



# Te Pā Harakeke

Nurturing Care in the First 1000 Days  
Framework

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JULY 2022



## KUPU WHAKATAKI | INTRODUCTION

Te Pā Harakeke signifies the deep and profound intergenerational bond between a pēpi, their whānau, and their tīpuna (elders and ancestors). Adopting the imagery of harakeke, recognised within Māori society as a symbol of whānau and protection<sup>1</sup>, the pēpi emerges as the rito, the young centre shoot of the plant. The rito is surrounded and protected by the awahi rito (leaves embracing the rito), symbolising the essential role of the connection between pēpi, whānau and tīpuna. The root system of a harakeke plant is so entwined with those around it that they cannot be separated. This provides a metaphor referencing the strength and stability drawn from being connected to a larger collective, a community, and highlights the intrinsic intergenerational and inter-relational connection a pēpi has with their whānau, their ancestors and the environment – a symbol that new life is made possible by the old.<sup>2</sup>

Within the context of Te Pā Harakeke, “whānau” refers not only to those who have whakapapa or familial (blood) connection to the pēpi but also the people who the pēpi has been raised by, cared and nurtured by, and socialised with. This model recognises the relational aspects of the physical, emotional, social, and spiritual dimensions to infant wellbeing.

The expression ‘Te Aitanga a Tiki’ used within oratory and narratives is a term to describe humans as the descendants of Tiki, taking the form of a pēpi symbolising an intergenerational connection and bond- from pēpi to whānau to tīpuna. The use of the tiki as a tohu (design) for this framework acknowledges the importance of whakapapa- both through genealogy and connection- across generations. In acknowledgement that pēpi are central to the continuation of whakapapa, the leaves of harakeke surrounding the rito are visible as a central element on the uma (chest) and puku (stomach) of the tiki symbolising the importance of nurturing and caring relationships to enable pēpi to thrive.

The first 1000 days, from conception until the second birthday, represents a period of incredible brain development for a pēpi. Pēpi experience the world through the relationship they have within their whānau, and these early experiences set them up for how they interpret the world as they grow older. It is imperative, therefore, that both pēpi and whānau are supported during this crucial period so that pēpi, and our communities, can truly thrive.

Kaupapa Māori informed practices understood through mātauranga Māori (Māori ways of knowing, being and doing) recognise pēpi and tamariki as taonga. Adopting this world view to inform and underpin service design and delivery for infant mental health ensures whānau and community are partners in the design, development and delivery of services. The South Island Alliance coalition has deliberately used this approach in recognition that this is the best way to serve all whānau, of all ethnicities, cultures and backgrounds, throughout Te Waipounamu.

While the South Island Alliance coalition acknowledges there is a major lack of infrastructure to promote, strengthen and repair the relationship between pēpi and their whānau, this document outlines fundamental principles and implementation recommendations that can be integrated into health services, systems and delivery throughout Te Waipounamu South Island, in order to better support all pēpi.

In recognition that the care, nurture and protection of pēpi is central, it is important to note that the principles outlined in this model have an inter-relational connection. The purpose of this model is to support those working with pēpi and whānau to ensure that their service design, development and delivery considers all of these principles. Therefore, we encourage tailored approaches to adopting these principles- in no specific order- to ensure better outcomes for pēpi and their whānau.

1 Pihama, L., Jenkins, K., Middleton, A., & IRI, I. E. (2003). TE RITO ACTION AREA 13 LITERATURE REVIEW. Family violence Prevention for Māori research report. The Ministry of Health and Te Rito Māori Advisory Committee, Wellington.

2 Metge, J. (2014). New growth from old: The whānau in the modern world. Victoria University Press.

# NGĀ MĀTĀPONO

## FUNDAMENTAL PRINCIPLES

### PERSPECTIVE OF PĒPI

#### My whole environment needs to be healthy and supportive

- Pēpi and whānau are strengthened by their whānau and the communities that support them.
- I need all aspects of my environment (physical, social, cultural and emotional) to support my growth and development.
- Policies and services need to be equitable, considering socioeconomic factors, and facilitate my whānau to access the support necessary and needed to positively impact my health and wellbeing.

#### Every pēpi needs love, care, and nurture to flourish

- The quality of my relationships within my whānau is the foundation of my neurodevelopment and wellbeing.
- I need to be safe and free from emotional and physical harm within my whānau.
- I need loving responsive relationships with consistent caregivers, who respond to my emotional needs in a warm and sensitive manner.
- I need my caregivers to be able to manage their own emotional needs, support each other, and to be able to understand and respond to my physical, emotional, developmental, and spiritual needs.

#### Early support is vital for pēpi and whānau

- The foundation of my neurodevelopment occurs during pregnancy and the next two years and therefore, my needs are urgent.
- I need recognition that my relationship with my whānau begins during hapūtanga (pregnancy), and I deserve access to interventions that strengthen that relationship before I am born.
- Breastfeeding is important to my emotional, relational, and physical health, and I need services to protect, promote and support my whānau at every level.
- My whānau need to have people around them who they can trust, to collaborate and provide all the tautoko they need during hapūtanga and continuing into the next two years and beyond.

#### Training and access to expertise

- I need everyone to understand that all pēpi and tamariki are individuals with different needs, who require tailored approaches to addressing these needs.
- I require the people that work with me and my whānau to understand my whakapapa and my tikanga, because that is fundamental to who I am - regardless of my ethnicity and culture.
- I expect that people will have a core understanding that my physical, emotional, spiritual, and developmental needs are directly related to the strength of nurturing relationships that exist within my whānau.
- I need people who can recognise when my relationship within my whānau is at risk or in difficulty and can provide timely support and intervention within a therapeutic and relational framework.
- I deserve access to specialised levels of expertise when needed and expect that these services will be configured to work in partnership and collaboration with both my whānau and community.

#### Support and services need to be whānau centered

- I need all services to understand the importance of my nurturing relationships and to recognise when these relationships are at risk.
- My needs sit across health, education and social services. I expect that the services supporting my whānau will constantly embrace the philosophy of shared trust and collaboration without letting funding and other barriers disrupt partnerships that support me.
- I need services to prioritise the holistic needs of my whānau and ensure they consider all aspects of Te Whare Tapawhā, when I am not yet born or very young: te taha tinana, physical needs; te taha whānau, social and relationship needs; te taha hinengaro, mental health needs, and te taha wairua; spiritual needs.
- I expect that health, education and social services will have good knowledge, understanding and respect for the cultural needs of my whānau and their whakapapa; and will co-construct tailored solutions with my whānau to ensure they will work for us.
- I need support and services embedded within the community that are accessible, affordable and whānau-centred - that can link to specialised levels of support easily and quickly when they are needed.
- In order to reduce the impact of previous, current, and intergenerational trauma on my future potential, it must be acknowledged that some whānau need more support than others.

## NGĀ TAUNAKI | RECOMMENDATIONS FOR IMPLEMENTATION

Trust must be built collaboratively with whānau and providers, acknowledging the essential role of whānau in the context of their community. Existing health care models rely on referrals between professional groups, prioritise and determine individual needs rather than those of the whānau, and limit access to specialist services that are not delivered within the community. These recommendations for services have been designed to better support and centre on the needs of pēpi and their whānau, increasing integrated care delivery ensuring barriers are removed and whānau receive the care they need.

### Every pēpi needs love, care, and nurture to flourish

- Pēpi and their whānau will receive tailored approaches and resources in recognition that different people have different levels of advantage and require different methods to ensure equitable outcomes.
- Those providing support and services to pēpi and their whānau will ensure that the safety of pēpi and tamariki is paramount. In addition, they will be committed to working collaboratively to respond to both the immediate and ongoing relational needs of pēpi and their whānau in a strengths-based, mana-enhancing way.
- Services working with pēpi and whānau will recognise the importance of supporting a tūpuna parenting approach and acknowledge that this approach can support whānau with navigating any adverse effects on the emotional and developmental wellbeing of pēpi and their whānau.

### Early support is vital for pēpi and whānau

- Services and supports working with pēpi and whānau must recognise the importance and immediacy of any potential risk to maternal and infant mental health and be adequately resourced to respond to these risks.
- Whakawhanaungatanga (establishing and building relationships) needs to be foundational to the way services interact with whānau - both in maintaining existing relationships between whānau and healthcare providers and facilitating new ones.
- Mental health and addiction support and services must be easily accessible, responsive, and available to whānau during hapūtanga (pregnancy) and the post-partum period.
- Services need to be accessible, affordable and available in the communities where whānau live and work.
- Pēpi who are born prematurely or have increased vulnerability require whānau-integrated care and mental well-being support, embedded within service design and delivery.
- Those working with whānau will provide support, care and education that enables whānau to strengthen their relationship with their pēpi during hapūtanga (pregnancy).

### Support and services need to be whānau centered

- Whānau will be engaged in the co-creation of effective solutions and outcomes that meet their individual needs as whānau.
- Service delivery and programmes of care need to be designed and informed by the tikanga, whakapapa, and mātauranga of iwi, hapū and whānau to ensure equity of both access and outcome for all.
- Services need to be friendly and approachable to tamariki and whānau.
- Mental health and addictions services, systems and supports must place the relationship needs of pēpi and their whānau at the centre of their approaches.
- Whānau with specialised needs require health, social and education services that work responsively and collaboratively together to provide long term engagement and sharing of expertise.
- Whānau and pēpi will be offered a range of options that meet their fundamental requirements, including home-visiting services, and interventions known to improve pēpi-whānau relationships.

## Training and Access to Expertise

- Whānau and pēpi who require specialised Infant Mental Health (IMH) expertise can equitably access this across Te Waipounamu.
- Programmes of support focus on sensitive, responsive whānau-pēpi interactions, utilising non-directive intervention techniques which are fully informed by the tikanga and mātauranga of whānau engaged in the programmes.
- All providers have equitable access to training and service development opportunities.
- The workforce will be adequately supported through reflective practice to provide culturally safe and responsive care to pēpi and their whānau.

## My whole environment needs to be healthy and supportive

Community services and supports need strong active investment in strategies and programmes that ensure whānau have equitable access to the following:

- safe warm housing
- food security
- clean healthy water
- healthy air quality
- homes and environments free of alcohol, drug, tobacco and substance harm and addictions
- healthy, happy homes and environments free from violence, abuse and marginalisation
- the living wage and/ or access income security
- increased rates of breastfeeding
- mental wellness initiatives



# Ā MĀTOU TUKANGA | OUR PROCESS

## The Working Group

Te Pā Harakeke | Nurturing Care in the First 1000 Days is a working group of the South Island Child Health Alliance, made up of members from the five South Island DHBs (District Health Boards), NGOs, and community organisations. Members represent roles from midwifery, public health, psychiatry, psychology, general practice, consumers, Family Start, Plunket, Māori Health providers and paediatrics. The group was given a mandate from the South Island Alliance Leadership Team to develop a framework for nurturing care in the first 1000 days – Te Pā Harakeke.

## Sector Survey

The first step was to undertake an informal survey of people on the ground currently working with whānau, vulnerable families and infants in distress. This was to find out their key concerns, level of training and assessment processes when working with infant: parent relationships under strain.

The survey was completed in February 2020 and the results used to inform the Working Group as they developed the framework. A total of 67 responses were received, with a mixture of roles, locations and organisations represented. All DHBs in Te Waipounamu participated, along with general practitioners and people from several NGOs including Family Start, Plunket and Breastfeeding Aotearoa.

## Framework Development & Feedback Process

The results of the survey were used to draft Te Pā Harakeke | Nurturing Care in the First 1000 Days Framework. This was distributed across Te Waipounamu and was also sent nationwide to key stakeholders. We received a total of 53 formal responses, several of which were from organisations or multi-agency groups. Ninety-three percent of the feedback was positive.

Several themes were evident in the feedback, including the importance of including the voice of fathers and partners, the need to use gender neutral language, and to acknowledge that pēpi need to be safe to be nurtured. The importance of ensuring the Framework was inclusive of all whānau, whilst meeting Te Tiriti obligations was also evident in the feedback. Implementation recommendations were wide ranging with a key focus on integration across the sector and encouraging specialist services to collaborate with trusted community providers. This approach was seen by many as the key to reaching our most under-served whānau and community groups.

Feedback was received from across Te Waipounamu, with 10 responses received from organisations based in Te Ika a Māui North Island. The working group reviewed all feedback received, carefully considering all recommendations for changes to the framework and suggestions for implementation.

## Ngā Mihi | Acknowledgments

Nāia te reo o Te Pā Harakeke e whakamiha atu ana ki a koutou ngā kaihāpai o te kaupapa nei. Kai a koutou ngā tini reo, huri noa i te motu kua tuku whakaaro mai ki tēnei o ā tātou mātāpono, e kore e mutu te puna mihi.

Te Pā Harakeke working group members wish to acknowledge the many individuals, communities, organisations and professionals from across Aotearoa who contributed their time, energy and expertise to the development of this framework.

## WHAT DID THE SURVEY TELL US?

There is a myriad of services available, however, there is little consistency across the Te Waipounamu South Island, with provincial and rural areas having limited specific infant-parent relationship services available.

The emotional and physical accessibility of services was highlighted, as was the need for kaupapa Māori services.

Providers recommended that service development should occur in community settings (ideally in the home), using existing providers wherever possible.

Community providers need to be supported by training, supervision and mentoring from accredited IMH professionals.

## Te Pā Harakeke | Nurturing Care in the First 1000 Days Group Membership

Adell Cox	Director of Allied Health Mental Health, Addictions and ID Service, SDHB
Clare Doocey	Chief of Child Health, Chair of South Island Child Health Alliance, CDHB
Debbie Wilson	Infant and Child Psychiatrist, Children Under Five and Children in Care Teams, CDHB
Donna Hayday	Oral Health Educator, NMDHB
Eli-Ana Maiava	Waitaha, Ngāti Māmoē, Poutini Ngāi Tahu - West Coast Māori Support Services Provider
Jackie Keen	SCDHB
Jacque Taleni	Clinical Leader, Whānau Āwhina Plunket
Jane Kinsey	General Manager, Mental Health and Addiction Services, NMDHB
Jeanine Tamati-Elliffe	(Co-Chair) Kāi Tahu, Kāti Māmoē, Te Atiawa, Ngāti Mutunga, community member and Kaihautū   Director (Manawa Tītī Ltd)
Karma Gilray	Clinical Supervisor, Early Start Project Ltd
Lisa Kahu	Ngāpuhi, Ngāi Tahu, Ngāti Whakaue - Chair of South Island WCTO Steering Group, Te Tai O Marokura Health & Social Services - Kaikōura
Liz MacDonald	Perinatal Psychiatrist, Mothers and Babies Unit, CDHB
Norma Campbell	Executive Director of Maternity and Midwifery – WCDHB and CDHB
Peter McIlroy	(Co-Chair) Paediatrician NMDHB
Ruth Teasdale	Regional Programme Facilitator, South Island Public Health Partnership
Sophie Mace	General Practitioner, Motueka
Stephanie Read	(Facilitator) Regional Programme Facilitator Child Health Alliance, South Island Alliance

## He mihi ki te kaitoi | Acknowledgement of artist

Morgan Mathews-Hale (Ngāi Tahu, Ngāti Porou, Tainui) of Kaitiaki Studios is a māmā of 3, and a talented graduate of Toi Houkura in Tūranganui-ā-Kiwa Gisborne. She is an experienced artist providing ambitious Aotearoa and te ao Māori inspired artwork and designs across kaupapa stretching into the creative sectors - both nationally and internationally. Mentored by tohunga toi Māori and others within the creative industry, Morgan is unafraid to explore the connection between innovative contemporary and traditional expressions of design and cultural narrative. Mastering her skills in graphic design and technology - producing company branding, devices, both web and print layout and design Morgan is a confident creative with talent across a variety of mediums. Whether pencil sketching, painting, tattoo or graphic design, with a passion for spatial design and integrated public artworks Morgan continues to lend her flexibility of skill, knowledge and talent to bring the stories of iwi, communities and organisations to life.

True to its name, Kaitiaki Studios has been a pillar of healing, expression and personal growth for Morgan as she continues to explore her identity as one of Ōtautahi Christchurch's leading wahine Māori artists.