

Greeting & Overview of the presentation

37 minutes (all going well) with 10 minutes at the end for questions. As we have this time at the end we may also take questions during the presentation if anyone has a burning issue.



Judy to present this section



Introduction

[one click for Māori terms, one click for English terms]

I’d like you to just take a moment and think about what you expect from a relationship. It could be a personal relationship that you’re thinking about, or a professional relationship – perhaps between an organisation you work for and another agency that’s working on the same issue as your organisation.

We’re going to talk with you today about starting and developing a purposeful relationship, or (in Māori) He Hohonga Tika, that’s based on trust and, as evaluators, how you might assess what’s happening in such a relationship –how each of the parties to the relationship is feeling about it.

We’re proposing that purposeful relationships are the kinds of relationships needed to get things done; in other words, to fulfil a purpose. These relationships have at least five levels. First, they occur when the parties engage genuinely and authentically – they come to the table about an issue – Whakawhanaungatanga. Second, they are able to express their views and be heard around that table – whakawhitiwhitikorero. Third, they develop shared understandings about issue – te niko o te kaupapa. Fourth, they engage in joint planning related to the issue – te mohiotanga. And fifth, they take collaborative action – mahi tahi.

In this section of the presentation I’m going to lead you through three considerations that lead us to this understanding of purposeful relationships : purpose, capability and relationships.



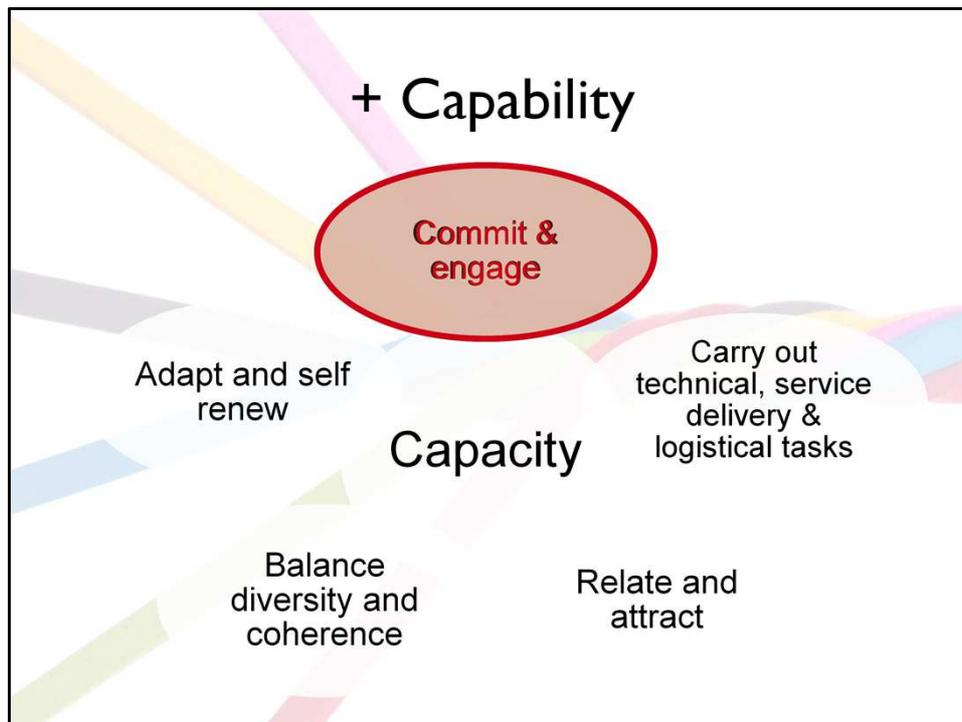
Purpose

In Aotearoa New Zealand concern this is predicated on the breaches of the Treaty of Waitangi. This treaty, signed between Māori and the English Crown in 1840, guaranteed Māori the duality of continued sovereignty and the rights extended by the Crown to New Zealand citizens. The failure of the Crown to honour the Treaty set the foundation for contemporary Māori marginalisation and vulnerability. This is expressed in the disparities that Māori experience in income, education, employment, justice, housing, etc., etc.

The purpose we are talking about in ‘purposeful relationship’ is therefore about

- empowerment to redress vulnerability
- social justice to redress disparities
- transformation to redress marginalisation and exclusion

It will take many hands to address these problems – not least because the perpetrator of them still retains the power and resources of our country. So while Māori have asserted their right to develop and deliver programs and services to assist Māori, the majority of Māori still engage with mainstream or universal services; and Māori service organisations still receive the bulk of their funding from the government. Working collaboratively for empowerment, social justice and transformation will therefore require purposeful relationships.

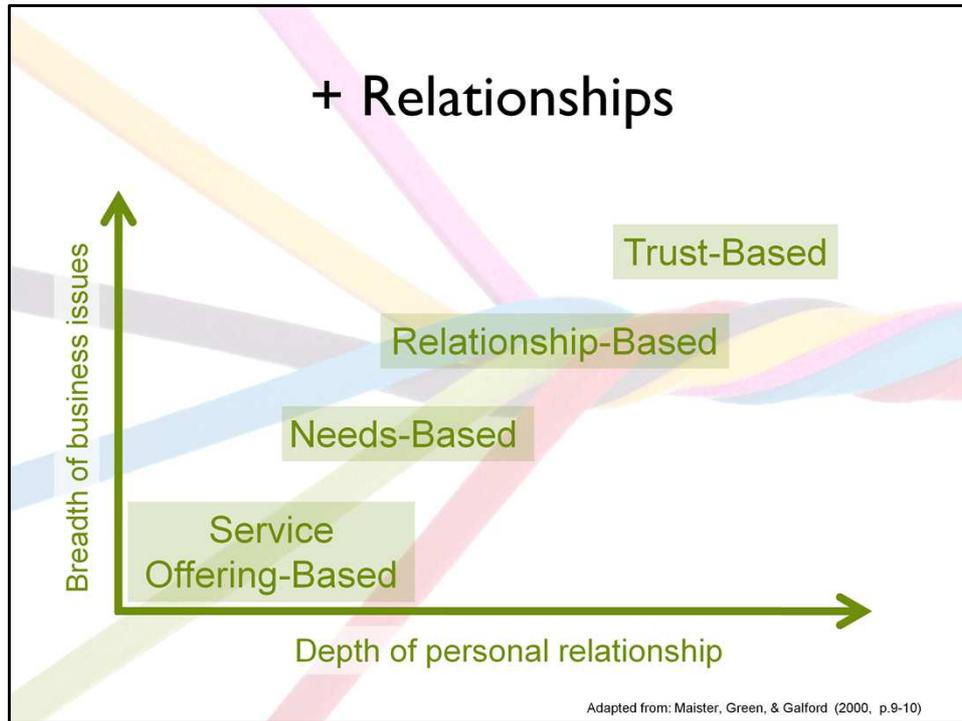


+ Capability

‘Purposeful relationships’ are at the heart of effective capacity and capability development within service provider organisations, particularly when viewed through a systems thinking lens that sees “capacity emerging out of a myriad of relationships and connections” (Baser & Morgan, 2008, p. 8). In 2008 Baser & Morgan reported 16 case studies of capacity development across a range of sectors, organisations, and geographical locations. This work was funded by the European Centre for Development Policy Management, and the aim of the case studies was to aid understanding of capacity development and its process in order to develop good practice guidance for those funders.

As shown in this slide, Baser and Morgan identified five core capabilities that support the development of capacity – the capability to commit and engage, to carry out functions or tasks, to relate and attract resources and support, to adapt and self-renew, and finally, to balance coherence and diversity (Baser & Morgan, 2008, p. 26). This analysis and the framing of capacity resonates with our knowledge of Māori service providers in Aotearoa.

[down arrow to highlight] Of particular interest to us here is the Capacity to commit and engage. Baser and Morgan (2008, p. 27) state that an organisations should “be conscious and aware of its place in the world [and able] to configure itself, to develop its own motivation and commitment and then to act,” In other words, organisations that want to engage in purposeful relationships have to have the capability to do so, and this capability is an important characteristic of a complex, adaptive system.



+ Relationships (1)

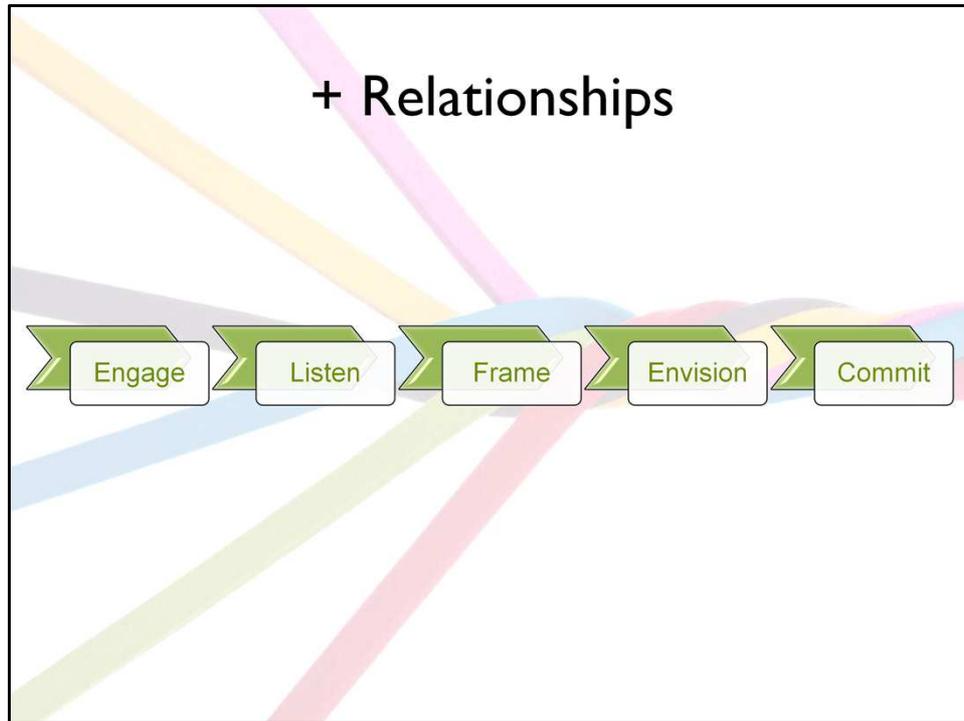
In the private sector and in the consulting world great store is placed on building strong trusted relationships with clients. Advisors who have greater depth of relationships with their clients work at the relationship-based and trust-based levels. There are time and resource benefits to developing high trust relationships: Maister and colleagues reflect that *“the cost of developing new-client business is 4 to 7 times higher than the cost of the same amount of business from an existing client”* (2000, p. 84.)

[explain axes] A *trusted advisor* is someone who has a deep personal relationship with their client and can discuss a broad range of business issues. These are presented in this slide as orthogonal dimensions of a purposeful relationship.

[forward arrow to fade in four stages]

1. A limited understanding of issues combined with a shallow relationship dictates that the purpose of the relationship between parties will be mostly about answering and explaining.
2. A more indepth relationship with someone with a broader range of understanding will mean that the purpose can be needs-based – solving problems and providing solutions.
3. The next step is when relationship depth and breadth of knowledge allows for insights and the sharing of ideas.
4. When there is a deep relationship with a trusted, expert advisor a safe haven is provided for understanding and dealing with hard issues.

Maister and colleagues (2000) have identified that relational trust has multiple dimensions. For instance relational trust increases credibility—people trust what the advisor says, people trust the actions of the advisor and consider them reliable, people feel more comfortable having discussions with the advisor, and people trust the advisor cares about them.



+ Relationships (2)

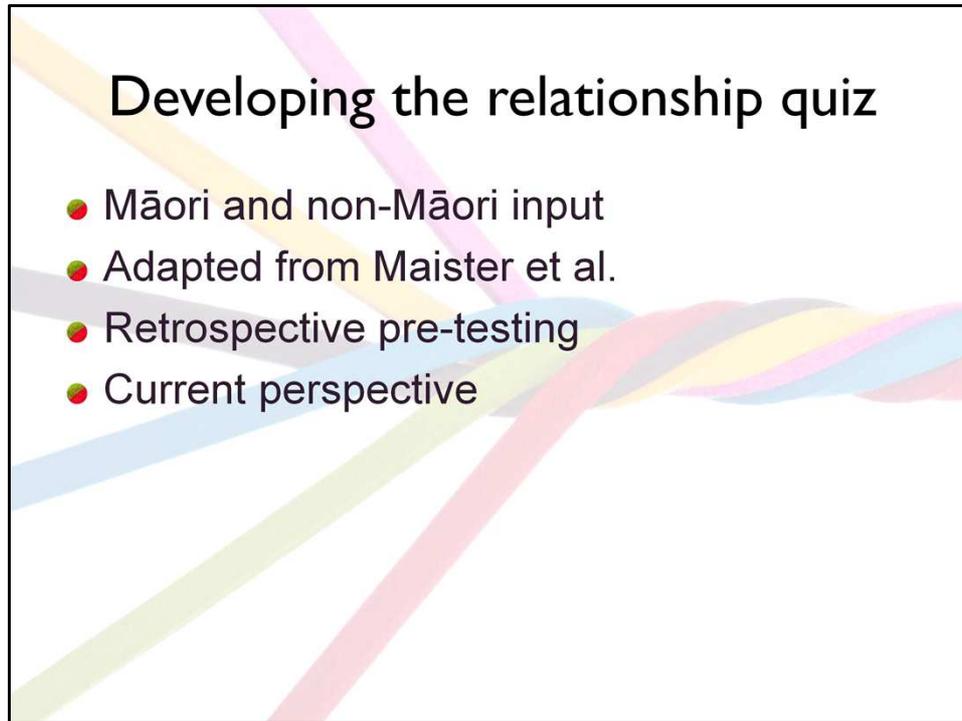
So if we want to go about developing trust, what is the process? Maister, et al., (2000) outline the stages in developing trust and these are outlined in this slide. This approach offers a roadmap of how purposeful relationships might develop, and focusses on building relational trust. The development moves a relationship through an engagement phase, to a listening then a framing phase, towards envisioning with this followed by commitment.

It seemed to us; that the characteristics of advisors who managed to achieve high levels of trust might usefully frame the progress of service providers in building strong inter organisational relationships with funders.

We also noted that this framework for developing trust had some synergies with the Baser and Morgan framework of five core capabilities that support the development of capacity. We decided to build a questionnaire to quiz what we thought of as ‘purposeful relationships’ based on the work of Maister, et al., (2000) and Baser and Morgan (2008). From this basis we set out to develop a questionnaire we could use in our evaluation work to quiz purposeful evaluations.



[Fiona]



Developing the relationship quiz

- Māori and non-Māori input
- Adapted from Maister et al.
- Retrospective pre-testing
- Current perspective

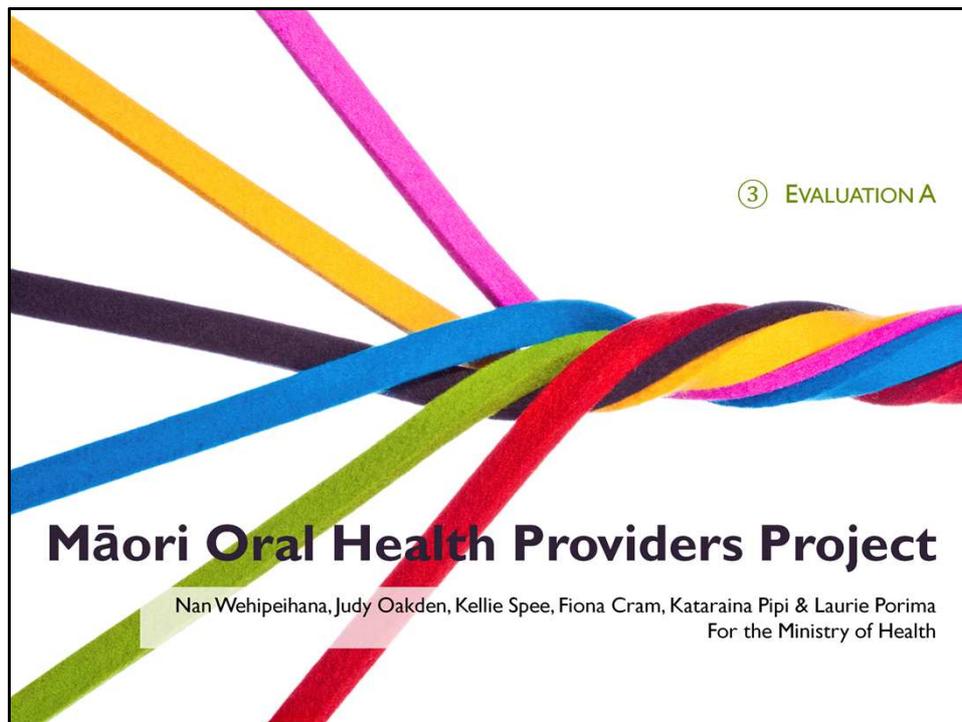
Developing the relationship quiz

We first had cause to quiz purposeful relationships in the Māori oral health providers project. An important aspect of this project is that we wanted to ask Māori health providers and District Health Boards about their relationship with one another. The questionnaire was therefore developed by Māori and Pākehā evaluators working together to ensure that it would be appropriate for both parties.

As we didn't have the opportunity to collect in-time pre-test data we also incorporated into the questionnaire a retrospective pre-test – asking the parties to rate their relationship at the beginning, and to also rate what it was currently like.

Category	Focus of inquiry
Engage	Willingness to meet & talk
Express views	Openness to respectful & honest sharing
Shared understandings	Development of knowledge and goodwill
Joint planning	Prepared to cooperate
Collaborative actions	Committed to working together

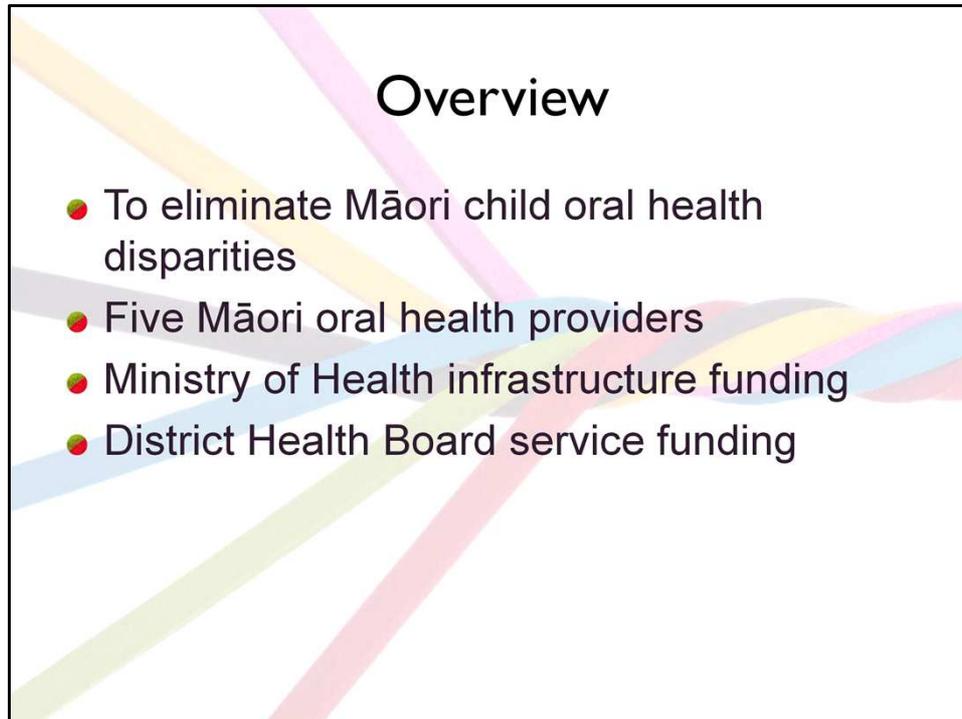
We next discuss results from two health-related evaluations that show how relationships progressed over time, and illustrate how a ‘purposeful relationships’ approach offers a new way to capture the development of relational trust within multi-agency groups, as well as between provider and funder organisations. This paper proposes that a questionnaire that specifically targets known aspects of relationships offers an important contribution to those charged with evaluating relationship aspects within provider service provision evaluations.



[let names come in to slide before moving on – this will happen automatically]

Acknowledge evaluation team members: Nan Wehipeihana, Judy Oakden, Kellie Spee, Fiona Cram, Kataraina Pipi & Laurie Porima

Acknowledge contracting agency: Māori Health Directorate, Ministry of Health



Context - Evaluation of the Māori Oral Health Providers

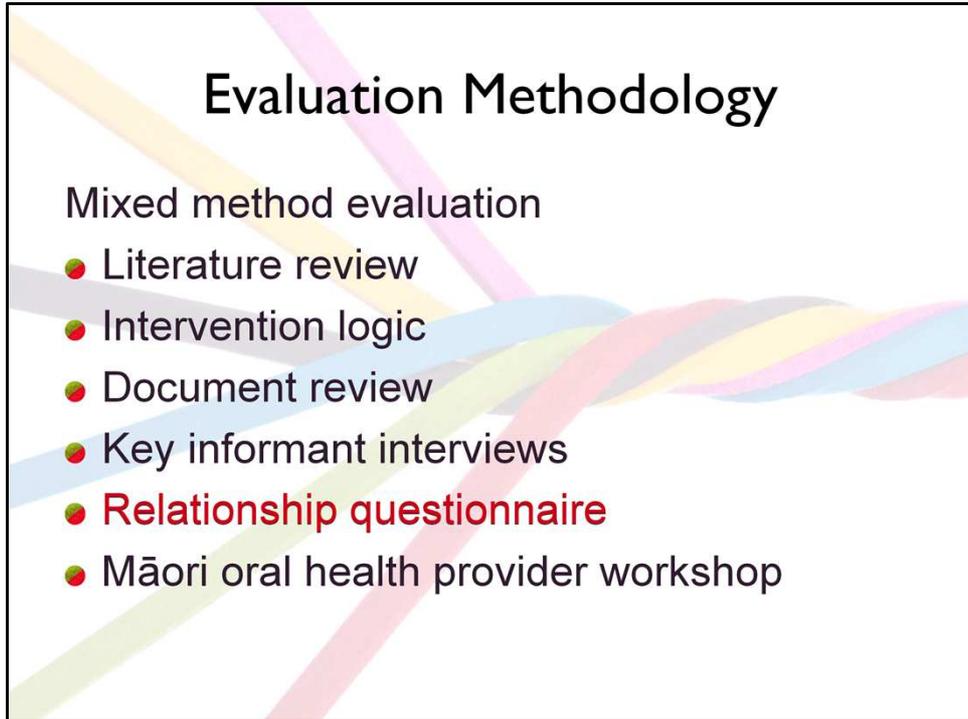
The relationship questionnaire was first used when the purpose was the elimination of Māori child oral health disparities.

The Māori Oral Health Providers project was undertaken to build the capacity and capability of Māori oral health providers to enable them to deliver oral health services in their communities. The project also aimed to strengthen relationships between Providers and their local District health boards and to raise the profile of Māori oral health providers as key contributors to the oral health needs of Māori and their communities.

Five Māori oral health providers received funding from the Ministry of Health to purchase capital equipment. Four purchased mobile clinics and the fifth established a clinic.

Although the project was instigated by the Ministry of Health it was the District Health Boards who were responsible for funding service delivery contracts and working with the Māori oral health providers to support their delivery of oral health services to Māori children in their area.

For this project we specifically examined the relationship between Maori health providers and District Health Boards.



Evaluation Methodology

- Mixed method evaluation
 - Literature review
 - Intervention logic
 - Document review
 - Key informant interviews
 - Relationship questionnaire**
 - Māori oral health provider workshop

Evaluation Methodology

From report:

The evaluation employed a mixed method approach to address the evaluation aims and objectives. The methods employed in this evaluation were: a literature review, development of intervention (project) logic, document review, two phases of key informant interviews, a relationships survey and a one day workshop involving all five providers, the evaluation team and Ministry representatives. The literature review and intervention logic informed the development of a capacity and capability framework, adapting work of Baser and Morgan (2008).

[down arrow to highlight bullet point] The relationship question asked for ratings on a 4-point scale from 1 equivalent to 'not at all interested' to 4 being equivalent to 'fully interested' – with the wording differing as appropriate for the questions.

Category	District Health Board	Māori health providers
Engage	Improved DHB knowledge about provider role	DHBs more willing to meet with Māori providers
Express views	Improved provider valuing of and respect for DHB expertise	Constant high DHB valuing of Māori provider knowledge
Shared understandings	Māori health providers more prepared to work with DHBs Improved 'genuine goodwill' between us	DHBs more prepared to enter into robust conversations
Joint planning	DHBs more prepared to cooperate with Māori health providers Māori health providers more realistic about objectives	Māori health providers more prepared to cooperate Improved joint contributions DHBs more realistic
Collaborative actions	More prepared to reach agreement and work together	More prepared to reach agreement and work together DHB more realistic

The questionnaire provided useful insight into the specific aspects where the both the Māori oral health providers and the District Health Board perceived that their relationship had improved since the beginning of project. The small sample size meant that we were looking for a change in the rating given for any particular item of around 0.7 ..

Things to note include:

Engaging relationships - Whakawhanaungatanga

- The Māori health providers noted improvements in the DHBs’ willingness to meet with them
- The DHBs noted improvements in their own knowledge about the Māori oral health providers

[down arrow to highlight next line] Expressing views – Whakawhiti korero

- The Māori health providers felt that the DHBs had always valued their knowledge and expertise
- The DHBs noted, on the other hand, noted an improvement in the Māori oral health providers valuing of and respect for their knowledge and expertise

Shared understandings – Te niko o te kaupapa

- The Māori health providers noted an improvements in the DHBs’ preparedness to enter into robust conversations
- The DHBs noted improvements in the preparedness of Māori oral health providers to work with them on Māori oral health issues and problems, and an increased genuine goodwill between organisations regarding Māori health provision

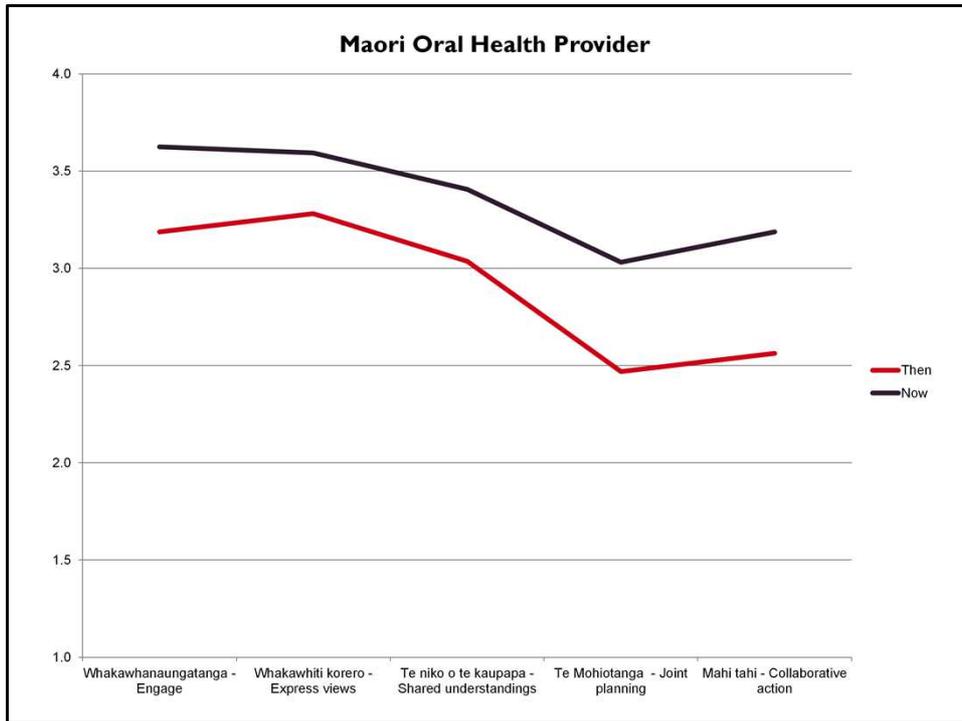
Envisioning solutions – Te Mohiotanga

- The Māori health providers that they were more prepared to work together with the DHB and felt that the joint contributions to addressing Māori oral health disparities had improved.
- The DHBs noted a big improvement in their own preparedness to work in cooperation with Māori oral health providers to develop solutions and define work objectives to Māori oral health disparities. They also noted that the Māori health providers where more realistic when setting objective for Māori oral healths

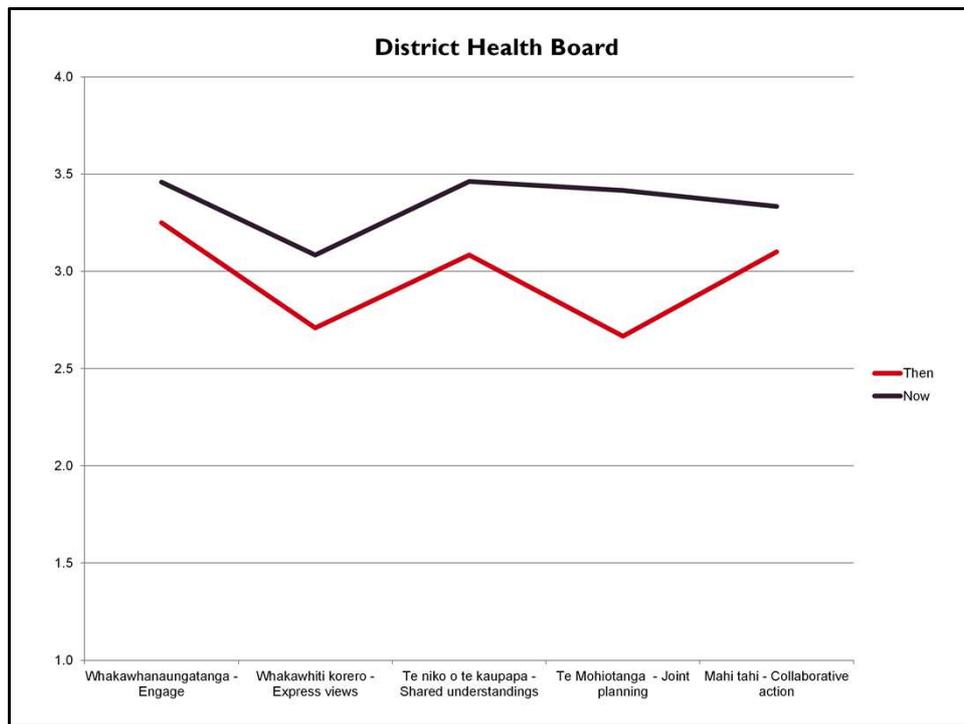
Engaging relationships - Whakawhanaungatanga

- The Māori health providers noted that they were more prepared to reach agreement with the DHB, and more committed to working together; and that the DHB was more realistic about taking into account Māori circumstances
- The DHBs noted noted that they were more prepared to reach agreement and work with the Māori oral health providers

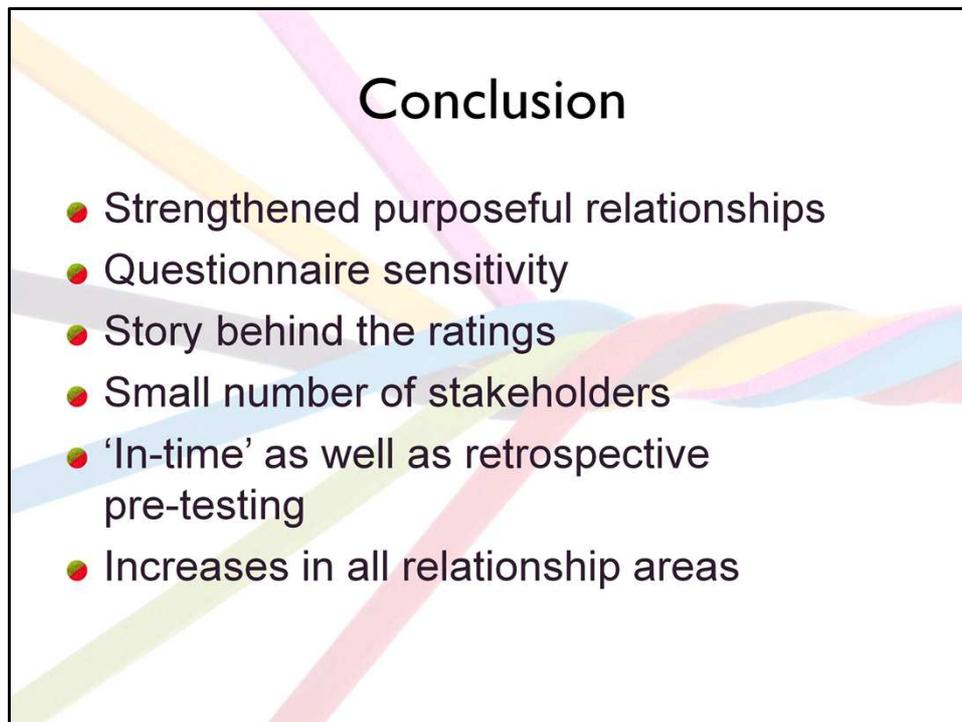
- **[down arrow to highlight whole table]**



Although the numbers in this evaluation were small, one thing we were keenly interested in was examining how purposeful relationships develop over time – whether the component parts looked like stages or just components. We had thought that the relationship questionnaire was measuring something progress so that in a relationship a firm foundation would first be laid for engagement, followed by expression, etc. In this slide we see that the Māori oral health providers’ rating of their relationship with the DHBs followed a similar line at ‘then’ and ‘now’, with similar increases across all components.



A similar pattern is observed in the DHB data.



Conclusion

These findings provided evidence that relationships had strengthened between providers and DHB's. And we could identify the aspects of the relationships where there had been the most change – specifically joint planning & collaborative action. This was a bold approach by the Ministry of Health, in requiring the DHB's and Providers to work together, and in this instance it appeared to pay off.

The relationship questionnaire was a useful tool to use with stakeholders who were encouraged to both rate the 'then' and 'now' of their relationship and talk through some of the reasons for changes that had occurred, as well as reasons why things might have remained unchanged. This was a great advantage of having the evaluators working at each site also undertake the interviews with the organisational representatives about the relationship.

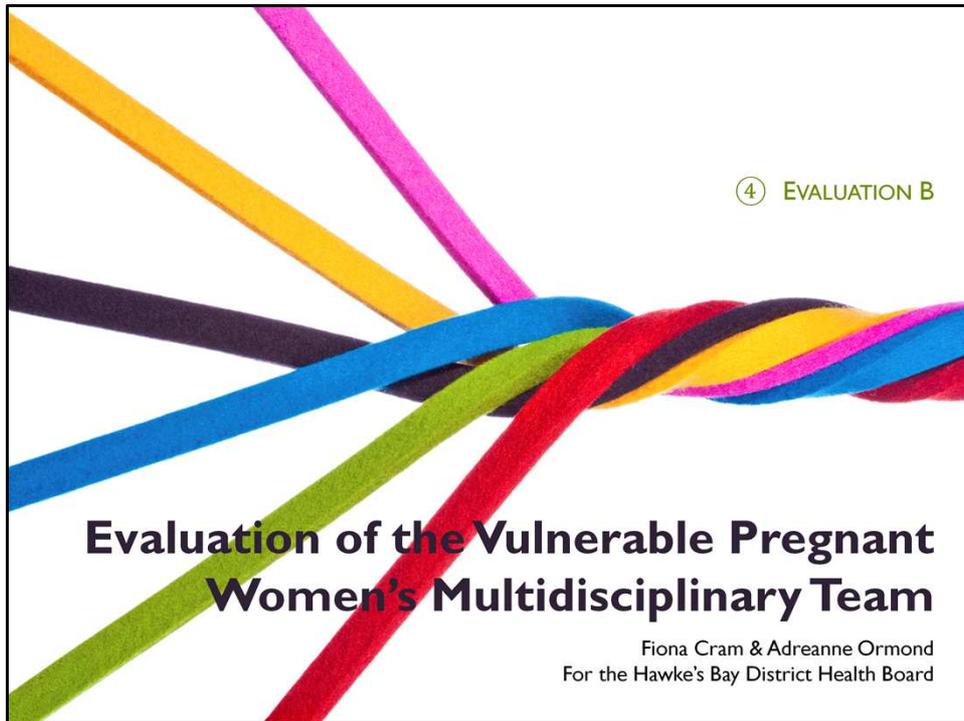
Small numbers (8 Māori oral health provider interviews and 6 DHB interviews) mean that it was important to use the questionnaire within the context of a mixed method evaluation.

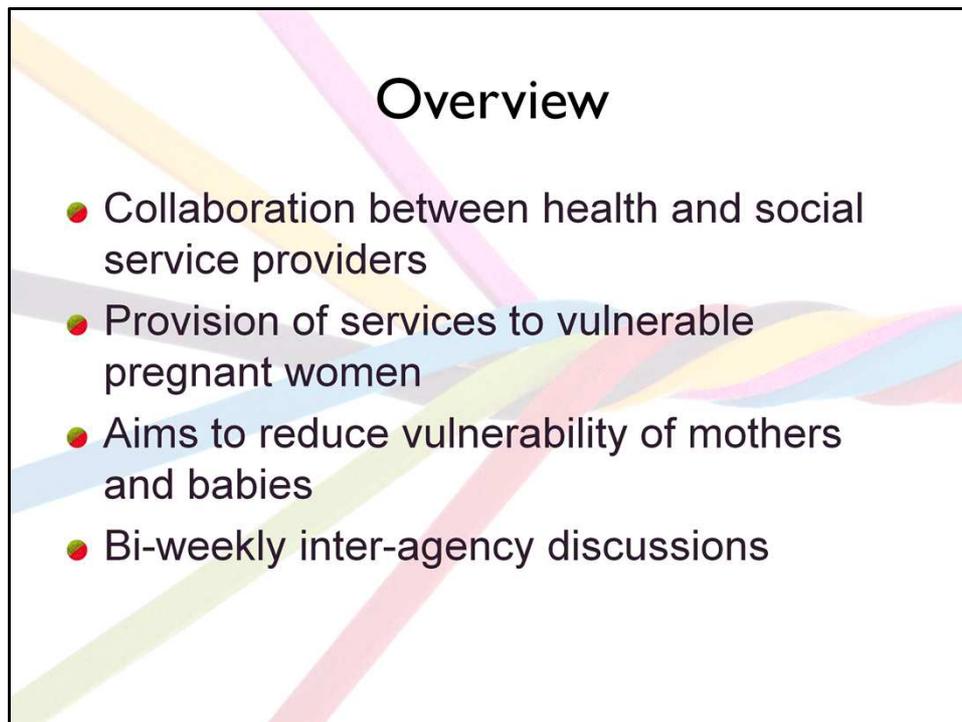
In future it would also be good to have in-time pre-test data, although we suspect that it would still be useful to collect retrospective pre-test ratings in order to enable raters to explain both how things have changed and what they didn't know, that they now know, when they filled in the 'in-time' pre-test.



[Slide to allow change over with Fiona for next part : Evaluation B]

Picture from the MidCentral DHBs Child and Adolescent Oral Health Project
(<http://www.midcentraldhb.govt.nz/About/MajorProjects/OralHealth/Oral-Photos.htm>)



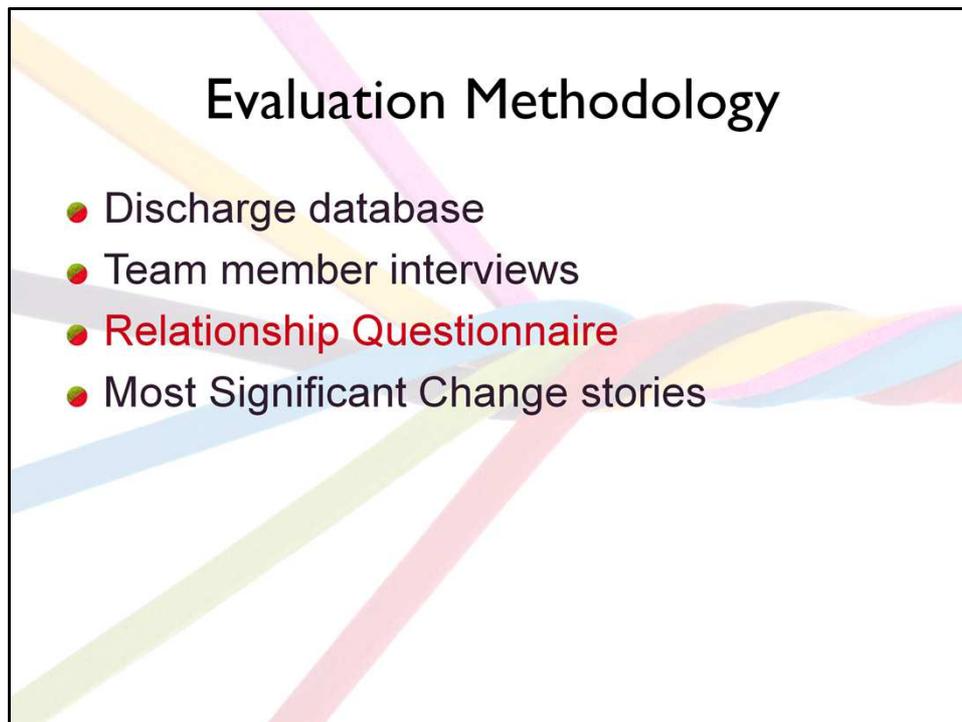


Overview – Evaluation of the Vulnerable Pregnant Women’s Multidisciplinary Team, Hawke’s Bay DHB

In 2010 The Hawke’s Bay District Health Board (DHB) implemented a collaboration between health and social service provider agencies to improve the service provided to pregnant mothers who are categorised as vulnerable. Initially the group had existed informally with a multi-disciplinary Senior Midwifery Clinicians and Social Workers meeting. Under the direction of Hastings Hospital Midwifery coordinator the informal group was formalised in April of 2010 as the Vulnerable Pregnant Women’s Multidisciplinary Team (the Team).

The Team aims to reduce the vulnerability of pregnant women and ensure that every pregnancy has the healthiest outcome for mother and baby. Interagency collaboration has been deployed as a way for people and organisations to successfully combine their vision, strategies, multiple skills, knowledge, and experience to facilitate solutions to the complex issues (e.g., socio-economic, health, community and cultural issues) that vulnerable women face. The Team draws multiple agencies together in bi-weekly coordinated discussions and provides opportunities for interagency support by signalling new cases, sharing knowledge of individuals’ case history, and promoting multiple clinician involvement and provisions of services. A wider stakeholder group provides vision and direction for the operational Vulnerable Pregnant Women’s Programme.

The aim of the Vulnerable Pregnant Women’s Multidisciplinary Team is to ‘*make a difference to identifying women with vulnerabilities, proactively wrapping services around them, their new born baby and their families, building partnerships with external agencies and ensuring transparent decision making processes*’ (Hawke’s Bay DHB, 2010b, p.1).



Evaluation Methodology

The evaluation employed a mixed method approach to address the Key Evaluation Questions. The methods employed were: key informant interviews, Team member interviews, a team relationship questionnaire, and the analysis of the client database for cases closed from June 2010 to July 2011.

Category	Team relationship improvements
Engage	Agencies will to participate Engagement views as worthwhile and valuable Knowledge of each others' roles and services Strength of desire to work together
Express views	Value and respect for agencies' knowledge and expertise Openness and honesty among members Hearing and understanding of each other Discussion of agencies' service provision issues
Build understanding	Preparedness to enter robust discussion & work together Understanding about service provision Degree of genuine goodwill
Joint planning	Preparedness for mutual cooperation Joint contributions Being realistic in setting objectives
Make commitments	Preparedness to reach agreement Commitment to working together Flexibility, responsiveness and agency follow through

Findings

The findings described here are those from the questionnaire where there was significant change in the average rating from the retrospective pre-test rating (beginning of the group) to the present.

Engage – Whakawhanaungatanga Member agencies had willingly joined the Team. As the Team’s reputation has built so has the support of the professional community. Many viewed the recent addition of CYFS as an example of this. As the Team spent more time together there was an increase in awareness of each others’ roles. Many viewed the Team as an opportunity to carry out their commitment to the vulnerable women by contributing to services, client history and information, and interagency relationships.

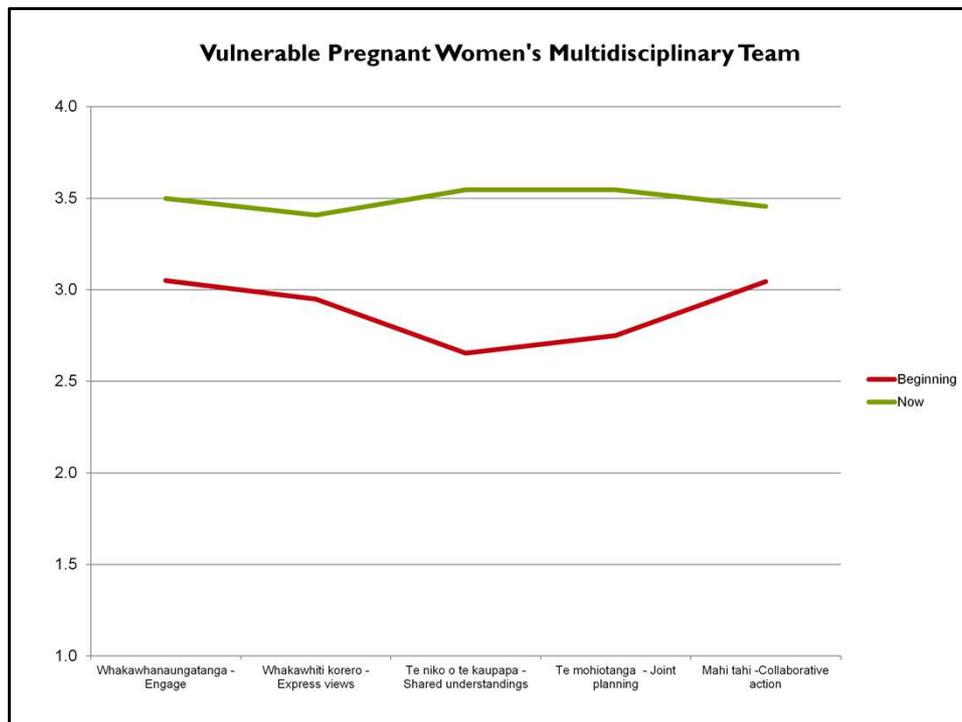
Whakawhiti Kōrero – Expressing Views, Being Heard Team members felt confident in their ability to express views and have their perspectives valued within the Team. As the Team spent more time together and learned about the roles, expertise and knowledge of each member the level of respect and trust increased. As a result the honesty and open communication increased and it became easier to share issues and problems specific to their roles.

Te Niko o te Kaupapa – Developing an Understanding of the Issues At the start of the Team agencies were willing to work together to form a common understanding of the issues the vulnerable pregnant women faced and provide the best support necessary. This involved sharing and discussing sensitive issues and, if necessary, debating the best means of support. Team members viewed the Team as an environment of goodwill towards each other with everyone willing to develop an understanding of the issues and problems involved.

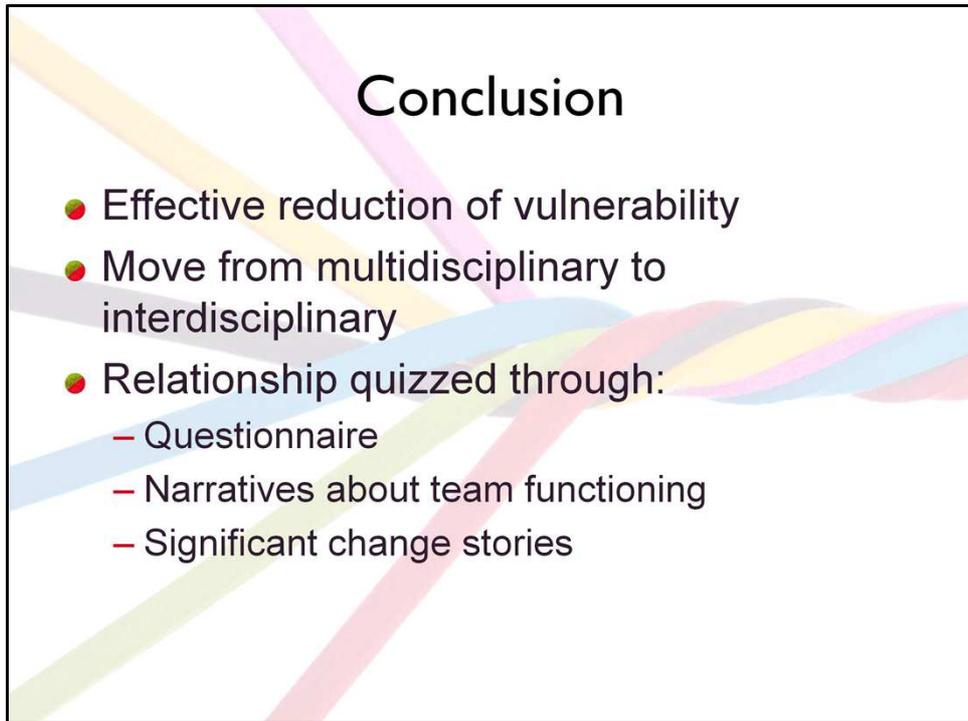
Te Mohiotanga – Envisioning Solutions From the start to now the agencies had grown more prepared to work together in mutual cooperation to finding solutions. Many felt involved in the definition of the Team’s objectives and therefore committed to working toward important outcomes. The members felt that the Team had improved over time in terms of setting realistic objectives, and Team members felt involved and supported the process.

Mahi Tahī – Making Commitments Team members believed the Team was consistently able to reach agreement about what could be done to improve the lives of women and babies. The common perspective is that they are committed to working together and able to be flexible and responsive to obstacles and opportunities.

The two items that showed no change were rated quite highly at both the beginning of the team and currently: Q2. Agencies view engagement as worthwhile and valuable; and Q24. Agencies follow through with Team commitments.



This slide again shows the average ratings for the 'beginning' of the team to 'now' for each of the components of the relationship questionnaire. What is interesting again to note that once again improvements were observed across all components. There was really no 'staged' effect of the improvement in the purposeful relationship being developed by the Vulnerable Pregnant Women Multidisciplinary Team.



Conclusion

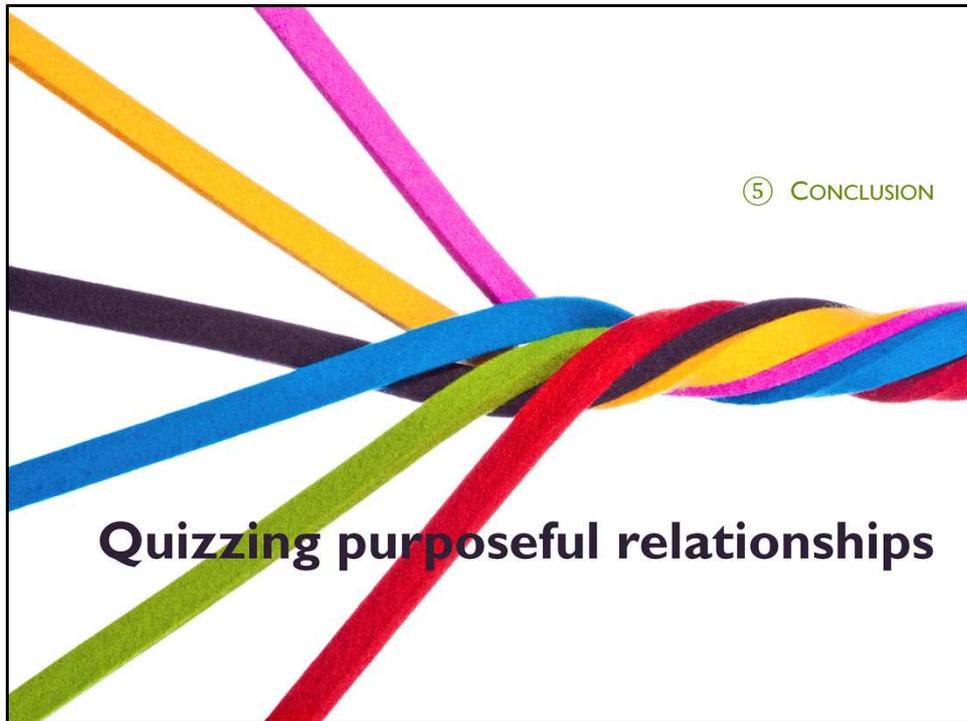
- Effective reduction of vulnerability
- Move from multidisciplinary to interdisciplinary
- Relationship quizzed through:
 - Questionnaire
 - Narratives about team functioning
 - Significant change stories

Conclusion

Overall, the evaluation found that the Vulnerable Pregnant Women's Multidisciplinary Team provided an opportunity for an interagency collaboration and supported individual agencies to break down silos, form partnerships and improve the service offered to vulnerable mothers and their babies. There was evidence that the relationships between the agencies have been strengthened, and they are able to work together to provide a quality wrap around service.

There was evidence to suggest that the Team is now performing as an interdisciplinary team through sharing information and knowledge about clients, services, and roles.

The use of the questionnaire in conjunction with team member narratives about the team's functioning and their significant change stories gave inspiring insight into how agencies were able to come together to assist vulnerable pregnant women and their babies.





Conclusion

Two evaluation examples have shown how the quizzing of purposeful relationships can operate within a mixed methods evaluation methodology. The first evaluation example focused on the reduction of oral health disparities through relationships between Māori health providers and District Health Boards; the second on inter-agency cooperation on a multidisciplinary team to reduce the vulnerability of pregnant women and their babies.

The questionnaire allowed us to check our assumptions about these relationships, including how they had progressed over time.

It helped identify the strengths and tensions within relationships and was a good reflective tool for informants about the ways in which the relationship was changing (or not) and why.

Our next task will be to use the relationship questionnaire in further evaluations with more informants to increase our confidence in these findings.

Kia ora – Many thanks

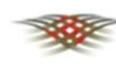
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