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Social Change & Innovation

1000 DAYS TRUST

Evaluation of the Murihiku 1000 Days Trust pilot programme

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Ihi Research 2018

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Acknowledgements

Tēnā koutou

We would like to thank the Murihiku 1000 Days Trust and all the participants who took part in this evaluation. The learnings from the evaluation of this programme will greatly assist further whānau-led development work.

Executive Summary

Ihi Research was contracted to undertake an independent summative evaluation of the Murihiku 1000 Days Trust programme. This was a community driven pilot programme that sought to provide early intervention through a Whānau Ora model of care for whānau/families and babies who needed additional support. The critical focus was parental and caregiver bonding, responding and attachment during the first three years. This meant the programme aimed at the wellbeing of baby within the whānau, wrapping support around the baby and whānau. The programme aimed to achieve this through early identification of 'at risk' whānau and babies, and through the development of a comprehensive and cohesive multidisciplinary intervention involving a residential component, follow-up Navigator support and robust collaboration between local community service providers.

The summative evaluation study, reported here utilised kaupapa Māori research principles (Smith, 1997) through a mixed method approach, that employed quantitative and qualitative methods. The kaupapa, or purpose, is on generating solutions and aspirations from within Māori realities in a systematised research process.

Three overarching research questions guided this evaluation: 'What worked', 'for whom', and 'what set of conditions enabled improvement?' (Bryk et al., 2015). Four interrelated sub-questions were then used to frame analysis:

- What were the positive impacts for whānau and babies who engaged in the 1000 Days Trust pilot and what were the enablers of improvement?
- What were the characteristics of whānau who engaged in the 1000 Days Trust pilot, and the charactersitics of those who did not engage?
- What were the characteristics of the 1000 Days Trust pilot project and the values and principles of practice underpinning it?
- What lessons have been learned?

Interviews were conducted with seven participants (past staff members and board members), who had been actively involved in the development and implementation of the 1000 Days programme. One whānau member who had engaged in the 1000 Days residential programme was also interviewed. Ihi Research was given access to board documents and whānau referral documentation for analysis purposes. Documents were obtained for 56 whānau who were referred to the residential programme.

Results indicated positive impacts and improvements as a result of whānau participating in the 1000 Days Trust programme, and particularly the residence. Several themes emerged from document analysis and participant interviews related to positive impacts. These included:

- Enhanced parental/whānau relationships with baby, in particular improved attachment and bonding;
- Improved confidence of parents/whānau to respond to baby's needs;
- Improved relationships and communication between whānau members; and
- Learning and applying new skills about how to talk to one another

Themes related to enablers of improvement included:

- Relationships of trust, developed over time
- Intervening through supportive residential contexts
- Modelling had a positive impact on some whānau
- Whānau who needed more help with attachment had more time
- Parental acknowledgement of past trauma and abuse and gaining support
- Extended whānau support for parents and caregivers

The quality of the relationship between the Navigator and whānau was considered particularly important for building trust and a more responsive, therapeutic approach to baby's needs over time.

Document analysis revealed particular characteristics of whānau who engaged and those who did not. Results indicated that 25 whānau accessed the in-house residence support, and of these 60% identified as European, 28% Māori, 4% Australian and 8% Indian/Asian. Over half of the in-residence group indicated they had mental health issues, including depression, anxiety and post-natal depression. There were 31 whānau who did not engage with the programme or were declined. Forty-eight percent of these chose not to engage with the trust, 29% were declined as they did not meet the criteria, and 22.5% were unable to be contacted after the referral was made. The declined group reported similar rates of experiencing a mental illness. Analysis of the referrals to 1000 Days indicates maternal mental health was a significant contributing factor to the challenges faced by these whānau.

Qualitative analysis of interview transcripts and programme documents highlighted the espoused values underpinning the 1000 Days Trust initiative. These included tino rangatiratanga (self-determination), whakawhanaungatanga (building and strengthening relationship), whakapapa (family connectedness) and manaakitanga (particularly caring for the mana of children through a strengths-based whānau approach). Rather than looking at whānau from a deficit approach the trust aimed to promote 'resilience not reliance' through health and wellness. The foci were the critical elements of parental and caregiver bonding, responding and attachment. This meant concentrating on the wellbeing of baby within the whānau and wrapping the whānau around the baby. Piloting support through home-based whānau-led approaches was a key value that underpinned practice approaches. The intervention was situated in natural activities and interactions between parents/caregivers and baby within home environments. Home environments included the 1000 Days Trust residential stay and whānau/parents/caregivers' own homes.

At times, results highlighted the challenge of enacting whānau-led approaches within a pilot project that had limited funding and time constraints. Qualitative analysis revealed different mental models of appropriate action, across clinicians and Navigators despite the espoused vision of collaboration. Finding and keeping appropriate staff who understood the concepts and practices of Whānau Ora and whānau-led approaches was an issue, compounded by the lack of certainty of future employment. In addition, staff changes over time meant new people were coming into the pilot who were seeing and viewing things differently. Developing an appropriate evidence-base to underpin whānau-led approaches was an issue. Finding the right balance between 'clinical' and 'holistic' practice for delivery, documentation, assessment and evaluation purposes was particularly challenging. In addition, results indicated that many whānau/families were not comfortable disclosing aspects of their lives for fear of what would happen to the information later. These whānau/families were described as particularly distrusting of established social services and agencies and felt that recorded information could be used against them later.

There are several considerations which impacted this summative evaluation. Undertaking the research after the pilot had finished meant finding participants to interview was problematic as their circumstances had changed (for example their employment circumstances, contact details etc). Most of the feedback in documents supplied to Ihi Research were written by the staff members, with very little information self-reported by whānau/families. Although we attempted to contact whānau to gain their views on the impact of the programme, we were only able to interview one whānau member. A developmental evaluation (rather than a summative one) could have been useful for the pilot project as findings could have been fed into the development of the work over time. Finally, analysis highlighted the pilot did not actually get to run for 1000 days so the aims of the programme – to support whānau through the first 1000 days – could not be fully realised. Therefore, the impact of the pilot in terms of the model cannot be fully described or determined.

Despite the limitations, the evaluation results emphasised the real and urgent need for early intervention through a Whānau Ora model of care for whānau/families and babies who need additional support. This requires more than a pilot project, but real, sustainable investment in the first 1000 days of life and in the mental health and wellbeing of all whānau. This would enable us to ensure our most precious taonga; our babies, have the very best start in life through responsive and supportive whānau-led approaches.

"The critical focus was parental and caregiver bonding, responding and attaching with baby during the first three years"

Introduction

The Murihiku 1000 Days Trust was a community driven pilot programme that sought to provide early intervention through a Whānau Ora model of care for whānau and babies who needed additional support. A working group was established in 2011 with the trust established in 2012. The initiative had ambitious objectives. Its primary purpose was to break cycles of disadvantage and alter the trajectory of vulnerable lives within the Murihiku Southland community.

The vision was to promote resilience, not reliance, through health and wellness and by taking a strengths-based approach to whānau who needed additional support. The programme aimed to do this through early identification of 'at risk' whānau and babies, and through the development of a comprehensive and cohesive multidisciplinary intervention involving a residential component, follow-up Navigator support and robust collaboration between local community service providers.

The idea for the trust emerged six years ago as local medical practitioners, psychologists and service providers sought to address the complex needs of young parents and children in Invercargill. Like many communities in Aotearoa the Southland community recognised the necessity to better address complex, and often intergenerational, issues which influenced maternal mental and physical health and the wellbeing of babies. There was expressed concern amongst practitioners that existing models of service were not meeting the needs of particular whānau.

At formation the 1000 Days Trust was a collective of practitioners and community members, many of whom had young families of their own. Whilst the trust consisted of clinicians in the beginning, it was agreed the approach would be multidisciplinary and whānau-led. Māori involvement in the development process saw the 1000 Days Trust as an opportunity for Māori and non-Māori to work together. There was an opportunity for Māori to have a voice right from the start and be proactive in how it was set up; ensuring that Whānau Ora was at the heart of the development. Community stakeholder consultation and engagement was viewed as critical to the success and comprehensive consultation was undertaken with rūnanga, iwi and the Invercargill community.

In 2015, the 1000 Days Trust received funding from Te Pūtahitanga o Te Waipounamu to support a one-year (365 days) pilot of their model. The Trust subsequently received partnership funding from the Community Trust of Southland and other philanthropic organisations to sustain the programme over a longer period. The 1000 Days residence was secured in 2015 and Navigators recruited in July of that same year. The first whānau entered the residence in January 2016 and the last entered in May 2017. In 2016, Ihi Research evaluated the early stages of the pilot as a result of the funding from Te Pūtahitanga o Te Waipounamu. In 2017 the pilot ended and the 1000 Days Trust contacted Ihi Research to develop an evaluation approach to investigate the pilot initiative in further depth and ascertain its impact.

This evaluation report details our overall findings. It examines the improvement logic and enacted activities underpinning the 1000 Days Trust intervention and evaluates the programme's impact on whānau and babies who engaged. Finally it considers analysed evidence to identify important lessons for future development of policy, practice and research in this area.

Background

There is plenty of empirical evidence that highlights the importance of a baby's first 1000 days of life and the types of responsive relationships that enhance healthy brain development (Fisher, 2018; Moore, Arefadib, Deery, Keyes, & West, 2017; Morton, Atatoa Carr, Grant, Berry, Mohal, & Pillai, 2015). The first 1000 days are critical for brain development, due to developmental plasticity. This type of plasticity is "known as neuroplasticity and refers to the biological capacity of the central nervous system to change structurally and functionally in response to experience...." (Moore et al., 2017, p. 6). A baby's first few years of life are strongly influenced by the wellbeing of the major caregiver/mother (Moore et al., 2017; Morton et al., 2015). Research has shown that when parents and caregivers are positively responsive to their baby's needs and are able to interact in soothing, comforting and engaging ways this significantly aids babies' brain development (Fisher, 2018; Centre for Social Impact, 2015; Plunket. Research Report; Moore et al., 2017). There is strong scientific evidence of the impact of 'serve and return'; that is when a caregiver positively notices and responds to baby in ways which encourages the baby to respond back.

> *"The first 1000 days are critical for brain development, due to developmental plasticity."*

It's argued that babies and young children pursue interactions with others through gestures, facial expressions, babbling and vocalising. Responsive primary care-givers 'return these serves' with similar gestures, vocalising and emotional engagement (Moore et al., 2017, p. 8).

This was emphasised during a recent radio interview. On March 11, 2018, NZ National Radio presenter Wallace Chapman interviewed Professor Phil Fisher as part of the Sunday Morning programme. Professor Fisher is a world-renowned expert in children's neurological and psychological development and was in New Zealand as a key note speaker for a conference run by the Brainwave Trust. Professor Fisher noted the critical importance of 'serve and return' and its positive influence on a baby's brain development. Citing empirical research, he argued that withholding feedback from babies can affect how their brains function. For example, prolonged neglect, negative and

unpredictable patterns of parental/caregiver responsiveness to babies negatively impacts the developing brain (Fisher, 2018). It is argued that prolonged parental stress (through unemployment/economic hardship/mental illness/anxiety/generational traumas etc), takes away a parent's/caregiver's ability to respond positively to babies' needs and soothe and comfort when babies are stressed (Moore et al., 2017). Maternal mental illness has a detrimental effect on the emerging mother-infant relationship and can result in delayed social and emotional development and/or significant behavioural problems for the infant, potentially leading to a range of negative outcomes that may persist into adulthood (Ministry of Health, 2011).

The link between maternal mental illness and an increased chance of attachment difficulties has been well documented (Gerhardt, 2004; Hannah, 2005; Hornstein, Trautmann-Villalba, Hohm, Rave, Wortmann-Fleischer & Schwarz, 2006; Milgrom, Martin & Negri, 1999; Parsons, 2009). If a mother or major caregiver, experiences distress it is likely to impinge upon, and interfere with, her ability to bond with her baby and impacts upon the relationship with their partner (Phillips & Pitt, 2011). Longitudinal studies and empirical research reveals that the absence of responsive care can negatively impact babies' development with far reaching consequences (Morton et al., 2015).

The Healthy Beginning report notes:
"Research has demonstrated the importance of effective intervention for mothers and infants with mental disorders and/or AOD problems. The developing mother–infant relationship is often an essential part of clinical intervention. This means clinicians in these services must be multi-skilled and able to assess and treat the mental disorders of both the mother and the infant as well as the relationship between the mother and her infant. In New Zealand mental health services for mothers and infants do not exist in some places and where they do exist development has been somewhat piecemeal. No DHB currently provides the full range of perinatal and infant mental health and AOD services that are required."

Such findings indicate there is a need to develop and strengthen maternal mental health supports for mothers/primary caregivers and infants across Aotearoa New Zealand.

"Longitudinal studies and empirical research reveals that the absence of responsive care can negatively impact babies' development with far reaching consequences."

Methodology & theoretical framework

This evaluation study utilised kaupapa Māori research principles (Smith, 1997) through a mixed method approach, that employed quantitative and qualitative methods. Kaupapa Māori is concerned with Māori rights to self-determination and recognises their strengths and aspirations. It is not a prescribed set of methods, but about how research should be framed and undertaken. The kaupapa, or purpose, is on generating solutions and aspirations from within Māori realities in a systematised research process. As a methodology, it emphasises a commitment to improvement and action, which directly benefits Māori development and wellbeing (Penetito, 2010).

The methodology also strictly adhered to key evaluation principles, as identified by the Aotearoa New Zealand Evaluation Association (2015). These included: respectful, meaningful relationships and an ethic of care, responsive methodologies, trustworthy results and competence and usefulness.

Research questions

Three overarching research questions guided the summative evaluation: 'what worked', 'for whom', and 'what set of conditions enabled improvement' (Bryk et al., 2015). Four interrelated sub-questions were used to frame analysis:

- What were the positive impacts for whānau and babies who engaged in the 1000 Days Trust pilot and what were the enablers of improvement?
- What were the characteristics of whānau who engaged in the 1000 Days Trust pilot, and the charactersitics of those who did not engage?
- What were the characteristics of the 1000 Days Trust pilot project and the values and principles of practice underpinning it?
- What lessons have been learned?

Ethics

The study adhered to strict ethical standards ensuring informed consent and avoidance of harm to those who volunteered to take part. Written information and consent forms were provided to each participant. Care was taken to ensure consent was voluntary and there was a clear understanding of the purpose and process of data collection, analysis and dissemination. A copy of the participant information form is provided in Appendix 1 and a copy of the participant consent form is included in Appendix 2. It was essential participants felt safe to enable them to express their individual views. All participants in this report have

been given pseudonyms to protect their identities. This includes documentation related to whānau.

Data collection and analysis

The study utilised qualitative and quantitative methods. The following sections describe the process of data collection and analysis.

Documents

Fifty-six whānau referral documents were analysed for this study. Meeting notes and policy documents associated with the 1000 Days Trust and the implementation of the pilot during 2016 were also reviewed.

Interviews

In total eight participants were interviewed for this study. Participants included board of trustee members, Whānau Ora Navigators and clinical staff (including a registered nurse and a registered child and adolescent psychotherapist). All interviews were conducted at a location requested by the participants. One participant, a mother who stayed in the 1000 Days residence for two separate weeks, was interviewed by phone. All interviews were digitally recorded and transcribed. A copy of the interview questions for staff and whānau is included in Appendix 3.

Analysis of interviews and documents

The interview scripts were coded using inductive and deductive processes. Deductive analysis was used to determine evidence of outcomes and impact for whānau and babies involved and the theory of improvement underpinning the 1000 Days Trust programme. Codes and themes were also constructed inductively. It's important to note that many of the themes related to more than one category and are inter-dependent (for example the theme of trust is dependent on the quality of relationships between key Navigators and whānau involved and is related to the intensity of whānau need). Quotes from participant interviews are used to illustrate major themes, however the identity of the participants has been disguised in line with ethical requirements.

The case notes of the whānau referred to 1000 Days were analysed by coding specific recurring themes in the documents. A coding framework was constructed which identified common data across the documents. This framework was used in a second deductive coding wave to establish how often these themes occurred in the data. Two case studies were developed using the case notes. For one case the mother was interviewed by the researcher, the interview was transcribed and used to describe the impact of the pilot from her perspective.

Limitations

There are several limitations which impacted on this evaluation. Results indicated the pilot did not actually run for 1000 days due to limited funding, so the aims of the pilot programme could not be fully realised (to better support whānau through the first 1000 days of a baby's life). Therefore, the impact of the pilot in terms of the efficacy of the model cannot be fully described or determined.

Undertaking a summative evaluation after the pilot had finished meant finding participants to interview was problematic as their circumstances had changed (employment, contact details etc). Although the intention was to interview several whānau members who had engaged in the pilot programme (and particularly the residence) to ascertain their views, it was difficult to locate parents/caregivers. Furthermore, we did not have established relationships with these parents/caregivers which may have inhibited some from talking with us. We were able to contact one mother by phone and she welcomed the opportunity to talk about 1000 Days and her experiences. It is difficult to ascertain the impact 1000 Days had on all the whānau who attended the residence and received Navigator support. Most of the feedback in documents supplied to us was written by staff members, with very little information self-reported by the whānau. The issue of data collection, assessment and documentation is explored as a finding in later sections of this report. It is clear staff and trustee participants who were interviewed strongly believed the programme had many positive impacts for whānau and baby. However, individual whānau differences may mean the programme had more impact on some than others. A developmental evaluation (rather than a summative one) would have been useful for the pilot project as findings could have been fed into the development of the work over time. The issue of ascertaining impact in projects such as the 1000 Days Trust pilot is discussed in later sections of this report.

Results

The following section describes the results that emerged from this summative evaluation. The intention was to learn more about 'what worked', 'for whom', and 'the set of conditions that enabled improvement?' (Bryk et al., 2015). We start by outlining findings associated with the first research question. The intention was to better understand the positive impacts for whānau and baby who had engaged in the 1000 Days pilot and to identify the enablers of improvement.

Positive impacts and the enablers of improvement

Several themes emerged from document analysis and participant interviews related to positive impacts. These included:

- Improved parental/whānau relationships with baby, in particular improved attachment and bonding;
- Improved confidence of parents/whānau to respond to baby needs;
- Improved relationships and communication between parents/whānau; and
- Learning and applying new skills

Themes related to enablers of improvement included:

- Intervening through supportive residential contexts
- Relationships of trust, developed over time
- Modelling had a positive impact on some whānau
- Whānau who needed more help with attachment had more time
- Parental acknowledgement of past trauma and abuse and gaining support
- Extended whānau support

Improved relationships and confidence of parents to respond to baby's needs

An analysis of participants' interviews, and documents revealed that positive impacts were associated with improved parental/whānau relationships with baby. Parents being able to relax in the residence and have the opportunity to see their baby through different eyes was one of the biggest impacts according to interviewed participants. It was often noted that another improvement was an increase in parental/caregiver confidence to better respond to their babies' needs.

> *"delighting in the baby and the freshness about the relationship or strengthening the mother- child relationship."*

"The biggest change that I saw was parent's delight in their babe, they'd come in to the programme stressed and then after a day of getting pampered, getting some sleep and some good food, they start to see their baby through different eyes, ... So, it's oh my beautiful baby, delighting in the baby and the freshness about the relationship or strengthening the mother-child relationship." (Participant 7).

"For some of those parents after they left the residence they felt really empowered... they had better knowledge of how to respond to their baby and had a better sense of their own capabilities... particularly how important that attachment is for baby's development. Some of them had been through the justice system and had all sorts of things happen to them. It just felt like the system was done to them, rather than actually they could be quite an active person who really mattered in their baby's life, and I think that was the piece where the practitioners were really great. They were able to treat them as real people and that they mattered in the world, and they had the most important job in the whole wide world which was to be a parent." (Participant 5).

> *"...they had better knowledge of how to respond to their baby and had a better sense of their own capabilities."*

For some whānau who had experienced trauma, were very young, or very anxious as parents, developing attachment and bonding with their baby was identified as a challenge. The language used in reporting by staff was strengths-based, however, there were times when staff noted they had encouraged mothers or partners to pick up the baby and talk about their hopes and dreams for their child.

"The biggest impact was really the bonding that happened between parents and their babies and the magic usually happened after three nights. You needed this time as everyone was on their best behaviour when they first came in, by the third night the parents dropped their guard and you could intervene with them, maybe baby is finding it hard to settle, so working on how to soothe their baby. So, you are right there being with them, just talking about their babies and the importance of relationships. They all have hopes and dreams for their babies... and they don't come with the intention of neglecting them. They love their children, but they just don't always know how to show that love because they've never been shown it themselves as children." (Participant 3).

It was apparent that modelling had an impact on some whānau, and those who needed more help with attachment had more time, particularly in the residence situation. Document analysis indicates relationships between the parents and their children, and one another, was a focus of the support while in residence. While the reason for referral may have been assistance with breastfeeding or settling the baby, often the support from the staff focused on the quality of the relationship between the parent and the baby.

> *"The biggest impact was really the bonding that happened between parents and their babies and the magic usually happened after three nights."*

"The Navigators were really good at supporting those parents, so they could actually take care of their babies and think about their babies in a completely different way because they weren't so preoccupied with all the things that were going on for them. They could actually start to see 'okay well you know these are the pieces here I really need to think about with my relationship with my baby' and those families I think that were kind of really ready to look at making some changes were the ones who really utilised the place best because they were ready for it." (Participant 5).

Having time in the residence allowed couples to negotiate their roles as parents. In several cases the case notes describe the staff coaching parents to talk about parenting styles and to talk to one another about how they care for their babies. As this staff member describes;

"One of the things I noticed with a few of the couples who came in. Dad went away to work and when he'd come in at night it was like Mum would react as if this baby is my property and you're a visitor. Dad didn't have much to do with the baby and there wasn't that connection, it was almost like Mum was really over the top... it was like Mum controlled everything... and not trusting him for whatever reason, who knows what had gone on in their relationship before, but she just didn't seem to trust, or really communicate, so there was limited interaction of the dad with the baby. After a couple of visits Mum came back for another week and the change was beautiful, Mum had let go and we'd been able to coach them through that and I found the magic time. I found that really important work and it just came out of nowhere because you were there with them. I think that's the beauty of that model because you've got the time to just sit and be, and I know all the workers talked about that or most of them who I worked with at the time. It was just the dads opened up or the mum would open up you know." (Participant 3).

> *"and I think they started to learn about each other."*

> *"They love their children, but they just don't always know how to show that love because they've never been shown it themselves as children."*

Improved relationships, communication, learning and applying new skills

Another positive impact was improved relationships and communication between parents or whānau who attended the residence. Often the Navigators and staff who attended the residence with whānau, got to see relational issues which could get in the way of providing united and responsive care for their baby.

"In terms of impact, what I saw was a change in relationships and communication with some whānau. We could see things on the surface when they stayed in the house and they would acknowledge, there's the deep-seated stuff and sometimes that's connected in with the dynamics around their relationship, or it could be some historical stuff that each one of them had that's impacting on their relationship. And that was the thing about the residence, the magic happened, it was just beautiful. Magic happened and I can't say any different but magic happened and those babies were less stressed, the parents were a bit more relaxed or quite a bit more relaxed and I think they started to learn about each other and have confidence in each other, trusting each other because it was being talked about with a third party, not just between themselves, or with her parents, or with his parents or whatever. But there was a third party that was neutral, and they could put it out there safely." (Participant 6).

The in-residence whānau who had experienced trauma as a child, often discussed how they wanted their child's life to be different. For some whānau it meant acknowledging the abuse they had suffered and talking about how they wanted a different life for their child and describing the type of attachment they wanted with their own child.

"Just talking with the parents, they have dreams and aspirations for their baby, they want things to be different, but they don't always know how." (Participant 4).

An analysis of whānau documentation, for those who engaged with the residence, revealed interrelated impacts of improved relationships and communication between parents and improved attachment, bonding and responsive care for babies. The following is a description of the impact for whānau taken from residential records. It starts with an exploration of the family situation, a record of their experience within the residence and key learnings for them. At the conclusion of the case study are comments taken directly from the whānau evaluation form and whānau we spoke to. It is important to note we have disguised

all identifying features, using pseudonyms for whānau members.

"they have dreams and aspirations for their baby, they want things to be different, but they don't always know how."

Whānau Case Study 1

Amber is a young mother who has been independent from her family for some time. At 14 she left home because of ongoing family violence and sexual abuse. The problems she had at home had affected her schooling, she was absent a lot, fell behind and found school hard. For the past four years she has used drugs and alcohol and admits it has been a problem for her.

Damien, her partner, had an equally challenging upbringing. His parents went to jail when he was three and he went into foster care. This meant he had a transient childhood and by the time he was 14 he had been to 18 different schools. At 13 he started hanging out with gang members and began offending. Now aged 21, he has a series of convictions and is currently on bail awaiting trial with the possibility of going to jail.

When Amber found out she was pregnant, she avoided going to the doctor until she was nearly six months along. She was referred to the 1000 Days Trust when baby, Bella, was five months old. The whānau came to the residence with a social service agency to meet the residential staff and to understand what the service was about before committing. At the first visit Amber admitted she has difficulty trusting people and the staff spent a lot of time reassuring Amber and talking to her about what 'whānau led' meant. She would be able to decide what happened during her stay. Amber said she had always avoided getting help because she didn't trust people.

When Amber and Damien came into the residence it was under a care and protection safety plan because of previous domestic violence. Amber and Damien were not able to share a bedroom and had to be constantly supervised by the 1000 Days Trust staff. On entering the whare, Amber wrote that she was here to be the best mum she could be to her daughter. Bella was five months old, healthy and meeting her milestones.

During the week, Damien and Amber followed the safety plan and there were no care or protection issues. They were open about their lives and shared stories from their past with staff members and talked about the dreams they had for their child. Both Damien and Amber were very protective of Bella and wary of strangers around her.

Over the week trust was built between the parents and the staff. During the stay the couple talked about their challenges trusting others, about how they were especially worried about working with agencies. The staff described different services and how they can help the couple achieve the goals they set in their whānau plan. Amber and Damien met the staff at Family Works and agreed to participate in a parenting course, relationship counselling and drug and alcohol counselling. During the week the 1000 Days Trust staff assisted Damien and Amber to meet the goals on their whānau plan including going to the dentist and registering with Tamariki Ora. While in residence, the paediatrician visited Bella and conducted a health check and they contacted IRD to

understand their entitlements.

The staff felt the biggest gains were between Amber and Damien. Damien obviously loved both Amber and Bella but said he had difficulty managing stress and would get angry. They discussed how this affected their lives and what would happen if he continued to deal with everything this way. Both Amber and Damien want Bella to grow up safely, not being scared, with her mum and dad. They talked about strategies to cope and support they could access when things were difficult.

> ***"The most important thing for me was feeling validated that I am doing a good job with my baby. I love the idea of my baby and the new baby having a healthy mum and dad, and I can't wait to come back when the new baby is born."***

At the end of the week in residence Amber and Damien talked about what they had learned together. Damien was determined to learn how to manage his feelings and talked about strategies he had learned to manage how he felt, and the techniques they had learned together about communicating. Amber felt the best thing about the residence was being able to watch others play with the baby, learn suitable games to play, stories to read and rhymes with baby. They both said if they were able to they would return to the residence for another stay.

Four months later Amber, Damien and Bella returned to 1000 Days. Updating their whānau plan with staff they talked about their hopes to have their own home as they are living with extended whānau. They had completed the Family Works parenting course and attended relationship counselling. They wanted to work on Bella's sleep pattern, introduce her to finger foods and spend some quality time together as a family. Amber is pregnant with their next child, she has ante-natal care and they are looking forward to growing their family.

"I learned a lot about myself and I feel like I can communicate now. I know how to relieve some of my built-up stress, I go outside and breathe, but most of all I feel like I know my baby better." (Damien).

"The most important thing for me was feeling validated that I am doing a good job with my baby. I love the idea of my baby and the new baby having a healthy mum and dad, and I can't wait to come back when the new baby is born." (Amber).

Whānau Case Study 2

The second case study has been written from the case notes of a mother who participated in the 1000 Days Trust and had been accepted into the residence programme twice. We were able to contact her by phone and discuss her experiences and perceptions of the programme. Our interview with her occurred a year after her last stay in the residence.

Jade was 24-years-old when she had her daughter Jasmyn. She had recently moved from Wellington where she had become pregnant after a casual relationship with a friend who she had known for a long time. When she told the father of her baby she was pregnant, he didn't want to have anything to do with her or the baby. She was bullied through social media by his friends and family and she decided the best thing to do was to move to Invercargill to live with her mother.

Jade had a quick but traumatic birth and while she was delighted to be a mum, she felt overwhelmed by the responsibility, and anxious about what kind of mum she would be. For the first six weeks she relied heavily on her mother Tina. She found it difficult to get Jasmyn to settle and slept with her on her chest in a lazy-boy chair rather than put her down. Tina bathed Jasmyn and took care of most of her needs. After six weeks Jade was feeling as though she couldn't cope and wasn't able to care for Jasmyn on her own.

She was referred by her well child provider to the 1000 Days Trust. The Well Child provider was concerned about Jade's mental health and believed a parenting assessment needed to be conducted to ensure that Jade had the cognitive ability to parent her new baby. The 1000 Days staff met with the whānau, the referral was accepted, and Jade and Jasmyn went to stay at the residence.

> *"I never thought I would be the mother that I am today – it's had a lasting effect for me and I am so grateful that I had the chance to go."*

Jade shared that she was nervous coming into residence but soon felt comfortable after the first meeting. During Jade's stay her goal was to learn how to bath her baby, to help baby bring up her wind and settle her into a bassinet. While in residence Jade was able to build a relationship with the staff, she was keen to learn, she asked questions and learned how to bath Jasmyn and settle her independently. The staff could see Jade had the capability to parent Jasmyn, and she was going to be a great mother, she just needed to develop her confidence. She left the residence feeling confident that she could feed, wind, bath and settle her baby and ready to move into her own flat.

Six weeks later, Jade came back into the residence with Jasmyn, the staff could see her confidence in her parenting had grown and she felt comfortable within the home and in conversations with staff. During this stay Jade talked more about the difficult time with Jasmyn's father, her past relationships and shared her goals for the future. She discussed how she had felt judged by the Well Child provider and felt as though she needed to justify that she was a good parent. The negative experience upset Jade, it had knocked her confidence and it wasn't until she came into the 1000 Days residence that she felt she could cope. The staff could see Jade had developed a close bond with Jasmyn, she talked to her baby, and could confidently care for her needs.

Jade talked about the impact of the 1000 Days Trust on her life;

"They (the 1000 Days staff) were wonderful, not judgemental, the talking and listening was great. It made me realise that the bond I have with my little girl is so special and important – she was just over a month old when I went to the house, and it gave me a chance to bond with her, I never thought I would be the mother that I am today – it's had a lasting effect for me and I am so grateful that I had the chance to go. I would still be in touch with them now if I could and I'd go back for another stay if they'd have me. It just gave me so much confidence, helped me realise I can be a great mother to my baby... I never thought I could be such a great mother."

Enablers of improvement

Data analysis highlighted the positive impacts associated with whānau engagement in the 1000 Days Trust pilot project. The evaluation also sought to identify the enablers of improvement. Themes which emerged from data analysis included:

- Intervening through supportive residential contexts
- Relationships of trust, developed over time
- Modelling had a positive impact on some whānau
- Whānau who needed more help with attachment had more time
- Parental acknowledgement of past trauma and abuse and gaining support
- Extended whānau support made a difference

Intervening through a residential context with follow-up support

The impact of the residential stay was described by staff members as transformative for many whānau. Staff described the kaupapa of breastfeeding as an example. If the whānau were breastfeeding or wanted to continue breastfeeding, then it was absolutely supported in the environment. Some whānau had come in with babies who had reflux issues or were tongue tied.

"Some of the need was around breastfeeding and that meant that staff really needed to support mothers who were having difficulty with this and that could be for different reasons, maybe their baby wasn't attaching properly, or Mum didn't feel there was enough support from partner." (Participant 3).

The residential context meant staff had the opportunity to understand what was actually going on and work alongside the mother and father, because firstly without his support the mother will not continue to breastfeed. Records from residential stays indicated staff were able to provide support with the mechanics of breastfeeding. Improvements in breastfeeding occurred as staff were able to sit with the mother and support the basic fundamentals of positioning and latching.

Some staff felt that even though breastfeeding is a priority, there was a feeling that other services did not have the time to sit and support whānau over extended periods of time. Records indicated that within the residential time these whānau who needed extra support were comfortable with breastfeeding, with many issues having been resolved and a better routine established for the whole whānau. The impact of this learning on the mother, father and the baby and subsequent children and generations of children is difficult to quantify and measure. Participants talked about the power of the residential environment for supportive and responsive interventions to occur.

"Because it's a residential environment, it allowed some really intensive work to happen where people didn't have to worry about the everyday. I saw it as quite a magical place because it felt like they were in a bubble, they were in a normal house with normal activities and normal things happening for them in their whānau. But you know, it was so much more than that because they had that person at two o'clock in the morning, when they couldn't sleep, or baby was crying, who could actually sit and have a conversation with them. Sometimes it was just needing to have somebody alongside for the journey." (Participant 5).

Ensuring the residential situation was responsive to Māori whānau needs was particularly important for this participant.

"My interest was for Māori and my concern was how well it's going to meet the needs of ours and I think it (the house) became sort of like a marae. The whānau were coming to the marae getting supported in all this awhi and tautoko around them and their baby and their extended whānau if that's what they needed. And then there would be follow up, you know in terms of for iwi. I just saw this like a marae for them to come to... it's just having a place where they can come in and be at ease and be able to relax and to be cared for and looked after. That was, you know, providing food, providing that kai, providing that environment where we can just sort of wrap around them so to speak with the environment, the kai which was always fabulous. I think the environment that we were in probably blew some of our young kids, their minds, because it was like you know this was a really beautiful home that we were in and really blessed to have that. But in reality, it's not where the kids are living you know, it was like them coming to a hotel really. So, we could spoil them a bit, you know, out of that because it was so different too. I think just with having that time to just be with them, in a place that's quiet and peaceful and calm and they've got support there for the baby, support for them to delight in their baby." (Participant 1).

The impact for whānau who attended the residence could be profound and long-lasting according to several participants. This meant supporting whānau in a home-like setting to make significant changes in their lives and to better care for their babies. The close observation and interaction of staff attending the residence with whānau members meant they could address several things over time.

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A trusting relationship between navigators and whānau

Interview analysis highlighted the impact and importance of the whanaungatanga (relationships) that had developed between Navigators and whānau/parents/caregivers. Trust was an essential element and this could only be built up over time. It was also important to ensure whānau were able to talk about their goals and aspirations and work from a position of strength, rather than focus on the things they were lacking. Although there was a plan for intervention this needed to be fluid and relate directly to the whānau situation and the health and wellbeing of whānau and baby. This was reiterated several times.

"Trust is so important for our young whānau…. One Navigator in particular did a really great job. A referral would come in, she would go out and meet them face to face, or whoever was picking up that case, and that's, I think, because we had her and (person's name), they were the ones who picked up the Māori clients mainly. Because they could build that rapport and have the whanaungatanga, the relationship, getting that established and really getting the trust of the young people and taking it at their pace…. The skills of the workers were really important." (Participant 2).

"I think that is some of the magic of 1000 Days, it is about giving that time to build that relationship that the Navigators have with whānau. It's acknowledging that relationships do need time and you have to build that trust, you can't do this sort of work in hour slots and the relationship is important, to understand the importance of attachment theory and why the time frame of 1000 days is critical." (Participant 7).

Developing and maintaining trusting relationships could be tricky, particularly in situations whereby the parent disclosed domestic violence incidents. Participants who were interviewed talked about these tensions, as many parents were reluctant to come in because they feared notification and distrusted agency involvement. The following quote described this tension and the power of supportive, trusting relationships built up over time.

"I think valuing that relationship and forming a trusting relationship with someone allows these families to be open, a lot of them when we first meet them they're in that fight or flight mode. And so, it's really difficult for them to let people in, even if they come with the right intentions, you've got to build that trust and you've got to build that relationship. The one difference the 1000 Days had is we had the time to do that. (In my new job) I've got a window – a time slot to help people because I've got to go to the next appointment, but (in 1000 Days) when these families came into the residence they were with us for a week. We could sit there all day, any time of the day or night because people's crisis happens at different times. So, we had night staff on, you know if it happened at two o'clock in the morning there was someone there to work through that." (Participant 3).

"It's acknowledging that relationships do need time and you have to build that trust, you can't do this sort of work in hour slots"

Extended whānau support

Another enabler of improvement, was access to, and support from, extended whānau. This was emphasised in some of the participant interviews. Seeing improvement in relationships and communication between wider whānau members, as a result of the residential stay, was particularly rewarding according to this participant.

"If I think about the most successful cases, they had access and support from extended family that were quite functional, you know they had their own kind of things going on, but they actually had supportive families. So, you know, grandparents who were quite accessible and being able to communicate I guess as a wider family to help support those parents was really useful where I think about, you know, three or four different families where their families really did rally around. They were the ones who were present there and would come for dinner on a Wednesday night and, you know, just really be involved and yeah be good at communicating I guess with the young people, yes young families in particular. Because I think, for those young families, it could have been easier for the parents to say, 'look we'll just take over and do that' but they were actually saying 'no, we want to just stay in our grandparent role but we want to support you with our grandchildren', so it was lovely." (Participant 1).

Characteristics of engaged and non-engaged whānau

The second research question aimed to identify the characteristics of whānau who engaged in the 1000 Days Trust programme and particularly the residence, as well as the charactersitics of those who did not engage. This analysis is important for understanding the variety of whānau/family situations and needs. It also clarifies some of the characteristics of whānau who may have benefitted from engagement with the 1000 Days Trust programme and particularly the residence. Finally it helps us to understand the charactersitics of whānau who did not engage with the pilot, and the possible reasons why. Evidence for this section came from an analysis of whānau referral documents and participant interviews.

In residence

Over the duration of the pilot there were 56 whānau with a baby who came into contact with 1000 Days. Twenty-five whānau stayed 'in residence' during the pilot of 1000 Days. The majority of these whānau (60%) identified as New Zealand Pākehā/European. Twenty-eight percent identified as Māori, 4% as Australian and 8% as Indian/Asian. The youngest was 16 and the oldest 40, the median age of in-residence whānau was 24.5 years. Of the 25 whānau, one was a male primary caregiver. Fifty-six percent of the in-residence whānau identified as having mental health issues or having suffered from mental health issues. Of this group, 57% noted anxiety, 42% depression and post-natal depression. This was also emphasised in interviews with staff.

"One of the challenges is around the stigma of needing support, for those people being able to make sure that they could have somebody who could help them tap into making sure they're on the right medication. I think a lot of the time for the people coming through is that they actually really lack confidence with having that interface with different agencies and that's where the 1000 Days Navigators were really good at advocacy." (Participant 6).

Document analysis revealed that many of the whānau had previous contact with support agencies, 28% of the in-residence whānau were involved with Oranga Tamariki, and 24% identified intergenerational trauma in their family including sexual abuse, drug addiction, and family violence. Three whānau were in temporary housing at the time of their residence stay. The variety of different whānau engaging in the pilot programme and their diverse needs was emphasised by different staff members.

"I think a lot of the time for the people coming through is that they actually really lack confidence with having that interface with different agencies and that's where the 1000 Days Navigators were really good at advocacy."

"It was such a variety of different people who came through the programme, some who you know it was their first baby and so they were really kind of starting to get the gist of what it was in parenthood. And yeah just sort of needed a little bit of extra reassurance really, right through to the other end of the spectrum where people had some mental health difficulties and, you know, needed some help around getting some support networks set up for themselves around whether it was Playcentre or, you know, getting involved with Plunket and different advocacy things. A lot of people needed help with WINZ sort of stuff and yeah there was a variety of things that they kind of needed when they came." (Participant 5).

The reasons for engaging with the 1000 Days Trust varied across these whānau. It appears attachment and relationship challenges were the most common reason for seeking support. While several whānau initially engaged to address breastfeeding or sleeping issues with their baby, it became apparent through the stay there were underlying issues impacting on the relationship between the caregiver and the baby.

"There were different issues, for some it was historical sexual abuse leading on to poor relationships, choosing not ideal partners to have their babies with. You know, high domestic violence, alcohol, drugs, everything. Tick all those boxes, incarceration, history of incarceration, depression, mental health issues." (Participant 3).

Declines or Refusals

There were 31 whānau who did not engage with the service or were declined. Forty-eight percent refused the opportunity to engage with the trust, 29% were declined as they did not meet the criteria, and 22.5% were unable to be contacted after the referral was made. Forty-five percent of these were Māori, 55% New Zealand Pākehā/European. The youngest was 18 the oldest was 46, the median age was 26.3 years. Fifty-four- point eight percent of the whānau who did not access the services were noted on their referral documents as having experienced a mental illness. Of this group, 29% noted anxiety, 29% depression or post-natal depression, 18% had cognitive challenges that interfered with their mood and parenting ability, 12% noted drug and alcohol issues, 6% post-traumatic stress disorder and 6% schizophrenia. Thirty-five point-five percent had previous involvement with Oranga Tamariki, 6.4% had been victims of domestic violence. Five whānau stated they had

suffered intergenerational trauma, and five whānau were in temporary accommodation at the time of their referral.

The information on the referral application was often incomplete. It appears some of the whānau who declined to engage were resistant to the residential aspect of the intervention. A third of the declines or refusals were whānau who had previous interactions with Oranga Tamariki, several of these whānau did not have their older children in their care. There may be a lack of trust in services by these whānau which resulted in a reluctance to stay in the residence. The self-declines appear to have occurred for a variety of reasons including, issues being resolved, circumstances changing, commitments to whānau and other children, whānau being too anxious to stay away from their home.

Those whānau declined by 1000 Days Trust did not fit the criteria, for some this was due to significant mental health issues, living out of the area, or the placement of their child in care. It was apparent whānau who did not engage, declined or were declined by the trust had significant needs that would not have been resolved easily or without support.

> *"Meeting them where they're at, meeting our young people where they're at really, that was the concept and vision because what fits for mainstream doesn't fit for Māori."*

Of interest are the high levels of reported maternal mental health issues reported within the group. In 2015, The New Mothers Mental Health Survey, conducted online, with 805 women who had given birth during the previous two years, found 14% met the criteria for post-natal depression. The 14% who met the criteria were more likely to give responses that indicated greater life difficulties, lower coping self-efficacy, lower social connectedness, more isolation, lower family/whānau wellbeing, and lower life satisfaction. While the referral forms are not an assessment of mental health, the fact that over half of the mothers referred and declined, reported having difficulty with their mental health, indicates that maternal mental health is not being sufficiently addressed in our communities.

Characteristics of the intervention: Important values and enacted practices of whānau-led interventions

The third research question aimed to identify the characteristics of the intervention, and the values and principles that underpinned the 1000 Days Trust initiative. This is important for determining alignment and coherence between stated policy and enacted practices. Qualitative analysis of interview transcripts and programme documents highlighted the key values underpinning the Whānau Ora initiative. These included tino rangatiratanga (self-determination), whakawhanaungatanga (building and strengthening relationships), whakapapa (family connectedness) and manaakitanga (particularly caring for the mana of children). Rather than looking at whānau from a deficit approach the trust aimed to promote 'resilience not reliance' through health and wellness. The foci were the critical elements of parental and caregiver bonding, responding and ensuring secure attachment with their baby in the first three years, looking at the wellbeing of baby within the whānau and wrapping the whānau around the baby. Participant interviews and document analysis stressed these values and principles of practice.

"(The programme) was developed around the concept of whanaungatanga, getting in there, building that relationship with the young people, meeting them where they're at too because you were talking iwi to iwi, kanohi ki te kanohi, face to face, and just being able to build a rapport. Sometimes quicker or a bit easier because you can link up with whakapapa. We're quite closely linked down here, and it needed to be whānau-led. Meeting them where they're at, meeting our young people where they're at really, that was the concept and vision because what fits for mainstream doesn't fit for Māori. "(Participant 2).

> *"The biggest thing for us is relationships. It is all about relationships with people, it's walking alongside people, making sure that they are fully involved. They have the solutions, they already have their solution, they have aspirations for their children and for themselves but along the way they just get off track." (Participant 6).*

"I think the fact there was a real focus on the Whānau Ora approach, families felt like they had a voice there and there was someone who they could trust. Being able to meet them exactly where they're at was the real primary focus. For a lot of parents, they had trust issues and so for them it had to start, to build up a trusting relationship with somebody, (and) they were there to kind of walk alongside those people." (Participant 1).

The case studies indicate that trust and relationship building were pivotal to supporting change for the whānau. For the mother who was interviewed, the non-judgemental support and encouragement from the staff was crucial. It appears the

residential component allowed the relationship to develop between the whānau and the staff in a naturalistic way, rather than forced within a time period such as a home visit.

> ***"I think the fact there was a real focus on the Whānau Ora approach families felt like they had a voice there and there was someone who they could trust. Being able to meet them exactly where they're at was the real primary focus.***

Developing supportive and appropriate therapeutic relations through early intervention and naturalistic, home environments

The vision for the 1000 Days Trust was whānau first, with baby and their wellbeing at the center of their work. Analysis of programme documents, including the Strategic Direction policy document (August 20th, 2016) emphasised this.

"The 1000 Days vehicle for the pilot is based on the premise that: establishing and enhancing positive relation health between whānau and baby is the catalyst for whānau transformation and intergenerational whānau transformation – with the infinite goal to reduce the vulnerabilities for babies." (p. 1) … (and later) "Whānau-led or family centred approach is being encouraged by the Whānau Ora movement. This approach is being encouraged based on a strong body of international evident which suggests, empowering individuals and families to make their own informed decisions is critical to their wellbeing. Empowerment comes from family centred and family-driven approaches." (p. 2).

Piloting therapeutic support through home-based or residential approaches was a key principle of practice. The intention was that intervention would be situated in natural activities and interactions between parents/caregivers and baby within home environments.

Home environments included the residential stay and whānau/parents/caregivers' own homes. This was evident in policy documents, including the Pilot Strategic Direction which emphasised (in bold) principles of practice (August, 2016, p. 1).

- We are piloting the 'place' of a residence in the 100 days model
- We are piloting the 'approach' of navigating a whānau-led journey
- We are piloting the 'practice and delivery' of positive relational health therapeutic support
- We are piloting the 'collaboration' of community providers to walk alongside 1000 Days whānau

Documents indicated the trust secured a house that could be rented long-term for residential stays that provided the context for positive relational health, early intervention and appropriate therapeutic support. Through the development of policies and procedures the trust began accepting agency referrals for whānau to come into the house for week-long residential stays. Document analysis and interviews indicated some whānau came back for a second or even third week-long stay, but this did not happen for all.

The house was furnished by the community with all the furniture and home comforts being provided by whānau, local businesses and community groups. Data analysis emphasised the house was to be a place of nurturing; a place of being present; a place of love and non-judgement; a place to recharge, reflect and re-examine their journey as a whānau, as a couple, as a wider whānau and as a community. The residential context needed to be flexible to whānau needs – as each whānau was viewed as unique in their own right.

Analysis of trust documents highlighted that whānau went through a referral process and were accepted or declined based on criteria and through consultation with Navigators, the clinical team and from advice from other agencies (GPs, service providers and agencies. Whānau were assigned a Navigator who would visit their homes over a period over time to build a relationship and undertake structured assessments. The quality of the relationship between the Navigator and whānau was considered particularly important for building trust and a therapeutic approach. Understanding whānau aspirations and needs and preparing whānau for the residential stay was an essential component in the pre-residential phase. Part of the assessment procedures was to develop a whānau engagement plan which would identify whānau aspirations and long-term goals as well as assess what was currently preventing whānau from reaching these. The goal was to strengthen whānau capacity building with an emphasis on:

- Supporting parents to recognise their infant cues, signals and needs
- Supporting parents to sensitively respond to their infant's cues, signals and needs ie, strengthening parent-infant relationship
- Supporting parents to recognise their own strengths
- Supporting parents to try a new response/ strategy/approach ie, building parent confidence
- Supporting parents to develop a kete of evidence-based strategies for managing feeding, sleep, practical cares, development and behaviour
- Supporting parents to develop/extend their support network by connecting to whānau and/or community supports
- Supporting parents to recognise unresolved issues and their impact on relationships
- Supporting parents to access appropriate services to address their own needs eg,

mental health, family violence, alcohol and drug (The 1000 Days Approach, p. 1)

Espoused principles of practice included "collaborative exploration (assessment) and planning" to ensure:

- Empathic enquiry
- Support whānau to tell their story (whānau story, parent story, parent-child story
- Observations of parent
- Observations of infant
- Observations of parent-infant interactions
- Identifying strengths
- Identifying risk
- Collaborative goal setting (The 1000 Days Approach, p. 1)

Participants reported the quality of the practice was often determined by the Navigator's knowledge and skills and the type of relationship and amount of trust established between the whānau and the Navigator supporting them.

Assessment information and documentation

The programme was set up very rapidly in response to funding, policies had to be written, health and safety practices implemented, staff employed, and whānau-led ways of working established. The trustees established business plans and policies and agreed on how they would work. The work required to establish the trust was significant and needed a considerable amount of volunteer time. The documentation required to establish ways of working and develop models of practice evolved over the period of the pilot.

Analysis of trust planning documents and participant interviews highlighted the importance of collaborative approaches and documentation, which was to include in-depth evidence and different data sets over time. The intention was to conduct whānau self-assessments, as well as Navigator and clinician assessments, so that a comprehensive needs analysis was undertaken. Evidence to assess whānau need and develop appropriate plans was to be collected through whānau pathway plans, residence plans, direct observations by staff at home and in residence, video assessment of whānau interactions, planning and documentation for subsequent home visits (after residence). The intention was also to develop a clinical implementation plan for identifying next steps in the 'positive relational journey' (The 1000 Days Approach, p. 1). Documentation also highlighted that it was important "Navigators understand and manage their own personal reactions/feelings to the work"; had "access to regular supervision" and "training" and that the programme-maintained staff wellbeing (The 1000 Days Approach, p. 1).

Establishing a way of working that was supported by the policies and practice was challenging for the trust. The majority of the whānau documentation has been recorded as narrative case notes, the language used is strengths-based and focuses on the relationships developing between the whānau and baby, and the trust staff. Assessments initially developed by the Clinical Steering Group were not completed comprehensively by whānau. It appears several whānau had low levels of literacy and others may have been reluctant to share details in written form but were keen to talk with staff. Therefore, much of the assessment information used in this report has been gleaned from the case notes kept by the residence staff and Navigators.

Competing theories of intervention

It was clear from interview and document analysis that at times there were competing theories in the enactment of the intervention which constrained the programme's development over time. As indicated earlier, the trust was set up very rapidly in response to funding. A lot of this work fell to the trustees to establish business plans, policies and find agreement on the way in which they would work (internally as a pilot programme but also externally with other service providers). At times, analysis of interviews and documents highlighted a lack of alignment between the espoused theory of whānau-led approaches and the actual enacted practices. This revealed different mental models of appropriate action amongst staff members.

"I could see that there was quite a bit of a difference in the practices because there was almost two different approaches, one was quite clinical and professional and ours was more around whanaungatanga. We had quite a few teething problems to begin with, just different ways of working, like we had (different people) psychologists and educationalists and health... and all those different strands coming in together, but at the end of the day it was about the vision and what we wanted in terms of the kaupapa. So, we had to adjust and make allowances for what could actually work, for what we actually needed and what will work.... But that was really challenging, and it caused a lot of problems." (Participant 2).

"I could see that there was quite a bit of a difference in the practices because there was almost two different approaches, one was quite clinical and professional and ours was more around whanaungatanga."

"One the challenges was around what was in people's heads about this work. So, there were competing beliefs about how to do this work. For example, the concept of Whānau Ora, so one... (person) couldn't understand the concept of Whānau Ora and why we were coming from an angle of Whānau Ora, so was constantly asking why does it have to be like that?. . And you know, that was still evolving when the pilot ceased. So, while we might all agree something different needed to be done, there wasn't agreement about the approach (and) it was quite a difficult time and so all

those people came at it with different views around what we should be doing, what we should be delivering and so it wasn't clear, and at times it was really difficult." (Participant 7).

"It felt like we were fighting against a system that wasn't ready for us… and some of that was around people not understanding Whānau Ora and the power of that. It's really hard because in trying to do something innovative and different – you are really challenging the system and the status quo, and that became the major inhibitor." (Participant 3).

Finding appropriate staff who understood the concepts and practices of Whānau Ora and whānau-led approaches was an issue, according to participants.

"As much as tauiwi think they know how to work with Māori, and they do, don't get me wrong, they do some wonderful work, but a lot of them just don't get it." (Participant 2).

Finding the right balance between 'clinical' and 'holistic' or whānau-led practice for delivery, documentation, assessment and evaluation purposes was particularly challenging, but also the purpose of the pilot. This was acknowledged in trust meeting notes;

"The challenge we are continually facing, is finding the balance between 'place', 'approach', 'practice and delivery' and then 'collaboration'. Although this is a challenge, this is the purpose of the pilot – to navigate this space and to determine what works well in the model, and what provides better outcomes for whānau. From our research to date, this 'balance' between 'clinical' and 'holistic' (whānau-led, Whānau Ora) approach has not been 'mastered' anywhere in the country." (Planning document for Trust meeting, August 2016).

This tension is not isolated to the 1000 Days pilot, it is evident within the social service sector as it moves toward a more whānau centred way of working. In the 2015 Te Puni Kōkiri Report, 'Understanding Whānau-centred Approaches', workforce capacity across sectors was identified as limited in both understanding and being able to work in a whānau-centred way. Further, it identified there were ongoing barriers within mainstream services in understanding how to work in a whānau-centred, rather than service-centred, way.

"The challenge we are continually facing, is finding the balance between 'place', 'approach', 'practice and delivery' and then 'collaboration'".

The challenge of establishing appropriate 'evidence' in whānau-led approaches

As indicated earlier, results emphasised some of the challenges in enacting the vision of whānau-led approaches in practice and ensuring alignment to the values of the programme. This was particularly noticeable as the programme worked to collect evidence for assessment, monitoring and evaluation purposes. Correspondence associated with trust board meetings (August 2016) emphasised this.

Feedback from staff tell us: Week 2 in the residence for whānau works very well – ie, more progress in terms of positive relational health dialogue and learning outcomes for whānau. The current assessment has shown (with several whānau) that this creates certain 'barriers' to whānau wanting to come to residence, or they come in with preconceived ideas of what the experience will be. The assessment process was too intense for the initial phase, therefore creating a barrier to establish an effective relationship between the Navigator and the whānau, the impact of this; it is taking longer for whānau to engage and participate in the residence setting.

The challenge of collecting information in appropriate, non-threatening ways from some whānau was also emphasised in staff interviews.

"One of the things that we looked at, was the paperwork to come in to the residence. There was a pathway planning tool but whānau needed a certain amount of literacy to confidently fill that out and then there was the wheel planning tool, my understanding is that whānau coloured in where they felt they sat. The team felt that was a really useful tool. But it probably didn't give enough data to interpret. So (there was a) re-design of another document which you may have seen, it's really wordy. It asks really confronting stuff and that was really difficult. We would get that information over time once we had built a relationship but to actually sit down with whānau and ask them to spell out their childhood memories and any abuse they experienced… the trust hadn't been built up… many whānau were distrustful of how that information was going to be used… you've got to have that relationship. But I also get the need to know what they (whānau) are coming in for, so we can tailor what we need to be doing for them when they do come in. We trialled a video approach, but that didn't work either as whānau were distrustful of what would happen to the video information and whether it would be used against them later… as they were really distrustful of the health and social welfare system…. So, that whole issue of assessment and evaluation was really challenging in terms of finding the right approach." (Participant 3).

"I think trust is huge when you are trying to understand and identify what's going on for families, because these people have come up against community services, social services, justice service all the time. Just allowing, just opening that door and allowing people in. Addictions. And people's, I mean the cycle of abuse as well as the other things, but people's education level

or literacy skills are also a really big factor... so there can be quite a reluctance to provide information for different reasons." (Participant 2).

> *"I think trust is huge when you are trying to understand and identify what's going on for families, because these people have come up against community services, social services, justice service all the time.*

Data analysis indicated the tensions in establishing an appropriate evidence-based approach for whānau-led practice. It appears some staff may have experienced difficulty letting go of their 'practice' and working to an approach that was whānau-led. At times the documentation suggested that some felt the practice was not robust, or evidence-based enough. The residence staff record keeping was primarily narrative, strengths-based, with a focus on the developing relationships and strengthening attachment between the whānau and the baby.

The challenge of an evolving, innovative pilot programme with limited time and funds

Analysis of interview material and documents highlighted how the vision the 1000 Days Trust had related to a new way of working that was immersed in whānau and community. Defining and describing this new way of working was challenging given the time and funding pressures of the pilot, the lack of an established infrastructure, the difficulty of managing multidisciplinary interests and interpreting the Whānau Ora approach in a new service with constant staff changes.

"There had been quite a change over time in terms of clinical leadership...." (Participant 5).

The lack of certainty of future employment for staff members, due to limited funding severely inhibited programme development.

"Another big challenge was around the staffing. We had contracts that were running out in three months' time because of our uncertainty with funding. It's very difficult to retain staff and recruit staff. Yes. There were a lot of challenge... given our uncertainty." (Participant 4).

Although the espoused value and vision for the work was around collaboration, it was clear there were challenges to developing and embedding this collaboration in practice. Staff changes meant new people were coming into the pilot who were seeing and viewing things differently.

"At times I felt there was a breakdown in some staff relationships...." (Participant 1).

The constraints of running a pilot, establishing the policies and procedures, while also translating a philosophical approach into practice was very challenging. The lessons learned from the pilot have the potential to inform future innovations to support the first 1000 days. It is apparent there is a need for continued investment and innovation for whānau. The fifty-six whānau referred to the 1000 Days Trust demonstrate there is a demand for such support. The high rates of maternal mental health concerns, intergenerational trauma and other indicators of vulnerability demonstrate there is significant need within the community to warrant further investigation and investment.

Lessons Learned

A key focus of this summative evaluation has been to illuminate important lessons for future policy and practice work in this area, whilst ascertaining impact and improvements. Innovative pilot programmes by their very nature can provide valuable lessons and insights about 'what works?', 'for whom?' and 'under what set of conditions?' as well as informing us about 'what doesn't work?'. It's argued the main point of a pilot is to start small and organise a process so "improvers can learn by doing" (Bryk et al., 2015, p. 205). Whilst we provide a summary of key lessons learned in this final section, it is important to return to the original kaupapa or purpose of the pilot.

Whānau Ora interventions for whānau-led practice

The 1000 Days Trust was established as a community driven pilot programme. It sought to provide early intervention through a Whānau Ora model of care for whānau and baby who needed additional support. The pilot was certainly ambitious, as it sought to break cycles of disadvantage and alter the trajectory of vulnerable lives in new and innovative ways within the Murihiku Southland community. Its vision was to take a strengths-based, whānau-led approach. Important values underpinning the work included tino rangatiratanga (self-determination), whakawhanaungatanga (building and strengthening relationships), whakapapa (family connectedness) and manaakitanga (particularly caring for the mana of babies). The primary focus was strengthening parental and caregiver bonding, responding and attaching with baby during the first three years, looking at the whole of baby within the whānau; holding the baby as a taonga through strengthened relationships of care and responsiveness.

The pilot aimed to do this through early identification of whānau who needed extra support through the development of a comprehensive and cohesive multidisciplinary intervention involving a residential component, pre and post Navigator support and robust collaboration between local community service providers.

Realising the Whānau Ora philosophy in practice through the 1000 Days model has been challenging. The notion of 'whānau led' appears to have been difficult for some who may see their role as knowing what is best for whānau or have difficulty understanding what counts as whānau-led practice. The shift required from being an expert, to acknowledging that whānau have strengths and expertise regardless of their current circumstances, can be very challenging. As the trust established policies and procedures the clincial model remained the most difficult to articulate for staff, in part due to the developing nature of Whānau Ora practice, and in part due to deep seated notions about best practice. This is not unique to the 1000 Days initative as previous research demonstrates that this tension exists in the social service sector as it moves from an expert led to whānau led philosophy.

> *"Whānau Ora resolutely advances a 'strengths-based' approach to working with whānau ."*

Instrumentally, the holistic and family centred essence of Whānau Ora generates two significant departures from the dominant government led approach to addressing social disadvantage. Firstly, Whānau Ora is premised on 'whānau (family) centred' approaches to achieving social gains: the focus should be on working with the collective holistically, rather than solely on the individual. Secondly, Whānau Ora resolutely advances a 'strengths-based' approach to working with whānau: recognising and building on the existing capabilities and aspirations within whānau to generate their own solutions and pathways (McMeeking & Richards, 2016). These two critical elements of Whānau Ora stand in marked contrast to the positivist, expert-led interventionist approach of mainstream approaches to social needs. The New Zealand government has recognised the dissonance between existing government led services and Whānau Ora, and importantly, that the status quo approach is not achieving social gains for Māori:

Government health and social services for Māori have not typically been designed to take a whānau centred approach, focusing instead on individuals and single-issue problems. As a result, delivery of services to whānau (families) has often been fragmented, lacking integration and coordination across agencies and social service providers, and unable to address complexities where several problems coexist (Te Puni Kōkiri, 2015 p.9).

Therefore, a whānau-centred approach significantly challenges the dominant service delivery model. Results from previous research suggests a partial understanding that Whānau Ora is about working with the whānau collective rather than individuals, and many government health and social services had not yet moved to incorporating an aspirational 'Whānau Ora' approach to their work (Productivity Commission, 2015; Te Puni Kōkiri, 2015). An enduring issue in achieving whānau-led services, is that most programmes develop in response to problems rather than whānau determining what they need or being actively involved in planning to achieve their aspirations. Whilst organisations may call their work 'Whānau Ora' they often described whānau-centric service delivery (Productivity Commission, 2015; Te Puni Kōkiri, 2015). These tensions are clear in the documentation and additional data collected for this evaluation. While it appears the Trust remained committed to a whānau led approach, it caused significant dissonance between clinicians, Navigators and Trustees, that in some cases could not be resolved.

The need for responsive and early intervention extended over time

Analysed results show there was a real need in Murihiku Southland for long-term investment in Whānau Ora approaches to strengthen support for some whānau, in culturally responsive and inclusive ways. However, the 1000 Days programme pilot did not actually get to run for 1000 days so its aims were not fully realised - that is to better support whānau and baby through the first 1000 days of life. Therefore, the impact of the 1000 Days Trust model cannot be fully described or determined. This was particularly frustrating for former staff and trustee participants who were interviewed.

"We need to start thinking about the ambulance at the top of the cliff not at the bottom, let's get these families when there's red flags at the hospital when baby's born because after that they go home and there's nothing done for them... let's nip it in the bud now, get them in for some awhi and tautoko, to build them up there instead of them breaking down, we've got families out there that need help, for the want a few dollars. I do think the process we have trialled is a good process, it's meeting them, whānau and families, where they're at and having them being able to come into an environment where they feel relaxed and looked after.

You know people come into lots of social agencies and you don't really get the gold, you don't get that relationship because they come in, they don't have the time, you're a number, in and out. We're not getting to that place where we can really make the difference, we need long-lasting whānau-embracing programmes. Our mums, many of them they're growing up in brokenness so it's an opportunity for them to get something different, better and not feel judged. Hey, you're no different to all the rest of the people out there, we're all broken in some way, we've all got damage that's done, some people have less and some people hardly get any, but for the majority of us we have something happening, some past trauma that just sets us back and puts up blocks for us. Life's a journey and if we can help these young ones get from A to B quicker and their baby benefits from it, or there are other children, then let's do it. Again, it's that ambulance at the top of the cliff instead of at the bottom." (Participant 2).

> ***"Analysed results show there was a real need in Murihiku Southland for long-term investment in Whānau Ora approaches to strengthen support for some whānau and baby, in culturally responsive and inclusive ways."***

Results emphasised the urgent need for early intervention extended over time, in ways which were responsive to the needs of diverse whānau and that strengthened attachment and bonding for babies. Document analysis and participant interviews highlighted the diverse situations of whānau who engaged with the 1000 Days Trust programme, and those who did not. Over the duration of the pilot fifty-six whānau with a baby encountered 1000 Days. Twenty-five of these whānau stayed 'in residence' during the pilot of 1000 Days. These were primarily young whānau and many of the whānau (56%) who attended the residence reported experiencing mental health issues or having suffered from mental health issues in their past. This emphasised the need to focus on maternal mental wellbeing and indicates that there is a demand for such an initiative.

In contrast, analysis of referral documents revealed the differences between the whānau who engaged with the 1000 Days Trust programme and those who did not. There were 31 whānau who did not engage with the service or were declined. Analysis indicated that many (48%) rejected the opportunity to engage with the 1000 Days Trust. Of these 29% were declined as they did not meet the criteria, and a further 22.5% were unable to be contacted after the referral was made. Fifty-four-point-eight percent of the whānau who did not access the services were noted on their referral documents as having experienced a mental illness. Thirty-five-point five percent had previous involvement with Oranga Tamariki, 6.4% had been victims of domestic violence. Five whānau stated they had suffered intergenerational trauma, and a further five whānau were in temporary accommodation at the time of their referral.

It appears some of the whānau who declined to engage were resistant to the residential aspect of the intervention. The reasons for this are not clear. However, a third of the declines or refusals were whānau who had previous interactions with Oranga Tamariki, several of these whānau did not have their older children in their care. There may be a lack of trust in services by these whānau which resulted in a reluctance to stay in the residence. The self-declines appeared to have occurred for a variety of reasons including, issues being resolved, circumstances changing, commitments to whānau and other children, and whānau being too anxious to stay away from their home. This finding is concerning as it is not clear how these whānau access appropriate support and help if they do not trust and/or feel judged by social agency intervention.

The empirical research is clear. The earliest interventions that promote supportive responsiveness between parent/s caregiver and baby, positively impacts baby's brain development and has long-lasting impacts on that child's development (Fisher, 2018; Moore et al., 2017). Conversely, prolonged parental stress (through unemployment/ economic hardship/mental illness/anxiety/generational traumas etc), takes away a parent's/caregiver's ability to respond positively to their babies' needs and soothe and comfort when babies are stressed (Fisher, 2018; Phillips & Pitts, 2011). The link between maternal mental illness and an increased chance of attachment difficulties has been well documented (Gerhardt, 2004; Hannah, 2005; Hornstein, Trautmann-Villalba, Hohm, Rave, Wortmann-Fleischer &

Schwarz, 2006; Milgrom, Martin & Negri, 1999; Parsons, 2009). If a mother or major caregiver, experiences distress it is likely to impinge upon, and interfere with, her ability to bond with her baby and negatively impacts upon the relationship with their partner (Phillips & Pitt, 2011).

The importance of relational trust and safe, ongoing support

Results emphasised the importance and impact of trusting, supportive relationships developed over time between Navigators and the whānau. This idea of safe, ongoing support is backed up by Scott (2010) who found that 'good helping relationships are more 'ways of being' than they are about strategies or techniques' (p. 24). So, while talk in mental health services may be about evidence-based practice what the researchers found was that 'safe', caring and accepting professionals are what makes a difference in health-based initiatives, not the modality or evidence they used (Phillips & Pitt, 2011).

The ongoing support and opportunity to return to the residence was mentioned by the participants interviewed as extremely valuable. The warm supportive manner of the staff, the time they took to listen, and their focus on working for the whānau was noted by the mother interviewed, as the reason for her success. While the approach of the staff within the residence may have been variable, the focus on building safe and trusting relationships to bring about change appeared to be a consistent theme across all those interviewed.

It appears from the documentation, that some whānau who came into the residence needed time and a supportive trusting relationship to realise what their future plans might be. Rather than entering the residence knowing what they want, the week-long process enabled whānau to talk about their aspirations and recognise what change they wanted in their lives. It was apparent from the participants interviewed and the review of documents that by the time whānau left the residence they had a plan in place, they had verbalised their aspirations and for several whānau, had connected with other services in order to realise their aims.

The challenge of sustaining innovation and learning

Results emphasised the tensions and pressures in trying to establish an innovative pilot programme that required a significant amount of establishment policies and procedures, and at the same time sought to create new, whānau-led approaches to bring about change. The pilot was committed to developing an evidence-based approach, but there were limitations in funding which prevented the 1000 Days Trust from establishing a developmental evaluation. Development evaluation is particularly suited to addressing complex, social issues that can be challenging (Patton, 2010). The essential features include co-design of the problem to be addressed, the initial scanning or reconnaissance phase and learning through doing; by implementing the activities the users believe will help solve the problem or issue. Change ideas are tested and refined based on evidence emerging from different data-sets. It involves bringing the voices of users into the design, as well as other stakeholders in ways that enable them to work together and solve problems through iterative cycles of learning (Patton, 2010). The objective is not to offer proof of concept through a pilot, but rather learn how to improve a complex situation through disciplined, collaborative inquiry.

The levels of engagement experienced by the trust within the pilot, and the numbers of whānau referred but who did not access the service indicates there is a significant demand for intensive wrap around support for whānau. The reports of maternal mental health needs and the reported intergenerational trauma have the potential to impact signifiantly on the lives of these whānau. These two data points indicate the current level of support available is not bringing about change or meeting the needs of these whānau in this community.

Summary

The 1000 Days Trust had a clear vision and ambitious aims, however, its potential as a whānau-led programme has yet to be fully realised.

Results from this summative evaluation has emphasised the urgent need to learn from this pilot programme. There are valuable lessons learned through the development, implementation and evaluation of this programme which could enable the next iteration to be truly whānau-led and sustained over the first 1000 days of a baby's life.

There is clearly much to do if we are to truly bring about transformational change to ensure all our children receive the very best start in life.

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Evaluation of the Murihiku 1000 Days Trust pilot programme

Anne Hynds, Catherine Savage and Letitia Goldsmith

pēpi/baby at the center of whānau/family-led support

Positive Impacts

- Focus on resilience not reliance.
- Enhanced relationships, attachments and bonding with pēpi/baby.
- Improved whānau relationships.
- Learning new skills to communicate as a whānau.

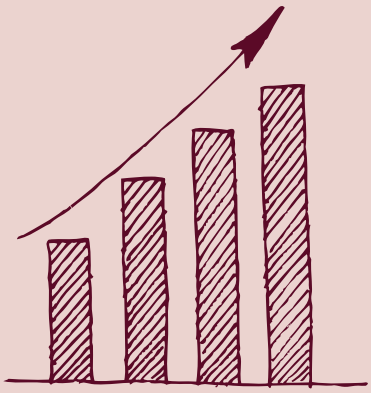
1000 Days of whānau

56	25	31
whānau referred	engaged	whānau did not engage

Over half reported experiencing challenges with mental health.

A quarter reported intergenerational trauma.

PROGRESS



Enablers of Improvement

- Relationships of trust.
- Supportive residential stay.
- Continued support over time.
- Acknowledgment of trauma.
- Extended whānau support.

Challenges

- Congruence and alignment between whānau-led espoused theory and practice.
- Staffing and continued funding support of pilot.
- Collecting and analysing evidence of impact.

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Appendix 1.

Copy of participant information form

PARTICIPANT INFORMATION FORM

1000 Days Trust

Tēnā koe,
The 1000 Days Trust was a pilot scheme to assist vulnerable children and whānau members through a whānau-based residential approach. Ihi Research has been contracted by the organisation to evaluate the impacts and outcomes of this approach.

As part of the 1000 Days Trust initiative, you have been identified as someone who could help us understand the impact of the initiative through telling your story.

We would really like to kōrero with you. The kōrero will take approximately 30 minutes and will be conducted at a place of your choosing. To ensure we represent your views faithfully the kōrero will be recorded using a digital recording device. All interviews will be transcribed.

You are under no obligation to accept this invitation to participate in this research. If you do choose to participate, you have the right to:

- Decline to answer any particular question/s;
- Withdraw at any time and withdraw the information you have contributed at any time up until the report is written;
- Ask any questions about the study at any time during the participation;
- Provide any information on the understanding that your name will not be used.

All information provided is confidential, the recordings will be listened to only by the evaluation team, any written transcriptions will be securely locked in a filing cabinet or a password protected file for the period of one year after the completion of the research and then destroyed. The information you provide will be analysed and included in the final report. If requested, we will send you a final copy of the report.

We appreciate your time and consideration in participating in this important work. Your participation will help improve our understanding about the impact and sustainability of initiatives like the 1000 Days programme. If you have any questions or concerns, please do not hesitate to contact us.

Nāku noa, nā

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Wendy Dallas-Katoa
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wendy@ihi.co.nz

Appendix 2.

Copy of participant consent form

PARTICIPANT CONSENT FORM

Full name – Printed: _____

I have read the information sheet and had the research explained to me.

I am aware that participation in this research is voluntary and I understand the information will be kept confidential. Any questions that I have asked have been answered and I understand I may ask further questions at any time. All information will be stored in a password protected file for a period of one year and will then be destroyed.

When the report is completed and has been accepted by the 1000 Days Trust, a summary of the findings will be sent to me if I would like.

Please tick the boxes if you agree;

- I agree to participate in this study under the conditions set out in the information sheet.
- I give consent for my interview to be audiotaped.
- I give consent for my comments to be included in the research.
- My identity will not be revealed in any part of the research.

Please sign and date this consent form.

Signature: _____

Date: _____

Please provide an address/e-mail for a copy of the report to be sent to you:

Appendix 3.

Copy of interview questions

Interview questions for staff and trustees

Can you tell me about your role and how it fits with the philosophy of the 1000 Days Trust programme?

What types of activities and practices were you involved with and how did these align to the philosophy of the 1000 Days Trust programme?

Characteristics of whānau / baby

Can you tell me a bit about the lives of the baby and whānau who became involved in the 1000 Days Trust and the whare?

Typically, how were these whānau introduced to the 1000 Days programme and the whare? If they were declined – what were the typical reasons?

Impact

What has been the impact of the 1000 Days Trust? For baby, for whānau, for community?

What were the biggest enablers of change?

What were the biggest inhibitors of change?

Future

If you could wave your magic wand, what would you have changed about the 1000 Days Trust programme and why?

Is there anything else you would like to say about the 1000 Days Trust and your experience in the programme?

Interview Questions – Whānau

Before

Can you tell me a bit about how you became involved in the 1000 Days Trust programme?

What were your hopes and dreams for yourself – and your baby, children and your whānau?

What did you (and your whānau) do to prepare for the stay at the whare? How were you feeling at the time?

During your stay at the whare

What happened during your stay at the whare?

What types of activities and practices were you involved in? What did you think about these? What was helpful and why? What wasn't helpful and why?

After your stay at the whare

How did you feel after your stay at the whare? What happened when you went home?

Has anything changed?

Where are you now? Over time has anything changed in your relationship, with your baby, your partner or your whānau? Why? Why not?

Other

Is there anything else you would like to say about the 1000 Days Trust and your experience in the programme?

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