
CEO Report 2016-2017

For some years now, one of the most critical concerns that has exercised the NGO sector has been around matters of sustainability. As we speak, WALSH Trust and other local NGOs are involved in a project with Waitemata DHB to promote and build sustainability of the NGO sector.

There was a period whereby some organisations (large and small) were willingly absorbed into larger entities. Not only did we lose some familiar names, we also lost stories.

Stories of extraordinary, often quite charismatic founders; single-minded individuals whose exploits could both inspire and polarise. Rich, proud histories of community endeavour where the heart, energy, commitment, determination and passion of communities became represented in and exercised by these new “groups”; “groups” that straight away began making a difference.

All this, many years before someone in Canada had invented “collective impact”. All this before the first of innumerable “workforce development plans”. All this before we learned to worry about NGO sustainability.

Next year, WALSH Trust will celebrate its 30th birthday.

The point being made here is that, while NGO sustainability, grounded in NGO collaboration, has to remain an important consideration, WALSH Trust and other similar organisations have in fact proven to be very sustainable - and this is the key message of our report this year.

The last 12 months have presented both challenges and opportunities. These have contributed to some of the highlights of the year; they include:

- *We noted at last year’s AGM that “balancing the budget” was likely to be a wicked problem in the ensuing year. In fact, we have comfortably achieved that, while at the same time embarking upon the largest single project we have ever undertaken.*
- *This saw us partnering Waitemata DHB, ASB Bank and GJ Gardner to build a \$1 million, purpose-built facility to house a maternal respite service for new mothers (with their babies) who are struggling with their mental health. In August, Dianne Hawkrige and her team moved into their new home.*
- *In October 2016, we undertook the most significant re-structure since 2004. This introduced new management roles, a management and service delivery structure. Across our mobile/community based services, the latter saw a strong emphasis upon integrated practice teams.*



The shift we are aiming to achieve is outlined below:

Moving Away From...	Moving Towards...
Contract centred / driven	Person centred / driven support services
Solely responsible for my job / role and how I do it	Shared responsibility for the best outcome for the person using the service[s]
Structure of teamwork	Activities of teamwork
Access to specific learning and development	Access to diverse learning and development
Value is equal to the sum of the individual parts	Value being greater than the sum of the individual parts
Talk about the value of integrated services	Implementing and exploiting the value of integrated services
Outcomes / value limited to what I can do / offer / achieve	Outcomes / value that are maximised through what we can do / offer / achieve
Silo-ed thinking, development, and provision within a framework of knowledge and practice	Innovative, free-thinking , “outside of the square” that can challenge or enhance knowledge and practice
Discrete employment options	Embedded employment services
Peer support.... a valuable alternative	Peer support.... a core service

The outcomes to date have been a potent mix of excitement, anxiety, enthusiasm, questions, energy, challenge and revelation.

In June this year (following a lengthy gestation period), we completed a Strategic Plan to guide WALSH Trust’s growth and development into the next 3–4 years.

This year, and in fact the next 3 years following the election, we anticipate being a period of major change and opportunity. The “opportunity” is optional and will be very much contingent upon how the community/NGO sector can form and articulate a shared vision for the future, and then marshal its resources, its collective impact, to help shape and make that vision a reality.

While hope is never a strategy, it is a powerful engine for change; it is a vision for a future that causes hope. We are always present as the future happens; we just rarely notice it. Being present as that future evolves absolutely obliges us to ensure so far as is possible and while we are able, the future happens on purpose.

“While hope is never a strategy, it is a powerful engine for change.”

To live in a big long now and to accept that nothing will ever be better is a kind of exquisite torture. To wait for something to happen is both unprofessional and social irresponsibility. We do have an obligation to look beyond “probable futures”; the easy option. We even have to look beyond the compromise of possible futures – similar to now but better because everything works. If we are to retain our integrity with the people (including many of ourselves) who will need to use services, to ensure our services are relevant to people living with, and struggling with real lives, then we have in fact to focus upon preferable futures.

We know that levels of illness and distress in our communities are rising; we know that record numbers of New Zealanders are choosing to end their own lives. Sadly our responses still seem to rest in the same old suggestions (e.g. more funding to mental health to address suicide) and the same diminishing pool of ideas. There really isn't a "past" to return to for mental health; things were not better in the old days. We have to intentionally face and then create the future.

One of the more disappointing elements of a politician's forum discussing mental health before the election, was the lack of vision expressed by our political leaders. Each resorted to mantra-like expressions of commitment of more resource/more money; the Government was able to articulate very specifically increases they had committed to mental health spending. The record was finally broken by an NGO leader who noted that while additional funding can always assist, the fundamental issue was that mental health services in 2017 are based upon a now broken model, its genesis based in the depths of the last century.

Throwing more money at a broken model, leaves a better funded broken model.

Every mental health service in the world is struggling with both business as usual while working through a process of change. And its not enough. Change is of no use, because all it is doing is (like ourselves) trying to fix a broken model. What is needed is not change. Services have to be *transformed* into something else; a transformation that, by definition, in fact challenges if not re-defines what we regard as common sense.

And this latter point highlights the essence of our challenge. How do we overcome the "tyranny" of common sense; the things we take for granted? How do we overcome the "givens"; the things that we think "Well it can't be done any other way..."?

We could do worse than a strategy based in just these three imperatives:

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- 1) Change the thinking...** (that drives the practice, that creates the system, that shapes the thinking...)
whatever services are offered, these need to be primarily focused upon demonstrating "value" and "relevance" and "effectiveness", to the people who need to use such services;
- 2) Change the practice so that it is relevant to people living lives...**
mental health is more than disease identification, treatment and then management. Why can't we take our services to where people are, every day, rather than waiting for them to come and see us? Practice must be led by social determinants of health, not statutory roles in health...
- 3) Change the system and the way it is organised and responds...**
"mental health" can no longer be solely regarded as a "health" matter and responsibility. Housing, employment, friendships, hope, safety... are all "mental health" matters.



The three imperatives above, will be resigned to platitudes unless they are energised by strong, effective, uncompromising, visionary leadership - not dis-similar to the leadership we enjoyed when we had a national Mental Health Commission. A statutory body that has been enthusiastically copied and implemented in a number of countries... about the same time as we were de-commissioning our Mental Health Commission.

We certainly have *“the way”*; what seems in doubt is whether there exists *“the will”*.

Finally, but foremost to conclude this report, I must sincerely, with humility, admiration and gratitude, acknowledge the total commitment of both Trust Board members and staff. Members of the Trust Board are absolutely essential to any measure of effectiveness this organisation has achieved and might hope to achieve. Chairperson, Suzanne Sinclair has been quite pivotal, during the whole of my tenure at WALSH Trust, in providing firm leadership, lending unwavering support, and always encouraging innovation.

Members of the Senior Leadership Team deserve special mention as we arrive at the end of their first year in new roles – both for themselves and the organisation. They are an exceptional group of good people. Not only skilled and committed, they are diverse; each bringing a different flavour and approach to their work, and to our endeavours. Most definitely a scenario where the value of the Senior Leadership Team is far more than the sum of its individual parts.

While it is easy for me to write about a flawed model, it is staff who are tasked with negotiating and doing their best to enable this model to, so far as is possible, meet the needs of people they support. They have done this with determination, passionate commitment and good humour.

This has been a momentous 12 months; we have arrived at this point in good health. We have arrived at this point well prepared to move into the next 12 months – indeed the next 3 years.

A handwritten signature in black ink, appearing to read 'Rob Warriner'.

Rob Warriner
CEO