

*Results.*



# About the Wise Group

If you haven't heard of the Wise Group yet, that's fine.

Because we've never sought headlines; we've sought results.

And we get them.

We're the largest mental health third sector organisation (by far) operating within New Zealand's mental health and addictions sector. We work with people from diverse cultures and backgrounds, of all ages and from all walks of life.

We have a parent and subsidiary structure with separate entities working in areas from front-line service delivery to software development.

We employ close to 1000 staff, from Auckland to Christchurch and pay staff more than \$35 million each year in salaries and wages.

Based on those numbers alone, we're ranked as number 22 of New Zealand's largest charities.

But numbers aren't the most important thing, at least not to us.

## Here's what drives us.

Each year, our Group works with thousands of New Zealanders and their families. We provide people with a broad range of community-based mental health and wellness services. In doing so, we dramatically reduce their need for high-cost hospital and acute services and help people have happier, more fulfilling and more productive lives.

Each year, the Group's housing service helps hundreds of people find and live in an affordable home. It also helps them appreciate the rights and responsibilities of being a tenant and managing a home.

Each year, the Group's employment agency helps hundreds of people who experience a serious mental health condition get off benefits, become financially independent and reclaim their self-esteem by finding and retaining paid jobs.

Each year, thousands of people attend professional development programmes through the Group's NZQA-certified training organisation.

Each year we host a number of international visitors who have recognised the Group's work as world-leading, and come to share in the knowledge and experience we have gained.

Each year, more than 300 traumatised, anxious or depressed New Zealanders begin to heal at the Group's own holistic retreat.

Each year, thousands of mental health professionals in the public and private sector are supported and developed via the Group's national workforce development organisation.

Each year we process thousands of transactions through our finance, legal, communication, human resource and information technology services.

And finally, each year thousands of computer users in New Zealand, Australia and the UK use specialist software developed by the Group's own software company.

All up, the Wise Group has more than 20 years' experience in working to improve the lives of New Zealanders.

Together, we Think and Act as One so that we can live our dream.... *"to create fresh possibilities and services for the wellbeing of people, organisations and communities."*

**But we could do so much more.**

You asked us to tell you what's working, and what's not.

You asked us to think about solutions, and new ideas.

Here it is.

**This book is about working smarter with central Government.**

It's about being innovative.

It's about using the best available evidence of what works.

It's about utilising the latest technology.

But mainly it's about the same thing that the Wise Group has always been about.

# Results.

Working smarter.

Here's how.

# Making the money go further

The Wise Group likes efficiency – and it shows.

Through successive health reforms, we have never lost a contract, we have never failed an audit and we have never lost the confidence of the 15-plus Crown agencies which fund us.

We do everything we can to be as efficient as we can.

That's why we find the current situation in regards to Government contracting so hugely frustrating.

Consider this.

**Currently, the Wise Group has 48 individual contracts with 17 Crown funding agencies.**

**All vary significantly in base terms and conditions.**

We deal with multiple and complex funding models coupled with extensive and duplicated reporting and audit requirements.

Of those contracts, 60 per cent are for one year or less and 75 per cent are for two years or less. This is despite most of our contracts having been in place for more than 15 years.

Each January, our staff and crown-funded contract managers (most of whom last around 16 months in these jobs) begin contract re-negotiations. Negotiations usually conclude six months later, in June.

It is a lengthy, costly, complex annual process; so much so that we are forced to have a team of people within the Wise Group whose sole job is managing and administering government contracts.

We could think of far better things for them to be doing.

Once contracts are in place, auditing begins.

Audits occur 40 – 60 days of every financial year and involve two or three external auditors. Audits require the submission of extensive pre-audit and post audit reports. On average eight senior Wise Group staff are required to participate in all audits.

We have calculated that each year we spend 111 days, or 30 per cent of senior management time, involved in either contract negotiations or audits.

We would rather put that energy into delivering more innovative and more efficient services.

We would rather invest our time and the funds we receive in better services.

## Imagine...

...a better way to contract with central Government. Imagine if:

- All Government agreed outcomes and key performance indicators were detailed in a single base contract.
- A series of schedules sat as addendums to the base contract outlining each Crown agency's strategic and service requirements over five years
- In addition to all of the Government KPIs, the crown-specific schedules detailed outcomes contractors were required to achieve. These would be discussed and agreed between each specific crown agency and the contractor.
- There was a single audit, primarily focused on whether the contractor met the Government's KPIs. The audit focused on the efficient and appropriate use of public resources and results were shared with all other crown agencies forming part of the agreement.
- There was an annual review between the contractor and each crown agency which looked at the longer term outcomes and what might need to change to meet changing need.
- That innovation to meet changing needs was actively encouraged, not viewed as non-compliance.

**We have calculated that each year we spend 111 days, or 30 per cent of senior management time, involved in either contract negotiations or audits.**

## What would this do?

It would drive massive internal efficiencies for Government and for funding agencies – both in time and in money.

It might reduce turnover in key funding positions.

For contractors like the Wise Group, it would free up 30 per cent of senior management time.

Those efficiencies would be reflected in costs.

We could offer substantial annual discounts on what had previously been paid.

We CAN make the money go further.

This issue is something we've all been grappling with for some time.

What's been missing is a timeframe.

Let's decide on a framework for moving forward and simply get on with it.

# Fixing what's broken

There has been a sustained investment in mental health and addiction services in New Zealand for more than two decades. But let's face it. Some things in the system are still fundamentally broken.

For example, we know that 70 per cent of New Zealanders using addiction services have a mental health problem. We also know that 50 per cent of New Zealanders using mental health services have an addiction problem.

Yet in New Zealand, it's still rare to find mental health and addiction services being offered in an integrated way. This doesn't make sense.

We know that in some smaller communities, up to 10 community (third sector) providers offer the same or similar services, all contracted individually to their local DHB, with the same complex contracting and audit requirements. In larger areas, up to 40 providers jostle in the same space. These services are all in addition to largely government run primary and secondary services.

**We also know that there are 370 third sector mental health providers and that 70 per cent of them have less than 10 staff.**

A quarter have 10-50 staff and only five per cent have more than 50 employees.

It's not sustainable. We all know it; we just don't want to talk about it.

What's worse is that it doesn't help people who need our services most.

Because mental health and addiction services are a minefield to negotiate, people who need them struggle to find the 'right door'. Some end up in high-cost specialist care – but shouldn't. It's the worse possible outcome for them, for their families and fiscally.

With 70 per cent of funding sitting in these specialist services, and so much money tied up in contracting and audit requirements, low to medium cost primary and community services struggle to cope.

Yet no-cost, self-help approaches – while recognised as important – are barely promoted.

**We don't need more money.**

**All we need is direction at a government level to do something different and the commitment at a local level to make it work.**



## *Imagine...*

...if we could make it easier for those with mental health and addiction problems to seek help, faster and in such a way that we saved millions of dollars from the public health budget each year. Imagine if..

- Every New Zealand community with a population of less than 50,000 had a single, integrated mental health and addiction service offered from a centralised hub, and that larger communities had a series of hubs managed regionally.
- Primary care providers formed part of 'virtual' integrated teams with community providers.
- No cost, self-help approaches were widely understood by the community and used as a first response.
- Low cost, brief intervention approaches were second and were led by primary and/or community-based providers
- Medium cost brief and mid-term interventions were led by primary and community-based providers.
- High cost secondary and specialist interventions worked more closely with primary and community services to ensure the right type of care was delivered at the right time
- Imagine if employment consultants worked with health teams to support people whose jobs were at risk and established early, quick interventions to reduce the period of time people were away from work or on benefits.
- Imagine if the majority of resources sat with the community and primary providers. We'd be in a better position as a country to keep people in jobs, in their own homes and connected to their families and communities.

## *We've already started.*

In October 2011, the Wise Group via its subsidiary Pathways and Pathways' partner CareNZ, was selected to deliver a new model of community-based mental health and addiction services in Wairarapa.

For the first time in New Zealand, support and treatment for people with needs for both types of services are available from a single point in the community.

In Wairarapa, people using services now get the most appropriate care, when they need it. Pathways and CareNZ provide a range of services including mobile support, employment facilitation, housing facilitation and support, residential care, addiction clinical services, detoxification, addiction intensive outpatient services, and methadone treatment. All services except residential care are delivered from a central hub in Masterton.

By amalgamating contracts and reducing the number of providers to one three-year contract, the Wairarapa DHB will save around \$1.2 million over three years.

The benefits to people using services will be huge. This year, up to nine per cent of the population will receive organised mental health and addiction services (up from three per cent previously).

Of the people who use our services, up to 75 per cent will retain their job, or gain new employment. They won't need as much support from the state.

We can do exactly what we've done in Wairarapa in other parts of New Zealand.

We don't need more money.

All we need is direction at a government level to do something different and the commitment at a local level to make it work.

# Building a better workforce

In the mental health sector in New Zealand, there are currently around 6000 support workers.

These (mainly) community-based workers are the largest, single workforce in the sector. Most are employed by third sector organisations.

In addition to this group there are a plethora of other support workers throughout the wider health sector. Nearly all workers, despite having similar skills, work exclusively in their own niche areas; disability, addiction, child and family, aged care and others.

Each area has its own training programmes, standards and protocols.

Each area wants different qualifications and has different expectations of their workforces.

Each area works independently, often in isolation from primary and secondary care.

**Currently, very few of these workers have the skills, training or opportunity to work across sectors, and certainly across the lifespans of individuals.**

There is a limited career pathway, limited opportunities for personal growth and limited opportunities to increase their earning potential or make a wider contribution to New Zealand's productivity.

Even worse, the care New Zealanders receive can be disjointed and sometimes dysfunctional.

Despite these self-imposed differences, essentially support workers do the same thing – help people live as independently as possible without having to access high-cost secondary and specialist care.

As a nation, we *can* do much better. As a nation, we *should* do much better.

We owe it to our support workers, and people who use their services. And we owe it to taxpayers.

**Imagine New Zealand boasting a core workforce of highly trained and highly competent generic health support workers.**

## *Imagine...*

...New Zealand boasting a core workforce of highly trained and highly competent generic health support workers.

While some might choose to eventually specialise, all of them would have the skills necessary to address needs in a range of areas; mental health, aged care, disability and more.

They would have common qualifications and common base skill levels. They would be encouraged to follow a rewarding career pathway based on a rigorously designed and rigorously tested training programme.

They would be assessed against a robust and internationally-recognised national standards framework.

The programme would be measured against an evaluation framework.

Their skills would mirror New Zealand's actual need.

Technology will play a key role.

### **Those who need support would be empowered to take responsibility for their own health care.**

They could choose generic health workers on-line, based on feedback and what skills they need – not based on what was available.

Support workers would work closely with primary care providers – ensuring high-cost secondary services were utilised only by those people who required that level of care.

## *It's about choice.*

It's about providing a service that works best, both for those who need it *and* for those who deliver it.

It's about ensuring our workforce is as productive as it can be while delivering services which help New Zealanders live independently, for longer.

The time is now.

We need to implement a programme which supports the development of a generic support worker, able to work across the entire health and social sector spectrum.

We need to proactively work in areas which would decrease the demand on high-cost secondary or specialist services.

We need to put in place services which allow people to take more responsibility for their own health care and wellbeing and for that of families.

We need to do this in partnership with community, primary and secondary services.

And we need to do it now.

# Catch and release, information and knowledge

Over the years, the Wise Group has developed extremely sophisticated information management systems.

We have been quick to recognise that capturing and using information provides enormous efficiencies and benefits for the people we work with, as well as our own people and the wider sector. It is an investment we have been happy to make and in fact, it spawned our own software company, Wild Bamboo.

Generally information is captured by organisations, by government and others through routine reporting, audits and in some parts of the sector outcome measures.

And generally, it goes into a vacuum. Worse still, more and more resources are moving from front line to back room data analysis functions to help people make sense of this ad hoc fragmented data.

People access services from a variety of providers, and yet in the main we are unable to share or access information, not because of privacy issues but because in New Zealand everyone has developed their own systems.

If the person is central to our system, this means that we need to focus on the person. Let's streamline systems and collect uniform information that is relevant, informative, accurate and easily accessible.

## We capture information but now we need to release it.

We also think that the time is right to have all the information accessible from one place. We've called this HIP – Health Information Portal. Once we have this, sharing information will tell us what works and what doesn't and will inform funding and policy decisions.

**Let's streamline systems and collect uniform information that is relevant, informative, accurate and easily accessible.**

Through our subsidiary Te Pou the Wise Group leads the mental health and addiction sector in the information outcome space. We provide the training to all DHBs and NGOs.

It frustrates us that information is not being used to inform service design, delivery and continual improvement. What HIP would do is reduce duplication and allow one true source of information with controlled access.

There is also another way that we could really drive change in a way not seen before in health.

It is only a matter of time before we all demand a 'health trip advisor' and why not? Would we book accommodation without going onto a trip advisor site to see what others had to say?

One thing we know is that when the power sits with the consumer and they rate their experience, services respond in a positive way and change their practice. That is the power of sites like Trade Me – your online reputation determines if people will use you in the future.

### Why are health services any different?

Think about how much money we spend each year in health on poor service performance and do nothing. Consider how much we spend on audits. How effective are they really?

Imagine as a clinician, a person who has used services, a purchaser of services or for that matter a provider of services, you could go to a single health information portal to access what you need. You could search for a provider in your community, a skilled worker to support a family member, the latest research on a specific topic that concerned you or the clinical competency of your General Practitioner.

This is within our collective ability to achieve; better health outcomes for all New Zealanders.

One thing we know is that when the power sits with the consumer and they rate their experience, services respond in a positive way and change their practice. That is the power of sites like Trade Me.

# Getting people off benefits, keeping people in work

In September 2011, approximately 144,000 people were receiving a sickness or invalid's benefits – more than twice the number receiving unemployment benefits.

Of those people, around 40 per cent would cite mental health conditions as their primary reason for claiming a benefit. They were and continue to be the largest group of both new and existing beneficiaries.

But in those figures, one thing is often overlooked.

We know that people who are in contact with specialist mental health services have the highest 'want to work' rate of any disabled or disadvantaged group. Between 70 – 90 per cent of those people don't want to be on a benefit – they want a job. They know, and they're backed up by international evidence, that having a job helps them get well and stay well.

But it's hard. Despite people wanting a job, and despite the benefits that having a job provides to them personally, to their families and to the economy, people with mental illness (who experience a serious mental health condition) have the lowest employment rate of any disabled or disadvantaged group.

It's wrong.

**It's wrong that a young person with a mental health condition in New Zealand may be more likely to have a future as a long-term beneficiary than as a productive and healthy member of society.**

It's wrong that, despite significant research backing the provision of evidence-based supported employment services (EBSE), that 70 per cent of the secondary mental health services in New Zealand still do not include employment consultants.

It's wrong that a massive amount of money is poured into supporting people without jobs – when what they want to do most is work and we have the knowledge about how to do this.

It's wrong that the majority of the funding each year is spent on specialist mental health services when the real opportunity for return on investment is in the community and in early intervention.

This is both a health and a welfare issue. Together, we can fix it.

**We can save millions of dollars each year in the health and welfare sectors.**

## *Imagine...*

We know that each year, around 200,000 people in New Zealand will experience mental illness or addiction problems which will need help from specialist mental health services. If you have any mental health condition you are twice as likely to fall out of the workforce than anyone else, with many becoming welfare beneficiaries.

Imagine if we took a different approach.

Imagine if, as a matter of course, each person, if they chose to, could access an evidence-based employment service which supported them to get well and stay well by staying at work or returning to work.

Instead of facing a future reliant on the welfare system, young people with mental illness or addiction issues would be either working, or studying.

Because people who are working stay well longer, there would be a significant reduction in hospital admissions and in bed nights.

This support would save millions of dollars each year, both within the health and welfare sectors.

Individuals who experience mental illness and access employment support services would be more likely to recover, and recover more quickly. Their quality of life and sense of self-worth would be improved and they would continue to actively contribute to New Zealand's economy.

Employment services were considered part of the total mental health services 'package' with employment consultants playing a key and equal role in mental health teams alongside clinicians and others.

Evidence-based supported employment would replace existing vocational rehabilitation services because they are three times more effective, and because they cost less.

Mental health would be less stigmatised. The effective management of mental health at work would be a common widespread practice.

Providing evidence-based supported employment services does one thing – it gets results.

It's good for business. It's good for people with mental health and addiction problems. It's good for New Zealand.

## *This can happen, and quickly.*

In pockets of New Zealand, it already is.

Workwise, a member of the Wise Group, has been helping people who experience a serious mental health condition get paid work for more than 10 years.

Each year, Workwise supports hundreds of people. Up to 60 per cent of those people get and keep paid jobs. With young people who experience first episode psychosis, at least 69 per cent successfully get jobs.

Those are powerful statistics.

Imagine if other agencies – including government agencies – could boast that kind of success rate.

Being in paid work yields huge benefits for the individual, for their family, for the health and welfare sectors, and for the overall economy. A cost-benefit analysis by PricewaterhouseCoopers indicates it is not difficult to get a pay-back from any investment on EBSE in less than 12 months.

If we focus on results, we can do so much more.

We can save millions of dollars each year in the health and welfare sectors.

We can keep people well and stop the downward spiral into unemployment, poverty and further health deterioration.

We can actively support the Mental Health and Addictions Workforce Service Review which recommended a demonstration site to do exactly this.

What are we waiting for?

# A win-win on housing

There's a saying in mental health. People who experience mental illness "want a house, a job and a date at the weekend."

It's the same thing, in fact, that anybody wants – particularly a home.

It makes sense. The benefits of good housing are well-known, as are the impacts of poor housing on both mental and physical health. For people who experience mental illness, housing impacts directly on their recovery. We know that poor quality housing is a primary contributor to relapse and therefore also a contributor to greater use of more expensive services.

**We'll be blunt. The Wise Group 'knows' housing. Ensuring access to quality housing is where we started more than 20 years ago.**

In fact, we're a significant customer. Nationwide, we currently lease 264 Housing New Zealand (HNZ) units to house people dealing with mental illness and/or addiction issues. We also facilitate housing placement with the private sector.

But it's not just about housing – it goes further than that. It's about helping people to appreciate the rights and responsibilities of being a tenant and managing a house. And it's also about linking people to community services which help them stay well.

But it's not always smooth sailing. Successive governments haven't invested in the level of maintenance required and we have been forced to house people in properties which have impacted negatively on their physical and mental health.

We have also bought or leased private properties to meet our needs, but good landlords with a social conscience are hard to find.

We know that there is already a lot of work being done in this area. We were part of these discussions and have been talking with many key players.

We want to propose a different solution – a simple one that can be done quickly.

**We propose establishing a shared housing model in the form of a long-term loan of properties.**



## Imagine...

...an innovative partnership between the Government and the Wise Group which provided a better standard of housing, at less cost and with significant long-term benefits for both parties and for all of our customers. The Wise Group doesn't need to own the properties. But we do need full control and access.

- We propose establishing a shared housing model in the form of a long-term loan of properties.
- This could be in the form of a public-private partnership; a 50:50 joint venture between HNZ and the Wise Group.
- We would select all tenants according to need and would link tenants to community services.
- We would collect all rent and would organise and pay for all maintenance.
- We would redecorate the properties.
- We would make sure the housing is priced at an affordable level, but meets costs.
- We would constantly review whether or not the housing stock is meeting needs.
- The joint venture would hold a loan agreement over the properties but legal ownership would remain with HNZ to eliminate any negative impact on the Government's balance sheet.
- The joint venture would own the income stream from those properties.
- The base line asset condition and valuation of the properties would be defined at the start of the loan period – ideally 10-15 years – to achieve both maintenance benefits and social outcomes.
- At the end of that period, the properties would be returned in at least the same state as when the loan period began. The properties would be valued and any increase in valuation would belong to the joint venture.

*There are other reasons to consider this proposal – cash.*

During the loan period, the joint venture would use surplus cash to increase the property portfolio.

The need for affordable housing is going to increase. We need more than one model or solution.

This proposal has some key benefits.

It allows the housing stock to grow in a sustained way, year in and year out.

It gets Government out of the business of managing specialist housing stock, allowing resources to be better used in other areas.

But let's go further.

Imagine if we used this project as a springboard for a key employment initiative which would allow people to get involved in trades and trades training.

Employment is also an area we know well.

This is a win-win on housing....but it is so much more.

# Let's get serious about poverty

Three years ago the Board of Pathways, a subsidiary of the Wise Group, asked itself what was the biggest challenge it faced. Staring them in the face was the poverty of the people to whom it provided services.

This led to a three year campaign under the rallying call – *Address Poverty*.

Funded only for inputs, the Group could have just done what the contracts said and provided general support. But we wanted to do so much more.

We realised how big this goal was but we had to start somewhere. Our first point was to tackle smoking.

In New Zealand ninety per cent of people with mental illness smoke and they also have the lowest physical health outcomes of any group. Additionally people who use mental health services and who smoke often require higher doses of medication.

Stopping smoking is good for the wallet and also saves lives.

We soon realised however that it wasn't just the people who used our services who needed to address smoking; it was also staff.

The programme we introduced with our own resources was intentional, it was planned and it was comprehensive. It involved a raft of initiatives and dedicated resource.

And it got results.

Four years ago 10 per cent of people who used our services were smoke free. Now that figure sits at 49 per cent. Four years ago 50 per cent of our staff were smoke free. Now that figure sits at 80 per cent. Four years ago 3 per cent of people had completed smoking cessation training. Now that figure now sits at 96 per cent.

## If you want to know what works, talk to us and use our experience.

If you want to get results, get serious. Put targets in every single provider contract in justice, health, education – the lot. We've showed it's realistic and achievable.

With the smoking cessation underway and so successful we have done a range of other things like starting to tackle obesity by ensuring every single person who uses our services has a full wellness check with their GP.

**If you want to get results, get serious.**

With the results in hand we and the person develop a wellness plan that involves one on one sessions with a dietician as well as a personal trainer or healthy lifestyles coach.

We also coordinate walking and swimming groups, touch teams, you name it.

We've even sponsored a national gardening project - Project Patch - so that every person has a raised garden and learns to grow and prepare fresh produce. Today we have hundreds and hundreds of people who are part of this national initiative.

Building on this success we turned our attention to tackle the big driver of poverty – unemployment. To do this we used our partner Workwise and our own resources to place employment consultants in teams. Whilst this initiative is in its early stages these are our goals and we're on track to achieve them:

- In year one 30 per cent of people who use Pathways' services who want to work have a job
- In year two 55 per cent of people who use Pathways' services who want to work have a job.

Our greatest imaginable challenge is for every person who uses Pathways' services, and wants to work, has a job!

Using evidence-based supported employment (EBSE) and our proven track record of delivering it we can tell you what we will achieve. Within three years one in every two people who want to work will gain employment. This will be even higher for young adults.

Within three years, two out of every three people will be supported to keep their job rather than lose it.

Health needs employment targets, justice needs employment targets, work and income needs employment targets. This is the way to achieve 'mutually supporting reforms' and a whole of government approach.

**Addressing poverty is our front of mind goal every day and it should be for every service provider and every New Zealander.**

But until you expect results in this area it won't be.

**The programme we introduced with our own resources was intentional, it was planned and it was comprehensive.**

# Working together for our children

As a country, we can and must do better to help our children thrive. It's not just about government, it's not just about one culture, and it can't be solved by central agencies or community providers alone.

We've got to get better results for our children and to do this we need to try new things.

We all say that it takes a community to raise a child. So why don't we try and do just that?

**What if an entire community set one goal for the year, that – "in this community children thrive."**

Building on shared values the community could set a direction that may look something like this.

## **Build a brand**

Bring all community leaders together at council, community and business level. In addition to community and government, we would feed into existing networks such as iwi, churches, Rotary, Probus and Chambers of Commerce to promote and focus around this community-wide goal.

Determine the results we want to achieve as a community. Use the Saatchi and Saatchi, 'Do one thing' brand and logo to energise this campaign. Next year it becomes do another thing.

Have an expectation that every agency and business in the region will contribute in some way to this campaign by doing one thing. Not just by contributing money but by contributing people and skills as well.

Engage local business owners and corporates to take long term responsibility for particular areas so that this campaign becomes embedded in the fabric of the community.

**We all say that it takes a community to raise a child.  
So why don't we try and do just that?**

## **Educate and engage every citizen**

Develop a comprehensive communication strategy and embark on a targeted media campaign. Use the local media channels to make sure everyone has the same baseline knowledge about our children.

Advise every citizen what they can do to help children achieve - whether they have children or not.

Publish results regularly and get the community excited about what it has contributed and what has been achieved.

## **Support our families**

We are failing in the early years and there is a missing gap in the first year with parenting skill development. We must make parenting programmes, both residential and community-based, widely available and promote them to all families. Use celebrity parenting gurus as well as local practitioners.

Have a community-wide programme of events for children utilising parks, marae, local sports and other resources such as libraries and theatres to give all children access to experiences, parents a chance to interact, to celebrate and to be educated.

Link, support and encourage every family delivery service to work together to deliver results.

Develop a family mentoring programme linking families in the community to each other to help families thrive.

Address after school care and school holiday periods. This is a huge problem for parents (working and non-working) and there are many solutions that could be explored.

Get everyone involved through creative solutions like asking all holiday home owners if they could make their homes available for two weekends a year for families who struggle to go on holiday.

## Healthy children

Have several community-wide food based projects that could include community fruit bowl planting, neighbourhood co-ops and produce sharing, breakfast in schools, gardens at home, fruit and vegetables for all and back to basics cooking instruction.

Use connections with and widen access to existing youth based programmes to build resilience in our children.

Link public health initiatives into this campaign. Use community-wide resources to ensure ready access to basic services like medical and dentistry.

## Keep our children safe

From emotional bullying to physical or sexual abuse. Let's make it absolutely unacceptable that any child in this community is deliberately harmed.

Make sure every teacher and health worker who interacts with children in the community is trained to identify child abuse.

Work with the schools, community agencies, Police and Children and Young People Services and find breakthrough solutions. Do whatever we need to do to bring these rates down and keep our children safe.

## House them well

Work with all landlords both government and private including real estate firms to raise the standard of our housing stock.

Make sure all our houses as a baseline have curtains, insulation and adequate heating.

Target areas of concern like methamphetamines. Make sure that all landlords in the community undertake regular inspections. Educate them to identify signs of drug manufacture.

**Let's make it absolutely unacceptable that any child in this community is deliberately harmed.**

## Support our schools

Schools reside in communities. However unless you have a child at that school you have little interest or involvement in assisting the school to deliver results. Business in the main is unconnected to schools as are many community groups. Isn't this odd and isn't it a wasted opportunity?

Firstly however we must make sure every child who should be at school is and that they have the resources they need to learn. We need to make additional expert tuition available to those who need it - not just to those who can afford it.

We could do much more to get alongside schools to connect them to both their community and business. We could set baseline goals owned by the community in areas like technology access for our children, literacy levels and make sure schools have the resources to deliver.

These levels may be higher than national levels as we may want a higher level of achievement for all children who live here.

**We've got to get better results for our children and to do this we need to try new things.**

## *But who could do this?*

A group like Wise could.

We have the sophistication, we have the track record, we have the infrastructure and we know how to work with government, communities and business.

It will be about building systemic leadership and commitment at all levels and bringing everyone on board.

We have a talented pool of senior staff who could lead this in a way that builds results. You won't see our logo anywhere near it.

How much would it cost?

We talked earlier about the discount we could give you on an integrated longer term contract with one audit. We could simply give you this money back to help you balance the books.

But we reckon that a better investment is to leave the money with us and invest in success.

To get better results we have to do things differently so now is good.

# Our response to Christchurch

The Christchurch earthquake impacted upon all of us, including the Wise Group. The Group has an office in Christchurch which was significantly damaged. More than 50 staff escaped, largely unhurt but severely traumatised. Many went on to deal with personal traumas involving their families, homes and friends.

Pathways, Workwise and Te Pou, all members of the Wise Group, were providing services to more than 250 people at the time of the earthquake. While none of the residential properties were significantly damaged, a number of people who access services lost friends and many had significant property damage and loss of amenities.

During the eight week period following the quake, the Wise Group mounted a strong, rapid and comprehensive disaster recovery response. Senior management were on the ground in Christchurch within 24 hours; many not leaving for weeks.

Additional Wise Group staff from around New Zealand were deployed over the course of subsequent weeks to bolster local staffing levels and allow people to take a break. Significant physical resource was provided to the region.

That included food, scooters, chemical toilets, medication, fresh water and much more.

Because of our response the Group was able to continue providing a full range of services throughout the disaster response and recovery period.

We were also able to offer assistance to other third sector organisations, many of which had been shattered, through the provision of IT and other critical services.

Was that enough? We didn't think so.

**We knew we could do more. So we did.**

## *Free training for front-line workers*

Ten free training workshops were gifted to 200 front-line workers in Christchurch to help them recognise, relate and respond to people experiencing mental health conditions.

Training was also gifted to local media outlets, in order to help journalists better understand the long-term mental health impacts of the earthquake on themselves and on their city.

The workshops were offered in the form of a day-long MH101 learning programmes, provided by Blueprint for Learning. Blueprint is a member of the Wise Group (see page 26) and is contracted to provide the workshops nationwide on behalf of the Ministry of Health.

**These workshops were gifted to Christchurch by the Wise Group and were all delivered in late 2011**



## *The Monastery*

The Monastery is a wellness retreat in Hamilton which for the last six years, has been operated by the Wise Group as a retreat for women experiencing anxiety, depression and the effects of trauma. It provides a supportive environment where people can rest and rejuvenate and engage in a flexible programme which offers counselling, therapeutic treatments and time for reflection.

In April 2011 the Wise Group, as part of its response to the Christchurch earthquake, opened up The Monastery – free of charge – to men and woman directly affected by events in Christchurch.

**Until July 2012, five-night retreats will continue to be offered at no cost. This is a significant investment which reflects the values and purpose of the Wise Group.**

Already, hundreds of people from Canterbury have stayed at The Monastery. It is now fully booked until July 2012 and there is a waiting list of more than 150 people hoping for a place.

We believe there will be demand for this service from Canterbury for the next five years as the mental health impacts of the earthquake become more evident.

The Monastery is the only specialist residential trauma service in New Zealand and has an outstanding reputation. It provides huge early intervention benefits, particularly for front-line workers who, in Canterbury, have borne the brunt of earthquake recovery efforts.

Demand for The Monastery exceeds our ability to supply. We need to either expand The Monastery, or offer similar targeted retreats, potentially in South Island locations.

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# So, what now?

At the Wise Group, our dream is very clear. We want to create fresh possibilities and services for the wellbeing of people, organisations and communities.

That's what drives us. It's not our style to seek headlines, or to aggressively lobby for change. But nor is it our style to stand back and accept mediocrity in the delivery of services. We don't believe that's what anybody wants. The difference is... we're prepared to do something about it.

This government has signalled it is open to straight talking and to innovative ideas. We believe those ideas should be ones that will take New Zealand forward, rather than those which are restrained by traditional thinking, traditional boundaries or traditional bureaucracy.

The Wise Group has a proven record of implementing initiatives which make a demonstrable difference – which get results. We'd like to do more of it. We'd like to create more possibilities, for more people.

This book summarises some of our thinking. But we are daring to hope that the ideas and proposals we've canvassed here will be more than just a conversation starter. We hope this document will be a starting point for a joint approach between the Wise Group and the government in terms of innovation, risk and delivery.

We accept that some of the proposals in here will be big calls for any government. But that's no reason not to make them.

Let's be specific. We would like to talk and work with you to:

- rethink the way government contracts for services by joining with the Wise Group in piloting a consolidated contracting and audit model,
- gain support to develop a more productive and responsive workforce which utilises technology and which helps individuals stay well, for longer,
- develop a formal partnership between us to develop a shared risk social housing model which does more than put a roof over people's heads.
- create a fundamental change in how we gather and use information through the development of a health information portal,
- create a tangible and immediate commitment to evidence-based supported employment services so we can do more – faster – to get people off benefits and into work.

We're asking you to require all government contract holders, irrespective of what sector they work in, to be held accountable for the measures they are taking to address poverty.

Finally, we're asking the government to join with us in putting in place a concerted community-based programme that puts children front and centre. We'll lead it and it may not cost a thing.

The Wise Group is not seeking an easy ride. We'll more than play our part.

What we do want is a response from government agencies to these proposals; proposals you asked for and proposals aimed at getting one thing - **results**.

# Members of the Wise Group

**Pathways** is a leading community provider of mental health services, offering a range of support choices to people throughout New Zealand. Pathways' services include mobile community support, respite, residential support and a housing facilitation service. Pathways operates nationwide.

[www.pathways.co.nz](http://www.pathways.co.nz) | **Workwise** is a highly experienced supported employment provider at the cutting edge of new thinking and new ways of operating. The organisation is accessible to people who have a predominant mental illness and who are already accessing income support and health services. Workwise is the first and only evidence-based supported employment provider in New Zealand to establish employment services in primary care. [www.workwise.org.nz](http://www.workwise.org.nz)

**Te Pou** works to support and develop the mental health, addiction and disability workforces in New Zealand. Te Pou provides health organisations with tools, products and resources to help them build a strong and enduring workforce and improve their services. Te Pou's work touches people working in the mental health, disability, addiction and Pasifika health workforce. [www.tepou.co.nz](http://www.tepou.co.nz)

**The Monastery** is a wellness retreat for people experiencing anxiety, depression and trauma. It is the only wellness retreat of its kind in New Zealand. Currently The Monastery is focused on working with people who have been affected by the devastating Canterbury earthquakes. [www.themonastery.co.nz](http://www.themonastery.co.nz)

**Wild Bamboo** Wild Bamboo is a software company specialising in creating smart information systems for community based health and wellbeing organisations. It was developed to assist community organisations by providing tried and true, cost effective software. Wild Bamboo currently works extensively in the New Zealand health sector and has a growing customer base in the UK and Australia. [www.wildbamboo.co.nz](http://www.wildbamboo.co.nz)

**Wise Management Services** provides a full suite of management services for the entire Wise Group including finance, information services, human resources, legal, communication, project management and strategic development. [www.wisegroup.co.nz](http://www.wisegroup.co.nz) | **Blueprint for learning** is New Zealand's leading provider of learning and development for people working in the health and social service sectors. In addition to education and training, Blueprint undertakes workforce research and evaluation projects for both government and non-government agencies. It is an NZQA-certified training organisation.

[www.blueprint.co.nz](http://www.blueprint.co.nz) | **Social Angels** is a charitable giving website that allows people to give as much or as little money as they like to causes that touch their hearts. Not one cent of the money donated via the Social Angels website goes towards administration or other costs; those costs are all fully covered by the Wise Group. Our dream is to create an international community of angels who support causes which receive no government funding, but which have the ability to make a real difference to people's lives.

[www.socialangels.org.nz](http://www.socialangels.org.nz) | **Linkage** helps people navigate their way through the health and social service system to find solutions that best meet their needs. It provides one-on-one client services including Service Navigation, ACC Advocacy and GP Primary Integration, and Webhealth - a free community website which provides 24 hour access to information and contact details for local health, wellbeing and social services. [www.webhealth.co.nz](http://www.webhealth.co.nz) | **Keys Social Housing** enriches the lives of individuals, families and communities by providing safe, healthy, comfortable and affordable homes.

[www.keyssocialhousing.co.nz](http://www.keyssocialhousing.co.nz) | **Pacific Inc.** creates opportunities for families and communities to flourish through embracing Pacific solutions. [www.leva.co.nz](http://www.leva.co.nz)

wisegroup.

[www.wisegroup.co.nz](http://www.wisegroup.co.nz)