wairarapa)
  - c. Reward results with longer contracts, single-source funding where possible and clear KPIs aligned with the agreed priorities.
4. LISTEN to our communities, to ensure we have correctly identified the community's resilience NEEDS.
  - a. 'Needs' are based on building individual and community pride, belonging, trust and confidence, connectedness, safety, and development
  - b. Note that world-wide, our fast-paced life increases pressure on youth and intergenerational vulnerability (income inequity, elder abuse etc.) and reduces resilience through over-protective tendencies, lack of risk-taking, and not allowing mistakes.

## Measures:

Annual review of programmes that support community resilience, to determine:

- their alignment with strategic priorities
- how they demonstrate efficacy
- that they are appropriately resourced for success of their objectives, with simplified access to funding and longer contracts.

## Using the strategy

# Producing this strategy is not the end of the project – it's the beginning

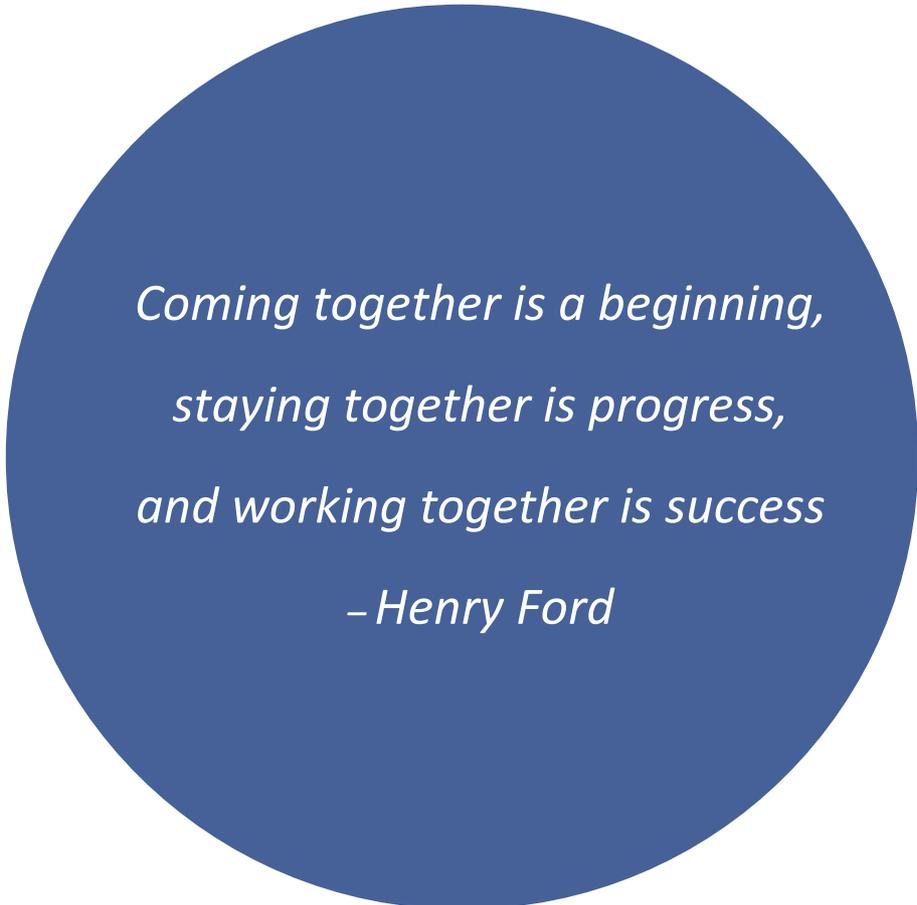
The Intersectoral Forum will use these strategies to help stay connected, and review how and why resources are used in the Wairarapa to grow the health, wellbeing and resilience of our region. (Terms of Reference, appendix 1). It brings together representatives from a wide range of sectors, all of whom commit resources to grow the health wellbeing and resilience of our region.

The Forum will provide strong and credible strategic advice and direction that enables agencies to work together in an integrated way towards the common goal of a well, connected and resilient Wairarapa. The work of the Forum will be appropriately resourced by the member agencies, which will keep their 'skin in the game' and ensure the strategy is not reduced to a 'talk-fest'.

But this report is not just for the Intersectoral Forum. It is for all Wairarapa people, and for any other area that wants some inspiration to look differently at how they tackle problems related to lack of wellbeing and resilience in their region.

Health is not just hospitals. Wellbeing is not just mental health. And resilience is not just the ability to recover from an earthquake.

Together we want to support our community to thrive, to learn from and withstand chronic or sudden stresses, to connect and support each other, and to live well. We want our people to succeed.



*Coming together is a beginning,  
staying together is progress,  
and working together is success*

*– Henry Ford*

# Acknowledgements

It takes brave leadership to break down the silos between agencies and departments, profit and not-for-profit enterprises or businesses, public and private, state and the philanthropic sectors.

That kind of leadership has been demonstrated in developing this strategy.

Thanks to all the participants, who gave generously of their time and collective intelligence and were not hesitant to contribute to robust debate. Also to those people running programmes in our community to support health, wellbeing and resilience, who shared their information and insights, and 'walk the talk' every day of making a positive difference in people's lives.

Particular thanks for their advice and support goes to Adri Isbister, CE Wairarapa Health; Lynne Patterson, Mayor of Masterton and Tom Hullena, MDC; Donna Howard, Regional Commander and Barry Bysouth, Police; Katie Brosnahan, Regional Commissioner and Grant Bennett from MSD; Mike Mendonca, Chief Resilience Officer, Wellington City Council; Wayne O'Donnell, Greater Wellington Regional Council; PJ Devonshire, Ngati Kahungunu; Jason Kerehi, Rangitane; Peter McNeur, REAP; Neil Attitapu, Eastern and Central Community Trust; Michael Fletcher and Kiriana Marshall from Oranga Tamariki; Paul Crimp from South Wairarapa District Council; Carolyn McKenzie from Carterton District Council; TJ Dennes from Regional Public Health and Ranei Wineera-Parai from Compass Health.



*No matter what  
accomplishments you make,  
somebody helped you*

*– Althea Gibson*

## Useful reading

[Wellington Resilience Strategy](#)

March 2017, Wellington City Council

Creating a Policy Heat Map

July 2015, Department of Prime Minister and Cabinet, NZ

[Social Investment Agency](#)

NZ Govt. website 2017

[100 Cities Resilience Framework](#)

The Rockefeller Foundation and ARUP

[Social Impact Report](#)

August 2017, Centre for Social Impact, NZ

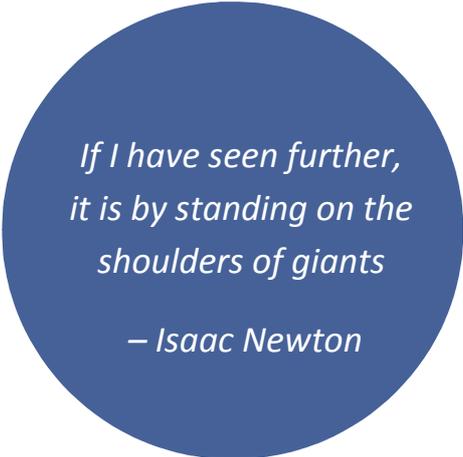
[The Collective Impact Forum](#)

US website. Tools, resources, advice, networks.

## Appendices

Appendix 1: Terms of Reference, Intersectoral Forum

Appendix 2: Proposed membership of the Intersectoral Forum



*If I have seen further,  
it is by standing on the  
shoulders of giants*

*– Isaac Newton*

## Intersectoral Forum Terms of Reference - 2017

<b>Background</b>	The leaders who make decisions about how shared resources are used to develop the health, wellbeing and resilience of the Wairarapa communities seek to work together to identify and address shared priorities.
<b>Purpose</b>	The Intersectoral Forum is an advisory group that works in partnership with member agencies (and others as appropriate) to provide a collective perspective on strategies to improve the health, wellbeing and resilience of the Wairarapa region. They apply an accountability framework to decision making to ensure that best possible use is made of available resources and monitor the efficacy of Intersectoral initiatives.
<b>Mission</b>	The Forum provides strong and credible strategic advice and direction that enables agencies to work together in an integrated way towards the common goal of a well, connected and resilient Wairarapa.
<b>Principles</b>	<ul style="list-style-type: none"> <li>• We work together to a shared strategy</li> <li>• We take an investment approach to initiatives</li> <li>• We share information and stories to add value and prevent crisis/mitigate chronic stressors</li> <li>• Our processes and programmes             <ul style="list-style-type: none"> <li>○ strengthen relationships with Maori/Iwi</li> <li>○ demand equity of outcomes</li> <li>○ improve community resilience</li> <li>○ promote prevention and early intervention</li> <li>○ simplify access to services and services working together</li> <li>○ help people succeed</li> </ul> </li> </ul>
<b>Functions</b>	<p>The functions of the Forum are to:</p> <ul style="list-style-type: none"> <li>• Determine and review the strategic priorities to improve the health, wellbeing and resilience of our Wairarapa communities.</li> <li>• Ensure and enable appropriate Intersectoral collaboration/partnership to address those priorities</li> <li>• Provide a collective view on strategies and issues to member agencies and others as appropriate</li> <li>• Monitor the efficacy of Intersectoral initiatives</li> <li>• Provide advocacy for strategic developments</li> <li>• Ensure regular communication and networking with the community and relevant groups</li> </ul> <p>For the avoidance of doubt, the Forum will not:</p> <ul style="list-style-type: none"> <li>• Discuss or review issues that are (or should be) the preserve of a single agency</li> <li>• Be involved in the member agencies' contracting processes.</li> </ul>
<b>Secretariat</b>	<i>(To be confirmed)</i> . Remuneration for Forum support will be shared among member agencies.
<b>Level of influence</b>	<p>The Forum has the authority to give advice and make recommendations to the executive management / Boards / governing bodies of member agencies.</p> <p>The level of influence of the Forum is considered to be equivalent to a Governance Board.</p>
<b>Membership</b>	<p>The Forum will comprise of high-level decision makers from Iwi, MSD/Oranga Tamariki, Health, Police, Justice, Education, major Wairarapa Trusts, and Territorial Local Authorities.</p> <p>Membership composition will take the following principles into account:</p> <ul style="list-style-type: none"> <li>• reflect the determinants of health, wellbeing and resilience of the Wairarapa region</li> <li>• reflect the principle funding streams that support health, wellbeing and resilience in the Wairarapa</li> <li>• recognise and value the contribution of the voluntary sector</li> <li>• take into account the need to address equity of outcomes</li> <li>• recognise responsibilities under the Treaty of Waitangi</li> </ul> <p>The Forum may co-opt people from time to time, for a specific purpose.</p>

	Members unable to attend will send a delegate who is empowered to make decisions on their behalf at the time of the meeting. The delegate should be the same person each time.
<b>Remuneration</b>	There is no additional remuneration for members as the Forum is a core part of each member agencies' business.
<b>Chairperson</b>	The Chairperson and deputy chair will be selected by the Forum, with the term agreed by the Forum.
<b>Executive</b>	The Forum will also appoint an executive with a representative from the TLAs, Kahungunu and Rangitane Iwi, Health, Police/Justice, Trusts, MSD/Oranga Tamariki and Education. Other forum members to attend as appropriate to the agenda.
<b>Meetings</b>	Forum meetings will be held two or three times a year at the discretion of the chair. Executive meetings will be held quarterly or more frequently at the request of the Chair. Meetings will usually be for two hours and held at an agreed time that enables members to participate.
<b>Reporting</b>	A report of the Forum's activity will be developed every six months and presented to the members' Boards by the members. This is in addition to specific and time-bound feedback sought from the Forum related to specific initiatives.
<b>Confidentiality</b>	The Forum must develop a high level of trust to make information sharing possible. Both Government and non-government agencies are expected to share information, which will be dealt with in accordance with the Privacy Act 1993 and the Official Information Act 1982, in that such information will only be used to improve outcomes in our community through an interagency approach. Information provided to the Forum will not be distributed outside of the Forum without express permission of the Chair.
<b>Conflict of Interest</b>	Forum members perform their functions in good faith, honesty and impartiality and avoid situations that might compromise their integrity in local and other issues or otherwise lead to conflicts of interest. When a member believes they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking that is consistent with the Forum's functions, they must declare that conflict and abide by the decision of the Chair as to the mitigation of that conflict if it is declared material.
<b>Quorum</b>	A quorum will be 2/3 the current membership, including the Chair or their delegate.
<b>Invited persons</b>	Other individuals are able to attend to facilitate the business on hand with prior approval of the Chair and / or on invitation
<b>Agenda and minutes</b>	Minutes and agenda will be circulated to all members and Chair of the Forum, within one week of the meeting taking place. The Secretariat will provide administrative support. Minutes of those parts of any meeting held in "public" will be made available to any member of the public on request.
<b>Termination of membership</b>	Where any dispute arises, members will communicate and negotiate in good faith in an attempt to resolve the dispute amicably. Membership may be terminated for breaches of confidentiality and information sharing.
<b>Terms of Reference review</b>	Annual review and update - due in November 2018 (One year from adoption).

## **Proposed membership of the Wairarapa Intersectoral Forum 2017-2022**

Organisation	Proposed delegate	Suggested Deputy
SWDC	Paul Crimp, CE	
CDC	Jane Davis, CE	Carolyn McKenzie
MDC	Pim Borrin, CE	Tania Madden
GWRC	Wayne O'Donnell, GM	
WDHB	Adri Isbister, CE	Nigel Broom
PHO	Martin Hefford, CE	Justine Thorpe
Regional Public Health	Peter Gush, GM	TJ Dennes
Police	Donna Howard, Area Commander	Barry Bysouth
Justice	Barbara Morris, Judge	
Trusts	Neil Attapattu	Andrew Croskery
Oranga Tamariki	Miriama Henderson	Kiriana Marshall
MSD	Katie Broshahan, Regional Commissioner	Richard Fry
Ngati Kahungunu	PJ Devonshire, CE	
Rangitane	Jason Kerehi	
MoE	Mandy Bird, Principal Advisor	Shirley Wilson
Early Childhood	Amanda Coulston, CE Whānau Manaaki Kindergartens	
Education	Tom Hullena	Peter McNeur
Tertiary Education	Arthur Graves, CE Taratahi	Angela Hewitt
ACC	Chris Cooper, Branch Manager	Caroline Fawcett

Note: Secretariat Jill Stringer until December 2017. Ongoing to be confirmed.

*No one can whistle  
a symphony.  
It takes a whole orchestra  
to play it.  
– H.E. Luccock*

# Notes

# Notes

# Thanks to following organisations for contributing to this work

Iwi Kainga  
Ngati Kahungunu Wairarapa  
Rangitane O Wairarapa  
Whaiora Whanui  
Carterton District Council  
Greater Wellington Regional Council  
Masterton District Council  
South Wairarapa District Council  
Wellington City Council  
Eastern and Central Community Trust  
Masterton Trust Lands Trust  
Trust House  
Wairarapa Building Society  
Wairarapa Community Health Trust  
New Zealand Police (Wairarapa)  
Ministry of Education  
Ministry of Social Development  
Oranga Tamariki (Ministry for Vulnerable Children)  
REAP  
UCOL  
Wairarapa Primary Principals Association  
Whanau Manaaki Kindergartens  
Accident Compensation Corporation (Wairarapa)  
Compass Health  
Connecting Communities  
Regional Public Health  
Supporting Families Wairarapa  
Te Hauora  
Wairarapa District Health Board

*If everyone  
is moving forward together,  
then success  
takes care of itself*

– Henry Ford



TouchWood  
Make it happen

Jill Stringer, Director  
Touchwood Services  
Ltd.