

Mental Health Services in the Lakes District - *News from the*



Planning & Funding Division, Lakes District Health Board



Issue 9: December 2011

Mangakino Country Lodge

Staff at the Mangakino Country Lodge are taking the first steps into a transition into providing community-based services in a move expected to provide the small South Waikato community with wide-ranging benefits.

Director Murray Logan, who has been in Mangakino since 1987 and has been a trained psychiatric staff nurse since 1976, has seen changes over a number of decades, leading to the current increasing focus on community in mental health.

In the early years, many of the people came from the Tokanui Hospital institutionalised, before the accommodation moved to a level system based on bed numbers, with the aim of improved care.

"Now, we are changing our focus entirely. We've looked after people here who have been long-term sufferers in hospitals or in other providers, who couldn't handle them or didn't have the facilities or the staffing. We've provided a service whereby we've done everything for them – the bed, the accommodation and all the cooking."

"From the start of 2012, we will be placing a couple of people in a house and they will get supported care from here. In the meantime, we are training people in preparation for this move."

A couple of clients are regularly cooking their own meals in a specially established flat separated out from the mental health accommodation area of the lodge. At the same time, a couple of people in the



mental health area were doing their own cooking and laundry.

"What we are trying to do is to give another option to people who normally wouldn't get that option."

Starting from July 1 2011, the move has seen the lodge essentially go from a "bed basis" system to FTE, or full-time equivalent, where staff are organised around the service provided rather than against the number of beds filled.

This means there are equivalent FTE staff members on a 24-hour basis.

"It changes our whole outlook from the custodial care to people looking at the clients and seeing what they can do for them. The emphasis is on the people taking more responsibility and accountability for their own lives."

Murray says a core of people who may not be able to take care of themselves will remain at the lodge, but the option is available for them. However, it is also possible that clients may see somebody else moving ahead in the new more community-focused process and want to try it themselves.

"So really speaking, what's happening now is the whole approach by the staff is quite different. Instead of coming and doing everything for people, they have to show a certain proportion what to do, so they can do it for themselves."

The lodge currently has 11 staff members, including a gardener. Staff will continue to be initially based at the lodge and going out into the community to check on how people are going in accommodation and work.

Working with consultant Sue Lewer, who has been employed by Lakes DHB, a strategy is being formulated which will see staff more and more based in the community.

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Mangakino Country Lodge

“The shift in direction for the people is a shift in direction for the staff as well.”

Murray says that long-term it was expected the operation at the lodge itself would be downsized but the same people would be looked after in a couple of houses.

At the same time, it is likely staff will also increasingly help to look after other people who have been discharged from hospital wards or who might need some aid in the community.



Grant, 42 (pictured above at right with Lisa de Thierry), is one of the first to make the move into a more community aspect to his life, living in the flat

and working in the Mangakino community garden.

The garden was established by the village community with help from local businesses and agencies, such as Lisa de Thierry from Mangakino Family Services. A plot of land adjacent to the agency's building has been built into several gardens, growing everything from summer salad greens to potatoes and corn. Grant recently proudly harvested lettuce from the garden, where he and other lodge clients have helped plant and grow produce.

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Transformational Change

- Mary Smith, GM Planning & Funding, Lakes DHB

Tena Koutou Katoa

Some years ago I worked as a change manager reporting to the then Chief Executive of Lakeland Health, Ray Watson. Ray has, in recent times been a Mental Health Commissioner, and is well known to many of you.



Ray is a phenomenal strategic thinker and a fantastic mentor. One of the first things he gave me before I embarked on the process of change management was a quote from Machiavelli's "The Prince"

Niccolo Machiavelli wrote his famous dissertation on power, The Prince, in 1517. The philosophies set in The Prince, known as Machiavellianism, have been viewed as evil throughout the centuries, but as most business leaders and politicians agree Machiavelli has only defined the physics of power!

In fact he wrote The Prince as a guide book for his own prince, Lorenzo De Medici, to promote himself into the political arena of Italy. Machiavelli's famous quote on change goes like this:

“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things. For the reformer has enemies in all those who profit by the old order, and only lukewarm defenders in all those who would profit by the new order.”

It is amazing that this comes from 1517 – and suggests that change was as difficult to implement then as it is now. Yet we have managed to change many things in spite of the challenges. For me the most significant changes in society have been around social justice and social responsibility but of course technological advances since that time have been enormous and would have been beyond conception in 1517.

There are many definitions of transformational change – the most concise being that it is simply “profound change”. Change is the process of becoming different. So let's look forward to becoming profoundly different in the future – for the good of society of course!

Bainbridge House - where HEHA becomes a way of life

Healthy eating and healthy action has become the central focus for staff and residents at Rotorua's Bainbridge House Trust.

Service Manager Haehaetu Phillips recently talked about the implementation of the healthy eating – healthy action (HEHA) programme being delivered for Bainbridge's alcohol and addiction residents. The residents enter the services for pre-treatment and supported accommodation, and also post-treatment, supported accommodation and transition into the community supported by Bainbridge.

In the Bainbridge context, the programme has been labelled "HEHA and Me" as it reminds residents that they are more than just a clinical label and have other dimensions in their wellness such as physical (tinana), wairua (spirit), whanau (family, community.)

"They are entering our services usually because they have made a decision that they want to make a change in their life. They are seeking supported accommodation options that ensure that their decisions are supported with a healthy living and healthy lifestyle to help them in their reintegration back into the community as a person who is abstaining from alcohol and drugs," said Haehaetu Phillips.

Bainbridge has 12 beds, with six dedicated to AOD (alcohol and other drugs). One of the key elements to emerge from a needs analysis exercise with residents on-site in November 2010 was that clients who participated from AOD were very bored and generally sat around the house waiting to be picked up for appointments with their key workers.

"So their anxiety levels were really climbing through the roof, so that by the time they went for the appointments their key issue, apart from alcohol and drugs, was boredom and becoming idle. There were no real action goals for them to achieve, so we looked how we, as a small alcohol and addiction services provider, could address those issues."

Bainbridge sought funding external to its core business and core contracts, which were only for 12 beds supported accommodation. When Lakes DHB's Planning and Funding division asked for proposals for projects for HEHA Maori community projects, Bainbridge responded.

"The [Bainbridge] proposal was really around how the mental health service users or tangata-whaiora

(see www.whaiora.org.nz) could recognise that they are not just here under some specialist services, needing to have clinical interventions. We looked at how they could also be a person who can stand on their own mana (strength, ownership) and understand their own tino rangatiratanga (self determination) with their own goals and aspirations of becoming a person in society who can contribute to those goals."

The model was based on Te Whare Tapa Wha, embracing the four cornerstones of Maori health: whānau (family health), tinana (physical health), hinengaro (mental health) and wairua (spiritual health). An internal analysis on current full-time equivalent (FTE) staff showed there was sufficient capacity with support workers being used in the project coordinator role, for people to do on site activities.

"The HEHA and Me programme targets the client and gives them options around their physical well-being and looks at health and fitness regimes on-site and external, with gyms and swimming, and also recreational walking activities."

The outcome is an all-inclusive programme allowing

participants to achieve not only their specialists' goals but also their goals overall to help them back into the community.

Staff members have also participated over a four-week period to mid-November, joining with the clients in the programme.

"It's been fun," says Haehaetu, "it's been hard but it's been fun. I think it has given our clients a sense of trust within the organisation that we're a service that doesn't just say 'you guys do this'. We're a service that participates as well and it's not just an expectation that your clients are running around. The staff can do that as well."

The programme also builds workplace wellness for the Bainbridge team. Of the 14 staff, 40 per cent are participating in the programme, and the goal is to have 80-100 per cent participating by December 2012.

Tepora Apirana, the Bainbridge House social worker, does clinical assessments before clients enter the service and also does discharge assessments in terms of the clients' plans. **Cont. page 4**



L-R: HEHA project co-ordinator Shane Unawai, Marie, service manager Haehaetu Phillips and Marcus.

Bainbridge House - where HEHA becomes a way of life

“The biggest improvement I see clinically is that it prevents relapse, minimising boredom and stress for our clients. They end up investing the time they would otherwise have spent on addictions, looking after themselves.”

She says one of the greatest strengths of the HEHA programme is empowerment for all residents. They now take control of their bodies, their minds and their hearts. This contributes hugely to their recovery

“I think also it gives them a sense of belonging within the group. When people do arrive they are at first quite resistant, because it’s foreign.

“More times than not people arrive here just out of detox, so physically they have tremors and they are not responding very well, so it does take a while.”

Part of Tepora’s role is to ensure residents are safe and they will only participate in HEHA when they are physically capable.

Shane Unawai, the project coordinator of the Bainbridge Trust’s “HEHA and Me” programme, takes participants through the guidelines and the goals they might want to achieve.

“The goals may be small or big but what they do achieve here in terms of the HEHA programme is weight control.”

This means changing their diet plans and giving them a wider spectrum on what is available, so they achieve a sense of physical well-being, and are able to benefit from integrating back into the community.

“We’ve had a couple of clients, who on post-treatment, have left our organisation and still carried out the necessary activities to remain healthy and fit.”

For clients in alcohol and drug programmes, it is compulsory to participate in the HEHA and Me programme. Some clients can be very reluctant to participate in the first week, but once they do they are up and ready to go early.

“What clients do see is the benefits of the programme, and they see in the first week that they have a lot of fun and are energised to participate.”

The programme runs Monday to Friday from 9am until noon. A week plan includes a gym visit three times a week. An eating plan is put in place alongside the activity, with the correct portions and the best food groups to benefit their bodies as well as the bad food groups they should stay away from.

Other activities involve aquatics and aqua-jogging, or just sitting and relaxing in a spa pool after gym work.

Shane says the changes are quite marked in clients between the time they start on the programme and finish their time at Bainbridge.

“The changes are quite positive. They have a huge shift in mood and their attitude towards life is a lot more positive when compared to their entry into the

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Focus now on everyday life for Ruby

Increasing her level of endurance has helped Bainbridge Trust resident Ruby to focus more on her everyday life.

Ruby, 36, had been incarcerated and a condition stated she was to start residential treatment on release, and she came into Bainbridge for after-care.

When she first came to Bainbridge she didn’t have much motivation towards exercise, as residential treatment focused more on in-depth internal work.

“But once I had come to Bainbridge the exercise programme that was offered was really pretty much everything I was looking for at the time in terms of being nothing too heavy as well as being really informative.”

When asked to specify a favourite part of the programme, Ruby says “Pretty much all of it. I have a lot more endurance.

“With that comes I am able to think a lot more clearly and be more able to focus on my day-to-day life.”

After six weeks, Ruby looks forward to every day she is in the programme, taking each day as it comes.

“It’s really inspirational to me, because everything that Bainbridge House offers here pretty much caters to everything that I’ve needed.”

Taking part has inspired Ruby to look at a goal of being involved in helping with a programme. “I still will need help along the way but I would like to help others in a similar situation,” Ruby says.

Marcus enjoys lift in fitness

After initially coming to Bainbridge House for five days' respite as an intravenous drug addict, Marcus has gained a new determination for the future as he goes through the HEHA and Me programme.



Marcus had been in the programme for four weeks after being referred by a doctor who had started him on a methadone programme. He came to Bainbridge initially for five days' respite in order to help him detox and ease him into the methadone programme.

On review from his doctor and case worker, his stay was extended and right away he participated in the programme.

Marcus remembers meeting coordinator Shane on the first day. "I remember thinking 'who is this

guy?'" He came in about 7.30 in the morning and we struck up a really good relationship straight away. From there, Shane has always been very helpful."

Marcus says Shane has a way of motivating each person on the course according to their needs.

"What I found was my fitness has improved in leaps and bounds in the past four weeks."

Marcus had been "quite a bit underweight" but had added about five kilograms due to the dietary programme implemented.

Marcus, who says he wakes up each morning looking forward to the HEHA programme, had done some body building some years ago but now says he feels stronger.

As well, he has taken a leadership role in helping other residents through the gym routines, with Shane noting he has a natural ability in the area.

Marcus says his first goal is to address his drug addiction problem and, once he gets himself right, to get back with his children, who are currently with his parents in Taupo.

"They are a huge inspiration to me on my journey to sobriety," Marcus says.

Marie rises early to start a new life

Marie is so excited at participating in the Bainbridge House HEHA and Me programme she is often ready and waiting well before the 9 am start time.

She had gone through the court system and CYPS processes, which included losing her children.

Marie, a 34-year-old, had been at Bainbridge for 34 days and had been straight for 34 days. She says she lost four kilograms since she came in, down from 96 kilograms, and is on the road to going back to her original weight.

Marie says she is eating three meals a day and was not skipping meals, and is "pretty much" giving up cigarettes.

Her aim is to get off drugs and the programme's structure in place has proved helpful.

Marie has been constantly determined and has a full commitment within the HEHA programme, says programme coordinator Shane Unawai.

"She puts in 100 per cent when at the gym, at the

gym, or whether walking in the Redwoods," Shane says, adding that Marie never comes out of the gym dry, reflecting her determination and drive to better herself.

Marie also resides in one of the Bainbridge houses which is off-site, further down Old Taupo Road, and walks to the main site at 8.30 am or earlier for the HEHA programme.



"We are talking about a woman with a full determination and commitment to get herself and her life sorted, not only for reintegrating but also to be reunited with her children," Shane says.

"She is doing extremely well at this stage and you can see the positive mind set she has. HEHA is occupying the

time and so reduces the time to think about other, familiar areas that might prevent her from progressing and tapping into her full potential."

NASC service helping to make a difference

Introducing ...NASC Assessor/Co-ordinator Theresa Harvey

Making changes for people is a real positive Theresa Harvey is finding about her work as a needs assessment and service coordinator with the team at Lakes NASC.

Theresa has been in the role for about six weeks after working in the non-government organisation (NGO) sector for 12 years in a role in adult mental health.

Wanting to stay in mental health, but also wanting a change, Theresa joined the Lakes NASC team based at Pukaki Street, Rotorua. Theresa says "It's a massive change from what I was doing. But the role that I was in previously meant that I was working with the NASC referrals anyway and a lot of that type of work within the service I was working in, so it's a natural progression."

Theresa, who has a Bachelor of Social Science, is an endorsed associate practitioner with DAPAANZ and is doing extramural study towards a Masters in Psychology, says life is very full on and busy.

During the initial phase of her work with NASC, Theresa has been learning the needs assessment process undertaken for clients with secondary services and building relationships.

With the addition of Theresa and Cherie Reinders, the number of assessors and coordinators has gone



to three, so each has been able to work in a niche. Theresa is working with alcohol and drug services and some of her work will be in the Taupo and Mangakino areas.

"I'm mainly involved in adult services – that's where I've found my place and where I've worked the most."

The role of the NASC coordinators is to help allocate services, such as respite care, or day activities and community support, where required. Referrals usually come through secondary services for the coordinators to follow up for assessment and allocation.

"What I'm liking about it is that we can establish a need and make a clear identifiable difference for a person and for me that's a real positive," Theresa says.

NASC has its own needs assessment tool, and the coordinators have interviews with clinical teams, the people involved, and their support people.

"The referral process all culminates in pulling those needs out, so information gathering is a big part of the job."

Theresa says it's a process that can work really well; with good communication amongst services, NASC and clinical teams we can "supply a positive experience for people".

"We are all here to work together towards the same end," Theresa says.

IntroducingNASC Assessor/Co-ordinator Cherie Reinders

Cherie Reinders is passionate about a strength-based, recovery focused, social inclusion approach to her work with the Lakes NASC team in the areas of children, young people, adults and older people.

"I like to assist and support people to have, to use the phrase, 'an ordinary life' if they have a disability or mental illness because there is huge stigma and discrimination particularly around mental illness and society's attitudes."

Cherie has extensive experience in the area, including working with children and young people with mental health and behavioural conditions, working with people with disabilities, and her work with older people as a nurse.

Previously an Enrolled Nurse, Cherie now has a Bachelor in Applied Social Science with a social work



major, and she believes in utilising peoples' personal strengths and resilience to aid in their recovery.

Cherie previously worked at Te Puna Whaiora Children's Health Camp in Rotorua. She was there for a year and before that she was with CCS Disability Action, so most of her social work experience has been with children, young people and their families.

As well, she worked at Tauranga Hospital as a nurse in the acute inpatient mental health unit for about six years.

Cherie says she finds the work at NASC fast paced with a lot more complexity than previously.

"We are looking more at the person's whole life, so it's quite holistic. We are here, I suppose as recovery support facilitators." **Cont. page 8**

Sector Updated at Provider Forums

In November this year, the Planning and Funding team hosted two provider forums – one for Maori and the other for mainstream health services. Both were very well attended, giving opportunity to update the sector. Key messages during the program, were that “health is currently in the midst of major reform at a national, regional and local level” and that the Ministers expectations hinge on services adopting the Better, Sooner and More Convenient (BSMC) framework as a vehicle toward “clinical integration to support long term financial sustainability”.

Nationally this agenda has seen a restructuring of the Ministry of Health, with introduction of the National Health Board (with the National Health IT Board and Health Workforce NZ as subsidiaries) along with Health Benefits Ltd, the Health Quality and Safety Commission and the National Health Committee. Each has been tasked with engaging DHBs to support regional collaboration and governance; increase local responsiveness and accountability and strengthen clinical leadership.




ITHealthBoard



20 District Health Boards



For the Midland district, of which Lakes DHB is a member, the Midland Regional Cooperation Project  has enabled HealthShare, an existing Midland DHB shared service agency (SSA), to take on additional

functions.

This includes becoming the umbrella organisation for the Midland Regional Mental Health & Addiction (MH&A) Network lead by Eseta Nonu-Reid.



Much of this change has happened rapidly, and as the picture continues to evolve, MH&A as a sector, can expect to be thinking, being and doing very differently also.

Our strategic direction documents are being re written as part of the Service Development Plan led by the Ministry of Health, while a concurrent review of the Blueprint is underway by the Mental Health Commission. The Ministry of Justice Drivers of Crime Strategy has significant implications for MH&A services, meanwhile, Health Workforce NZ, in “Towards the Next Wave of MH&A Services and Capability. Workforce Service Review Report”, spells out the implications of practice change for those at the coalface level.

It is worth noting that expecting people to better self manage conditions, improved access to intervention at an earlier age and a workforce that is primary/community focused will be future priorities for us.

Achieving the challenge ahead will rely more than ever, on maintaining effective local relationships and communication both within MH&A and more broadly across the whole of the Lakes DHB.

As Cathy Cooney (CEO, Lakes DHB) reminded us in her take home message of the day, “We have the opportunity to build on our strong foundation and be leaders in transformational change”.

Cherie Reinders (cont.)

Referrals from secondary services can be for specific things, such as helping them engage in some meaningful activity during the day as part of their recovery plan.

“But we don’t go and look just at that. We look at whether there is anything else they need in terms of support. We do an assessment to see what other needs a person might have and what support services we might be able to link a particular person with in order to address those needs.”

Taking this holistic approach means the NASC team is better able to prevent people from relapsing and putting support in place to maintain their recovery.

Cherie, who has her own physical disability in a neuro-

muscular condition, says she doesn’t necessarily see ‘relapse’ in terms of steps back.

“Personally, at times I have to slow down and readjust when my physical disability begins to cause some difficulty but I don’t think of it as being steps back but rather as ‘okay, I’ve come across this particular scenario and I need to make these changes’.

“I see supporting a recovery journey as finding better, effective ways to keep an individual having that positive forward momentum. It’s looking at what other ways we can support recovery and thinking a bit more creatively with strategies to prevent difficulties arising from relapse happening,” Cherie says.

Celebrating PRIMHD Success @ Beverley House

A morning tea was held at Beverley House in September to celebrate the organisation's achievement of being the first provider in New Zealand to have no duplicate or multiple open referrals in their PRIMHD (Programme for Integration of Mental Health Data) reporting to the Ministry of Health.

The morning tea was attended by staff and clients of Beverley House; Glenys Searancke (Board member); Lyall Thurston (Deputy Chair Lakes District Health Board); Mary Smith and Marita Ranclaud from Planning and Funding); and Belinda Walker (Midland PRIMHD Decision Support).

Beverley House has embraced the new reporting imposed upon it and has taken great pride in ensuring that the data it submits are of a very high standard.

Recently the provider received funding to provide health focused programmes and utilised this to upgrade its gym equipment and resources in other exercise classes. The circuit class was the main priority to enable the service to cater to a higher weight range and mobility of clients. Previously some clients were unable to participate in this class due to their weight and were limited to attending the community gym which was not always the best option for them.

The new equipment purchased for the circuit class has improved the access for all clients. Equipment has a higher maximum weight range, new bikes allow those with mobility issues safer more supportive equip-

ment, a larger variety of exercises can now be undertaken as more variety available. The purchase of aqua jogging belts will assist the service and clients as there will be no charge to attend, belts will be individually fitted allowing more pool time, no missed classes due to aquatic centre not having belts available.

Kitchen resources were upgraded to cater for the cooking classes and a Quit smoking class commenced.



L-R: Lakes DHB Deputy Chair Lyall Thurston, Lakes DHB GM Planning and Funding Mary Smith, Amber Paterson, Theresa Harvey, Sylvia May Daly, Glenys Searancke, Marita Ranclaud and Kerry Mackness

Also Open Enrolment Class was piloted this year and initially the programme set out to focus on mental health services, services relevant to our clients such as WINZ, HDC and education or employment agencies. Client input and feedback has since seen representatives from mainstream ser-

vices such as the Rotorua District Council and Sport BOP attend and speak to our group.

Purchasing Intentions Plan

Lakes DHB is now entering the planning phase for 2012/13.

The first step has been the preparation by the Planning and Funding Team of a Purchasing Intentions Plan, so we are prepared for when the funding envelope is released to DHBs later this month.

The purchasing intentions plan sets out what we wish to purchase in the 2012/13 year. Based on the information below Lakes DHB has to identify our future funding intentions and to consider the impacts of these.

Environmental context

We have sought to identify key drivers:

- Health need
- Government policy
- Sector and provider activities e.g. is the service growing, are new providers entering the market, might this service ultimately be delivered regionally?

Population need / service 'relativity'

- What is happening to the population group/s that use the service?

- What are the projections over the next few years for these groups?
- Does our population receive a higher/lower level of service than other populations?
- Are there marked (particularly ethnic) disparities in outcomes related to the service?
- Can we tell if this is 'needs' driven or service driven?

Historic 'delivery'

- Has the service delivered to the contract expectations?
- What is the trend over the last few years in activity?
- If there is a big discrepancy between the contract and the actuals, is this a problem with the contract or with the delivery?
- What changes does the provider believe need to happen to the service?

Other factors

- Are there other issues / constraints that affect our ability to achieve the optimal service provision?

Taupo's 'House of Hope' - Te Whare O Manaaki

A Taupo Trust has established a "House of Hope" to help newly released prisoners in the major challenge of reintegrating back into their community.

Considerable work over the past three years led Te Whare O Manaaki to launching its first rental house in Taupo this year to provide selected prisoners with the conditions required to help them avoid re-offending and re-imprisonment.

The buy-in from local agencies is indicated by the widespread interests of the members of the management group:

- Rachal Wilson, Social Worker/Counsellor with Family Works
- Chairperson, Ros Harrington, Taupo Strengthening Families Coordinator
- Secretary, Andrew Lilburn, Council of Social Services Coordinator
- Treasurer, Anita Westley, Family Financial Solutions Manager

Other members includes: Michelle Simpson, Independent Living Choices Ltd; Ngawiki Reweti, PARS; Ofa Smith, PARS; Annette Skeen, Heartlands; Veronica King, Taupo District Council; Te Tuari Heremaia, Rangipo Prison.

"We've got huge support from the community agencies in Taupo," says Ros.

It was therefore important to have the service established on a community-basis but formed into a Trust for funding purposes. Agencies in Taupo do have access to a sympathetic pool of landlords, one of which offered the Trust a house to help start off the service.

Andrew says: "The model we are using is that we are a transitional house but the focus isn't on the beds but on the individuals who come into the house, so it is a wrap-around service for the guys and their needs."

Key agencies in Taupo had identified the need for such accommodation, as many ex-prisoners were unable to return to the area and re-connect with whanau due to a lack of suitable and supported accommodation.

Michelle gives a common example of one ex-prisoner who was recently released and was living in a car at a family member's place.

"He was referred to us having been recently released from prison, and struggling in the community having to live in his car with no supports; however shortly after being involved with our service we were able to house him adequately - his response was overwhelming in that he just wanted to "hug" me, nearly shed tears and said that he was planning the next offence so he would have a "roof over his head" again as his situation was all too much for him. They often think about re-offending because they've got nowhere to go, no good supports and no family that will have them.

"Also it's about keeping our community safe, if they are thinking about re-offending there can be a victim and it can be any one of us or our families."

Michelle says this is where her passion came from in wishing to be involved and support Te Whare O Manaaki.



L-R: Brian Griffin, Ros Harrington, Michelle Simpson, and Andrew Lilburn

Two of the main criteria for entering the house are that the ex-prisoner must have a connection with the area, and must have a desire to change and work on issues around offending and any therapeutic needs. They must not be gang members nor are child sex offenders considered at this stage.

The optimum time for staying in the house is three months but this can stretch to six

months if necessary. However, a re-assessment is required after that period should the person still not be reintegrating back into the community with a job and somewhere else to live.

It is recognised that a large number of men in prison have mental health issues, with associated drug and alcohol difficulties, so appropriate services work collaboratively to deal with these needs as part of the wrap-around service.

Brian Griffin is the Co-ordinator for the service and is employed for 20 hours a week, visiting the house at least once daily and other times as required. He also works as a Male Mentor for the Family Start Programme and is a programme contractor for parenting courses at Rangipo Prison. As well, he co-facilitates a men's programme in Taupo called Mana Tane, covering parenting, relationships, addictions and anger management. **Cont. page 7**

Taupo's 'House of Hope' - Te Whare O Manaaki (cont.)

Andrew says it was not in the plan to have Brian living in the house as we are ultimately trying to bring independence to the men. "When they are in jail, they are really dependent on being told what to do all the time and we are trying to get them to understand they are better making their own decisions rather than being told what to do."

On arrival at the house, the men are given a "care package", which includes their own bedding, towel and toiletries. Before being released, the men have often been "set-up" with other services such as Work & Income and social workers, but Brian is there to assist with linking the men up with any agencies/services in our community who may help with their re-integration into the community. They may also chose to get involved with other programmes as well as assisted with sourcing training and employment opportunities.

An important aspect for the men is sometimes the need to reconnect with whanau where relationships may have been broken in the past. If desired, the men can be linked up with a "buddy" or mentor from the community for ongoing support or friendship.

The men set their own goals and Brian guides them through to help keep them on the right track.

"When they come out, they are out of prison but they are still in prison, because they have probation reporting and other release terms, such as going to counselling. That's a real block if they want to get work and, to me, the best thing is for the guys to get work," Brian says.

"The house is just a vehicle so we can get them released into a safe home and help them," Brian

says. Once they are ready to leave with the wrap-around services in place, the men may be found a more permanent housing arrangement through Independent Living Choices.

The Trust has only had its first intake of men for three months and so it is early days, but one of the ex-prisoners who has taken the step into employment and left the house is so enthused he wants to come back and assist Brian with the programme.



Michelle Simpson and Brian Griffin at the house.

"It's that stepping stone from prison to somewhere they feel safe and not the pressures of having to go back to unsuitable living conditions," Michelle says. "Without this opportunity they often revert to their old ways. This is a safe, secure and supportive environment where they are provided with their basic necessities, buy and cook their food, and the provision of a Coordinator to support and walk alongside them in their journey - it's good

and gives them a sense of worth.

For more information, contact:

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