…thinking differently

Strategic Plan
2012–2017

“healthy lives shaping healthy communities”
Ko te pae tawhiti arumia kia tata
Ko te pae tata whakamaua
Kia puta i te wheiao ki te aomārama

Seek to bring the distant horizon closer
But grasp the closer horizon
So you may emerge from darkness into enlightenment
The core operating values of WALSHtrust are:

- service
- hope
- innovation
- social justice
- dignity and worth as a person
- importance of human relationships
- integrity
- competence
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* Acknowledgements: Dr. David Pendleton and the Edgecombe Consulting Group (UK) developed The Primary Colours Model of Leadership (http://www.edgecumbeconsulting.co.uk). It is a core element of the High Performance Leadership programme delivered through Said Business School, Oxford University.
Who is WALSHtrust?

WALSHtrust is a not for profit, community-based organisation that provides specialist support services to people who have become disadvantaged in their ability to live well in the community. Their disadvantage may be the result of mental ill-health, disability, long term unemployment, injury, drug and/or alcohol abuse – or any combination of these.

The organisation was established in 1988 assisting 12 people through the provision of accommodation and support. In 2012, WALSHtrust supports nearly 400 people and their families. The services we offer are very practical. They include: daily living skills (such as meal preparation and planning, budgeting, shopping, parenting, housekeeping, problem-solving), accessing and retaining benefit entitlements, rental accommodation/housing, employment, support and assistance in meeting their health (physical and mental) needs, building confidence, and addressing loneliness and isolation.

We regard ourselves as a social business, blending business principles and practices with a strong values base, in order to maximise the achievement of social profit/enhance community mental health and wellbeing. A 5 year Strategic Plan focuses the organisation on its vision (“healthy lives shaping healthy communities”), and informs the development of an annual business plan for each service area. This vision inspires our purpose in recognising the potential, the aspirations, and the rights (and responsibilities) of individuals who use our support services, to be active, participating and contributing members of the community.

We employ 72 permanent staff and 20–25 casual staff. These cover a range of roles from clinician to qualified support worker; from management to administrative support. Given the reality of work in the not for profit sector, many of our staff boast a broad range of skills and experiences accrued through diverse work history; these are well utilised and add value to the support services that can be offered.

Since 2003 WALSHtrust has matured and grown. We have adopted a four quadrant model of service delivery and development (see Page 27). Organisational turnover has grown by nearly 55%, from $2.3m to over $5m; equity stands at around $4m. Our principal source of revenue is through contracts with Waitemata DHB and the Ministry of Social Development. These contracts are won by our successfully responding to requests for tender. We have prioritised a determination to shape our future; to this end we have prioritised collaborative relationships regionally - with Waitemata DHB, Shared Vision, and partner NGOs (non-governmental organisations) - and nationally, through participation in national forums and initiatives. In 2009 we contributed to the establishment of the Arc Group; a national alliance with Wellink (Wellington), Comcare (Christchurch) and Pact (Dunedin).

A skills based remuneration and development framework has been developed and introduced that has led to improved employment conditions, and improvements in quality of service delivery. We are committed to attaining consistency in the provision of the highest quality services; in 2010 WALSHtrust achieved accreditation to ISO9001. In 2007, WALSHtrust received a Silver Achievement Award at the Australia and New Zealand Mental Health Services Conference in Melbourne.
"Thinking too well of people often allows them to be better than they otherwise would."

Nelson Mandela
In 2010 WALSHtrust established a partnership with Waitemata DHB, providing support services to older persons experiencing serious mental illness. We regard this service as a key investment for a future whereby the demand for such services is expected to increase exponentially.

**Introduction to this Strategic Plan**

During the last 10 years, the provision of mental health services in New Zealand has undergone significant growth and development. Guided by the Mental Health Blueprint, published in 1997, mental health services have prioritised meeting the needs of the 3% of the population who, at any given time, experience the most significant mental illness/distress. In 2012, the specification of such a “target group” has become redundant as people’s needs become more diverse and complex.

The last 10 years have also seen the introduction and development of mobile, individual packages of care, and home-based acute services – both aimed at providing options and alternatives to costly hospital-based inpatient care. As these developments unfolded we began to challenge the effectiveness of Level 3 and Level 4 residential services – recognising emerging limitations in the face of a determination to support people’s recovery and their social inclusion in community life. This has led to exploration and development of alternatives to these traditional options – an initiative in fact that was led by WALSHtrust, and incorporated into a re-written National Service Framework.

The development and national roll-out of the Programme for the Integration of Mental Health Data (PRIMHD) by the Ministry of Health has been a hugely significant and demanding undertaking. We are now at a point of being able to utilise information collected from both the DHB and NGO sectors that provides hard measures of the use and, alongside work to identify Key Performance Indicators (KPIs), potentially the effectiveness of mental health services.

The introduction of peer support services represents one of the most exciting developments. Building upon the activism and advocacy of the consumer movement during the 1990s, peer support recognises the unique and invaluable role that can be played by people who themselves have their own personal experience of mental illness, in supporting others dealing with their own illness. Through the development of peer support, the language of “intentional support” has entered the mental health lexicon. This recognises the need to ensure support services are delivered “on purpose”, with purpose - and with respect, courtesy and integrity.

Finally, growth has continued in the provision of employment services - specifically tailored to meet the needs of people who have become disadvantaged in their capacity to access employment opportunities (e.g. through mental ill-health, injury, impact of long term unemployment...). For such services to have still been able to achieve creditable outcomes through the worst global financial crisis since the 1930s, speaks loudly of the commitment of job-seekers, Employment Consultants, and the effectiveness of systems and processes that have been developed and tested since the early 1990s.
“That which can be asserted without evidence, can be dismissed without evidence.”

Christopher Hitchens
The NGO sector is a major player in the delivery of mental health and addiction services, with about a third of all funding going to approximately 400 NGOs that provide mental health services. The services range in size from small, consumer-run drop-in centres, to multi-million-dollar providers of residential and home-based support; 80% of these NGOs operate with fewer than 11 full-time positions each. NGOs provide a significant level of service in the areas of alcohol and other drug treatment (especially residential treatment), problem gambling, kaupapa Maori, family support, and residential and home-based support.

In 2012, we have been made acutely aware that not just continued growth, but in fact the status quo, is no longer sustainable. “Value for money” - and the need to achieve and demonstrate this - has become a common mantra. A Workforce Service Review Report published by Healthworkforce New Zealand in August 2011 called for a 250% increase in access to organised mental health and addiction responses by 2020 – supported by a 30-35% increase in core mental health and addictions funding.

Paralleling these discussions around the health sector, a report commissioned by the Government examined how long term welfare dependency may be reduced. This report recommended “a stronger work focus for more people”. Utilising language of the disability sector, the report recommends that “people who are sick or disabled” be assessed in terms of what they “can do”, rather than what they “can’t do” – emphasising an enhanced work expectation for people receiving sickness and invalids benefits. We are clearly in an environment where we must acknowledge that what brought us here, will not suffice to carry us to our future. The increasing complexity of the needs of people who use our services, must be matched by an increasing simplicity in the systems and responses that are offered.

There are challenges ahead; they will also arrive with opportunities. If we are to successfully respond to both, then we must aim to be great at everything we do.

**Risks**

The key risks that could prevent us making effective progress towards our goals are listed below, together with our strategies for managing, minimising or eliminating them.

The New Zealand health sector needs to undertake an extended process/period of significant change and reform. As pressure is applied, we need to ensure the services offered by NGOs such as WALSHtrust are not marginalised, or their potential overlooked.

We will engage with/support regional and national forums that have a focus on informing sector developments. We will seek other opportunities to influence and inform - and to be informed – about proposed change and developments. We will ensure an organisational culture that encourages innovation, and remains proactive.

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“The difference between ordinary and extraordinary is that little extra.”

Jimmy Johnson
and solution focused. We will reinforce a team-based approach to service development; this means encouraging and being inclusive of staff participation in strategic and developmental discussions – tapping into their experience, perspectives and talents, and encouraging sharing of the same.

A focus upon increasing productivity and demonstrating “value for money” will be increasingly emphasised in our service contracts – as will penalties where targets fall short.

**Monthly KPI reports** (supported by narrative description) will be the main focus of reporting and coaching. Following these reports, corrective actions will be developed, addressing where necessary, areas where targets are not being achieved. Specific KPIs will be identified and prioritised.

Further, we will:

- Develop budgets which enable **1-2% deferred expenditure** that contributes to reserves, to promote sustainability and growth;
- Establish an annual pilot initiative (requiring just “one-off” or seeding funding) that may be funded through reserves;
- Devolve “down” to Team Leaders/service sites, responsibilities for development/management of budgets.
- Negotiate contracts that are viable and complement existing services; continue to develop service models that allow for greater integration of services;
- Explore opportunities to take on contracts to deliver additional services, which complement WALSHtrust’s purpose, values and mission, and that effectively utilise existing infrastructure and resources;
- Identify and develop capacity for strategic thinking, the development of inspiring and compelling proposals and solutions that articulate “new ways” of thinking/doing things.

Perceptions remain of the NGO sector as “a disaggregated body of small businesses” – limiting effectiveness, influence and undermining potential for ongoing development.

We will devote resource to initiatives that support/develop **collaboration between organisations** which enable sharing of resources and expertise (and indeed development), are able to articulate a shared vision, constitute a robust body of thinking and perspective, and offer real potential for organisations to exploit economies of scale. These activities will be supported by quantifiable data/KPIs which provide evidence of effectiveness and “value for money”.

We will inform initiatives that contribute to reinforcement of the value and potential of community-based and led mental health support services.

We will ensure responsibilities for the development of effective relationships are shared across staff. Within annual business planning processes we will develop communication and relationship management goals and objectives. Finally, we will continue our commitment to developing, maintaining and actively participating in collaborative relationships with our DHB and NGO partners, regionally and nationally.
“*We cannot teach people anything; we can only help them discover it within themselves.*”

Galileo Galilei
Workforce - recruitment, retention, rewarding, refreshing

We will ensure workforce development activities remain a strategic priority – with a particular focus upon promoting engagement. Moulding and modelling attitude, supporting and affirming motivation, building and sustaining confidence, providing and articulating direction - will be core objectives.

In addition we will participate in and support sector based initiatives around workforce development. We will continuously support the exploration and development of a range of possibilities and opportunities to enhance the employment conditions offered by WALSHtrust.

We have taken pride in being described as an organisation that overtly demonstrates “kindliness”; we will aim to retain such a perception.

Leadership capacity

We will apply a model of leadership/development that will inform periodic review/monitor organisational structure and role definitions contained therein, to ensure developmental capacity within leadership roles. Maximum scope and encouragement will need to be available for career development and/or progression across the organisation. Effective governance also ensures that the organisation remains viable and thrives, achieves desired results (both social and financial) and makes sure its assets are protected and funds are used appropriately. The WALSHtrust Board will safeguard good governance through ensuring Trustees bring a good mix of skills, and commitment to the purpose of WALSHtrust.

Changing contracting environment

To support our ability to respond to these challenges, we will ensure IT resources are optimised and fully utilised. We will also develop staff familiarity/competence with contractual environments and ensure appropriate time resource is allocated to contracting (and to knowing “what is going on”). We will ensure (and review if required) role definitions to optimise organisational ability to meet the demands of our contracting environment.

While fiscal imperatives and improvements in “productivity” will be sector priorities moving forward, it will be critical that appropriate values, culture and practice models - that are strengths based and recovery focused - are not lost, but are accommodated within these priorities.

Political environment

Through effective, structured communication and relationship development and management, ensure local and central government representatives remain informed of mental health issues, priorities, successes and opportunities, and innovation.
“Attitude is a little thing that makes a big difference.”

Winston Churchill
Where are we heading?

During the next 5 years, WALSHtrust will:

Build the capacity of people who use our services, to realise their full potential in key outcome areas.

People who use WALSHtrust services will receive services that are outcome/results focused - as evidenced by positive change over time in Key Performance Indicators.

People will be supported and encouraged to actively participate in the development of their ability to weather adversity. All people who use WALSHtrust services will have an employment/vocational/structured activity component as a part of their personal plan. A growing majority of people who use WALSHtrust services will be engaged in employment, vocational development activities and/or further education, or some form of regular, structured activity. People will be encouraged to exploit fully the support and resources offered by WALSHtrust, that will assist in their achieving planned, positive change.

Finally, in response to emerging demand, we will explore the development of services that respond to the needs of younger people and older persons. With regard to the latter, we will look to develop service options that offer alternatives to traditional medicalised, institutionally based services, with a focus upon community-based services that encourage and support positive aging, later in life.

Develop, articulate and apply a contemporary philosophy of service.

Since the 1990’s, with the advent of globalisation (and the global downturn), priority of “the market” and the individual, a “new right” ideology has emerged and is increasingly dominant. This recognises that the provision of support services are not just about skills and methods, but must be considered in relation to a broader understanding of human beings and the world, political and economic contexts, priorities and expectations. Two core tenets of new right thinking are that there should be minimal state intervention and that competition would lead to more efficient production. Health, education and welfare services are seen as a major drain on government funds, and reform of such systems would make them more cost efficient.

In this regard we will explore the role of “leadership” through self-determination, as a driving principle of service delivery, in contrast to the existing notion of facilitation. We will assert our commitment to the social inclusion of people who use our services through supporting their engagement with community resources and opportunities, ensuring their full enjoyment of rights and benefits; as well as re-establishing their capacity to manage their responsibilities and obligations of active community living and participation.

Finally, we will provide clear evidence of success in improving effectiveness, and demonstrating results that provide evidence of “value for money” and “productivity”. Doing more, more often and with more, will become the norm.
“Preach the gospel at all times; when necessary, use words.”

St. Francis of Assisi
Maintain, build and sustain the organisation around its purpose, mission and values.

The contracting environment that has grown since the mid-1990s, has placed pressure on organisations to regard a major part of their “business” as securing and delivering against contracts. This sometimes can seem to occur at the expense of the original mission and purpose for which the organisation was established to fulfil. WALSHtrust will consider, plan for and pursue opportunities for growth and development that are consistent with its mission statement and core purposes.

While remaining true to our mission, we also need to ensure systems, structures, and practices facilitate and consistently demonstrate maximised “value for money”. While acknowledging the complexity of challenges and issues we meet, to effectively respond to these, systems, structures, and practices will be focussed, will represent simplicity, will be superbly presented, will always aim for optimal performance, and will be delivered by exceptional people.

Work across a broad range of sectors, while ensuring a community focus.

Mental health is no longer the sole domain of dedicated “mental health services”. Definitions of “health” (and so responses to less than ideal “health”) are broadening, with increasing recognition of the role of other statutory agencies, businesses and employers, community functions and resources as contributors to the health and wellbeing of communities.

We will contribute to initiatives to improve access to services; access that is quick and easy. We will increase our focus upon community development that supports people’s rights, prepares, builds and enables personal capacity and resilience, and that enables growth through meeting obligations and responsibilities with, to and through others.

We will actively collaborate with partner agencies, and contribute to the broader forming and understanding of an agenda (and responses) which prioritises the challenges and needs of people who are at risk of becoming marginalised or who experience some form of disadvantage - through illness, disability, injury, poverty (economic and/or social) - in achieving their goals/realising their potential.

How will this Strategic Plan be implemented?

This Strategic Plan will be implemented through annual Business Plans developed and budgeted in April/May each year; they will be the mechanism that will operationalise this Strategic Plan. The Business Plans will describe specific goals and objectives that emerge from identified Strategic Action Points and will be informed by the values that are illustrated, the vision and directions expressed in this Strategic Plan.

Progress against this Plan will be reported monthly, by the Chief Executive to the Trust Board, and annually through a published Annual Report.
“Luck is when preparation meets opportunity.”

Seneca (Roman philosopher, 1st Century AD)
Investing in people is the essence of WALSHtrust’s purpose, and the core of WALSHtrust’s activities. Our commitment is to model and apply a strengths based, recovery focused approach to develop and support people in realising hope, experiencing personal change and transformation – as they have defined and desire.

1. **We will create and maintain an inspired and capable workforce**
   (see Appendix 1)

2. **We will inspire and support people to recognise and achieve their potential – in their roles and in life**
   (see Appendix 2)
“You can never solve a problem with the same kind of thinking that created the problem in the first place.”

Albert Einstein
Our commitment to people's growth and development will be demonstrated through actions that contribute to people realising their aspirations and potential. Recognising that “hope and good intentions” are not a strategy, our activities will be guided by mutually developed shared plans. These will detail goals and objectives that are specific, measurable, achievable, realistic, and time-framed (SMART).

1. **We will provide strengths based, recovery focused services - that consistently model courtesy, respect and integrity**
   (see Appendix 5)

2. **We will achieve/demonstrate outcomes and innovation in service provision and practice – through exploiting the value of exceptional team based service delivery**
   (see Appendix 6)
“I don't understand you. You don't understand me. What else do we have in common?" 

Ashleigh Brilliant
WALSHtrust's unique approach is enabled by systems that support innovation, quality, efficiency and effectiveness – and “value for money”.

1. **We will achieve and demonstrate value for money**
   (see Appendix 3)

2. **We will introduce/apply organisational structures and strategies that contribute to outstanding results, sustainability, and local, regional and national development**
   (see Appendix 4)
“You teach best what you most need to learn.”

Richard Bach
“Mental health” happens with others; good mental health holds the key to a better quality of life in New Zealand. With this principle at the heart of our organisation, we believe that we can contribute to the creation of a society in which good mental health is nurtured. Support to assist mental ill-health should be easily and quickly accessible, be relevant, and effective.

1. **We will promote citizenship, participation, rights (and responsibilities), housing, employment, social inclusion and connection for people who use our services**

   (reference Blueprint II)


2. **We will build strategic partnerships/relationships; collaborate with/partner those with shared responsibilities and/or interests**

   (see Appendix 7)
"Your assumptions are your windows on the world. Scrub them off every once in a while, or the light won't come in."

Isaac Asimov
## Summary of Strategic Priorities 2012-2017

<table>
<thead>
<tr>
<th>Clients/Staff/People</th>
<th>Organisational Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating and maintaining an inspired and capable workforce</td>
<td>Achieving and demonstrating value for money</td>
</tr>
<tr>
<td>Inspiring and supporting people to recognise and achieve their potential – in their roles and in life</td>
<td>Applying organisational structures and strategies that contribute to outstanding results, sustainability and local, regional and national development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Delivery/Organisational Culture</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing services that consistently model courtesy, respect and integrity</td>
<td>Promoting citizenship, participation, rights (and responsibilities), housing, employment, social inclusion and connection</td>
</tr>
<tr>
<td>Achieving / demonstrating outcomes and innovation in service provision and practice</td>
<td>Building strategic partnerships/relationships; collaborate with/partner those with shared responsibilities and/or interests</td>
</tr>
</tbody>
</table>

### A MODEL FOR CHANGE AND DEVELOPMENT

At the 1998 thMHS (the Mental Health Services) Conference, Geoff Bridgeman (a huge contributor to mental health research and development in New Zealand) presented a paper on the use of a four quadrant model (based upon Ken Wilber's holon-based philosophy) as a basis for assessing and measuring mental health outcomes.

In 2003 we adopted a four quadrant model (informed by Ken Wilber's philosophy) to plan, implement, assess and measure the strategic reform and development at WALSH Trust.

This has allowed us to integrate consideration of organisational structure and measures of effectiveness, quality and service planning, outcome assessment and measurement. It also integrates consideration of the diverse needs of the people who both deliver and use WALSH Trust services.

The framework comprises four quadrants which may themselves be a part of a larger set of quadrants, or may themselves contain smaller quadrants. The four quadrants may simultaneously be a complete whole at one level, and at the same time a part of the next level. The quadrants comprise subjective and objective perspectives, individual and social/collective perspectives.

The concept of integration and holism are fundamental premises of the philosophy; concepts which we consistently now speak of within mental health services - but struggle to operationalise.

All four quadrants must operate effectively and in balance for the “system” to function well; each is essential and integral to one another.
Appendix 1:

Getting the best out of people will be accomplished by modelling/prioritising/reinforcing/building these components of achievement (elements we do not traditionally train/teach):

1) Moulding and modelling **Attitude**
   - “Whatever it takes”
   - Be “unreasonable” in what we want to achieve

2) Supporting and affirming **Motivation**
   - Leadership is communicating people's worth and potential so clearly that they are inspired to see it in themselves

3) Building and sustaining **Confidence**
   - Confident people perform better/achieve more
   - The vast majority of people in this organisation possess far more creativity, resourcefulness, ingenuity, intelligence and talent than their jobs require or even allow

4) Providing and articulating **Direction**
   - “...we know where we are heading - and how”

Appendix 2:

Building upon people's strengths; supporting people's development.

<table>
<thead>
<tr>
<th>Strength</th>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Strength</td>
<td>Potential Strength</td>
</tr>
<tr>
<td>Work WITH/BUILD</td>
<td>Work ON/INSPIRE</td>
</tr>
<tr>
<td>Attributes/beliefs help</td>
<td>Fragile Strength</td>
</tr>
<tr>
<td>Work WITH/BUILD</td>
<td>Resistant Strength</td>
</tr>
<tr>
<td>Attributes/beliefs hinder</td>
<td>Work AROUND/RECONCILE</td>
</tr>
</tbody>
</table>
Appendix 3:

Demonstrating “value for money”:

<table>
<thead>
<tr>
<th>Individual health outcomes and service impact</th>
<th>Service user outcomes and family / whānau experience of service performance</th>
<th>Effective use of resources</th>
<th>Engagement with community</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did we do?</td>
<td>How well did we do it?</td>
<td>What impact did we achieve?</td>
<td></td>
</tr>
<tr>
<td>• How many people used services?</td>
<td>• Measured impact on recovery considering change in assessment scales?</td>
<td>• Change in employment / activity status?</td>
<td></td>
</tr>
<tr>
<td>• How many people used services for the first time?</td>
<td>• What % of people started / exited services?</td>
<td>• Change in housing status?</td>
<td></td>
</tr>
<tr>
<td>Service user outcomes and family / whānau experience of service performance</td>
<td></td>
<td>• Achievement of goals / objectives?</td>
<td></td>
</tr>
<tr>
<td>• How much time did people receive?</td>
<td>• What % of time / contacts did people receive?</td>
<td>How satisfied were people with services offered?</td>
<td></td>
</tr>
<tr>
<td>• How many family / whānau contacts did we deliver?</td>
<td>• What % of contacts were provided to family / whānau?</td>
<td>How many complaints / compliments were received?</td>
<td></td>
</tr>
<tr>
<td>Effective use of resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How many people used services per FTE?</td>
<td>• Length of time service received (current / exited)?</td>
<td>Measured impact on recovery considering change in assessment scales?</td>
<td></td>
</tr>
<tr>
<td>• Time between referral and first contact / activity?</td>
<td>• How well did we meet contracted volumes and expectations</td>
<td>• What % of people started / exited services?</td>
<td></td>
</tr>
<tr>
<td>Engagement with community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How many employers / landlords did we have contact with?</td>
<td>How many employers employ our clients?</td>
<td>How much have people earned? How long are tenancies?</td>
<td></td>
</tr>
<tr>
<td>• How much time / activity are delivery “in the community”?</td>
<td>How many landlords rent housing to our sector?</td>
<td>How are we viewed by community?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4:

Organisational structure and development will be informed/underpinned by a commitment to leadership development, guided by the Primary Colours Model.

In the **strategic** domain, sense has to be made of the context in which the organisation resides. In its simplest way, this domain is about setting the strategic direction. The external environment can be understood in many different ways but a PESTE(C) analysis illustrates how this might be done by understanding the Political, Economic, Social, Technical and Environmental (and C for cultural) factors. 'Strategic' in this sense refers to setting a point in the future we want to get to, and then planning the route, the direction by which we will arrive there. This domain can be likened to the head of a body; it makes sense of what is going on, imagines a future and creates plans to move towards that future.

The **operational** domain represents the hands and legs of the body. This is about achieving results; it is about driving plans through to completion. It also acknowledges that a level of motivation has to be sustained for those results to be achieved, and so it is important to celebrate success — as well as acknowledge, understand and review where success hasn't been achieved.
Planning and organising is an element that is formed where the strategic and operational domains overlap. The higher level plans are more about the strategic, very future oriented plans. The more the plans are broken down into objectives and tasks, with short timeframes, the more they reside in the operational domain.

The interpersonal domain encompasses the fact that we are involved with people. Building and sustaining relationships is the epitome of this domain. Leadership is as much to do with who we are as it is what we do. It can be hard to trust an organisation and its cause, but we may trust people when we get to know them. Relationships will work best when they are infused with the same values, standards and behaviours that are shared and modelled by the leadership team.

When creating alignment, the effective leadership team will appeal to hearts and minds, creating both rational and emotional commitment to the organisation and its journey. This is why creating alignment sits at the intersection of the head (strategic) and heart (interpersonal) domains.

Team working is at the overlap of the two domains; the operational (hands) and the interpersonal (heart) domains. Through team working, we are able to marshal and engage collective effort. Successful team working will also inspire discretionary effort, effort that is given because the individual chooses to do so. It is the consequence of creating alignment (engagement) and team working that causes discretionary effort to increase.

Where all three domains overlap, they form a central zone where the essence of leadership can be said to reside. ‘Leading’ balances the other leadership contributions/functions in response to the demands of a situation; for example, it may push a decision through rapidly to facilitate action at one time, and insist on taking time to build commitment at another. It may call for more and more thorough planning at one time, and greater strategic clarity at another.

Within this central leadership zone are 5 key tasks; tasks which facilitate all the other activities. These are illustrated in Appendix 5.
Appendix 5:

5 core tasks for support services in a strengths based, recovery focused environment:

- **Inspiring** — create excitement, confidence and a hint of idealism. Particularly where people lack a sense of personal hope, confidence or possibility, the role is to partner/connect with a person in order to nurture/re-discover these.

  *Taken too far or without an effective and trusting relationship, the inspirer, pushing inspiration to extremes, will simply overwhelm the person. This can be addressed/avoided through...*

- **Focusing** — develop an effective, trusting relationship/partnership. Breaking goals down into several objectives that are sequenced and prioritised, planned in detail, and with the steps being clear, tangible — and measurable.

  *Determination and commitment of support staff (ideal qualities) can, when pushed to extremes, mean the focus becomes rigid, inflexible and can even appear obsessive where there appears “only one way of doing things”.*

  *This can be addressed/avoided by...*

- **Enabling** — support people in developing skills and confidence to access the resources they need to lead the changes they wish for their lives. This may include enhancing awareness of their rights and options, and their responsibilities and obligations in realising their recovery goals.

  *Enabling is about providing people the space to lead their recovery process, however if support services step back too far, they abdicate. They can become remote, appear disinterested and judgmental, leaving people feeling abandoned and vulnerable. This can be addressed/avoided by...*

- **Reinforcing** — reinforcement is the creation of appropriate consequences. Successes and achievements need to be celebrated; non-success and difficulties can be offered feedback/counsel and assistance. Forge a relationship based on mutuality and reciprocity.

  *The person needs to be able to recognise their responsibility for outcomes (good and bad), rather than have this made diffuse and unclear by the support staff.*

  *If reinforcement is pushed too hard, this can lead to cynicism and mistrust. The person may develop the belief that the support staff are interested only in the correct behaviours, rather than the person. This can be addressed/avoided by...*
• **Learning** – learning and reflection are at the core of development and change. Whether by formal reviews, informal, shared reflection and conversation, or the methodical analysis of data, learning/reflection needs to be systemic and time needs to be put aside for it.

If the support staff push learning and reflection too hard and too far, it creates a scenario whereby nothing happens; in effect, paralysis by analysis - where plans, assessments, review and analysis become the primary task. This can be addressed/avoided by... (back to the start).

**Appendix 6:**

We will base organisational leadership and service provision on a team based approach.

This approach recognises that a collective resource by far exceeds the sum of individual contributions. Most, other than the uniquely exceptional (or commonly conceited), will be able to recognise their relative strengths, while acknowledging relative shortcomings. Courageous and honest self-reflection and insight is essential to enable a successful team player. In order to make teamwork work, there needs to be a lack of ego, personal ambition, and a willingness to subjugate individual needs for a common good.
Appendix 7:

Planned and targeted networking to meet strategic organisational partnerships (to be reported)

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Operational</th>
<th>Personal</th>
<th>Strategic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting work done efficiently, maintaining the capacities and functions required of the group</td>
<td>Enhancing personal and professional development; providing connections/signposts to useful information and contacts</td>
<td>Figuring out future priorities and challenges; getting stakeholder support for them</td>
<td></td>
</tr>
</tbody>
</table>

| Location and temporal orientation | Contacts are mostly internal and oriented towards current demands | Contacts are often external and directed towards current interests and future potential interests | Contacts are internal and external, and oriented towards the future |

| Players and recruitment | Less choice in “who” – prescribed mostly by the task and organisational structure | Key contacts are mostly discretionary; it is not always clear who is relevant | Key contacts follow from strategic context and organisational environment; specific membership is discretionary; not always clear who is in favour |

| Network attributes and key behaviours | Depth; building strong working relationships | Breadth; reaching out to contacts who can make connections/provide signposts | Leverage; creating inside-outside links |
"It's impossible" said pride,
"It's risky" said experience,
"It's pointless" said reason,
"Why don't we give it a try?" said the heart.