INTRODUCTION

WALSH Trust has provided community-based, led and responsive mental health and well-being services since 1988.

In 2015 WALSH Trust established a sub-acute, maternal respite service, complemented by mobile, home-based / community support. This was based in a new purpose-built facility. These new services work in close partnership with maternal service teams and clinicians based at Waitemata and Auckland DHBs.

WALSH Trust maternal mental health respite services are community-based, and provide support and assistance for mothers and their babies.

The concept behind the service approach is simple – keeping mum and baby together in a safe, home-like, nurturing and supportive environment.

The service offered is short term (typically less than 5 days), for up to 6 mums and their babies. The respite service is staffed 24/7. Community support is provided usually during day time hours. Day activities are also offered – led by mothers.

The services are staffed by a mix of trained support workers and registered health professionals. Critically each have a particular passion, affinity, and for some, lived experience, in maternal mental health and well-being.
2.1 Evidence of a significant contribution to the field of mental health on a local, state or national level.

The maternal suicide rate in New Zealand is 20 per 100,000 maternities; in fact suicide is the leading cause of maternal mortality in New Zealand. Between 2006 and 2015 the cause specific maternal mortality ratio was seven times higher than in UK\(^1\).

To initiate a response to such dreadful statistics, in January 2012 the Ministry of Health published "Healthy Beginnings: Developing Perinatal and Infant Mental Health Services in New Zealand"\(^2\).

Research outlined in Healthy Beginnings confirmed the high rate of maternal mental illness, and the detrimental effect mental illness, during the perinatal period had, on the mother-infant relationship. This can lead to delays in social and emotional child development and other significant behavioral problems, which can lead to further negative outcomes in adulthood.

"Healthy Beginnings" was to guide District Health Boards and other Perinatal Infant Mental Health (PIMH) service providers to optimally meet the needs of mothers and their infants with comprehensive and integrated perinatal and infant mental health services. Healthy Beginnings highlighted a stark lack of consistency and collaboration in the provision of PIMH services in New Zealand. It also highlighted the lack of availability of mother and baby mental health beds; too often, mothers were needing to be separated from their babies to receive mental health treatment.

Finally, "Healthy Beginnings" described a continuum of care and the service linkages required to more effectively address the mental health needs of mothers and their babies. A range of acute service options to meet the multi-dimensional needs of women and their infants were recommended; these were:

- Enhanced care in the community from the maternal mental health (MMH) team
- Residential respite services that could accommodate both the mother and her baby
- Options to support women in their homes
- Flexible packages of care to support women and their families with complex psychosocial needs
- Dedicated acute inpatient mental health beds for mothers and their babies

In January, 2013, the Auckland / Northland region DHBs completed a service stocktake to compare the current level of service provision with that required to provide the continuum of care outlined in “Healthy Beginnings”.

The outcome of the stocktake identified the additional services that were required to provide the proposed / expected new continuum of care. The services that needed enhancement or development were:

- The capacity of the existing maternal mental health teams in the Northern Region - particularly to enable improved response to acute situations.
- The establishment of an inpatient mother and baby unit which would reduce the need for mothers to be separated from their infants during an acute episode in the 12 months post-birth.

\(^1\) Perinatal and Maternal Mortality Review Committee, Seventh Annual Report to the Health Quality and Safety Commission, June 2017.

\(^2\) Healthy Beginnings: Developing Perinatal and Infant Mental Health Services in New Zealand, Ministry of Health, 2011
Community support options such as respite and home/community based packages of care to better support mothers and babies near or in their homes.

“*It is impossible to exaggerate the value of the Governance Group...*”

WALSH Trust was contracted in 2015 to deliver maternal respite and home based support hours. Referrals to these services are accepted from either Auckland or Waitemata DHB newly established Mother and Baby Unit. This required the establishment of a very tight, professional, effective partnership - both organisationally and at the level of day to day service delivery and management. A Governance Group comprising lead staff from all three organisations (including members of the funding / contract management team) was established. To guide the effectiveness and purpose of the Governance Group a three page terms of reference was mutually developed and agreed to; the brief was:

*To engage in regular consultation and discussion to support the service partnership with the mutual goal of delivering high quality services to mothers, their babies and their family/whānau. This will include areas of:*
  - building and design process,
  - staff recruitment and training,
  - development of service pathways,
  - monitoring quality,
  - continuously improving service delivery and
  - collaborative risk management.

It is impossible to exaggerate the value of the Governance Group when reflecting upon the services that now exist and have been successfully offered since mid 2015. This initiative broke new ground on many fronts: a new model / continuum of care; partnership between statutory, clinically led services and a non-government organisation; development of practice guidelines; recruitment, establishment and development of a new workforce that were required to undertake new roles in a new context; the oversight of the building of a home-like, purpose built facility for respite. While the intentional, agenda’d business of the Governance Group was completed efficiently and effectively, undoubtedly the most valuable outcome was the quality and effectiveness of the relationships that transpired and grew – particularly where differing points of view or concerns were shared. This ensured continued enthusiasm, and an easy flow of ideas; the confidence to be frank or wrong, knowing that offence would not be taken, that healthy discussion would ensue. We created an environment where the collective human resource, creativity, capacity, capability and potential were able to fully express themselves; to find and establish their collective voice.

An irony is, as you will see later on, while it was a challenge, requiring commitment and determination to develop this new approach, for mothers and their babies connecting with this new model was far easier and intuitive to adapt to and engage with - and by some measure.

“I got there (WALSH Trust maternal respite) in real crisis, and looking back I needed this help before. If I had been asked about my mental health, or known that this service was available, I would have taken it a lot sooner with both hands”.

*A mother who had used respite services at He Kākano Ora, July, 2016*
“He Kākano Ora is a world-class facility, realised through love and hard work. He Kākano Ora is a fitting name, as it plays a meaningful role in tangible health outcomes for infants, mothers and whānau. Importantly, many of He Kākano Ora success cannot be measured due to the fact that the support provided has prevented many adverse events. People are alive today, in part due to the care and support received from He Kākano Ora. Infants are more safe and secure, in part due to the care and support received from He Kākano Ora. People are moving in their preferred life direction, and journeying well because of He Kākano Ora.”

Clarke Millar, Clinical Team Leader, Auckland District Health Board

2.2 Evidence of innovation and/or recognised best practise

In 2014, WALSH Trust responded to a request for proposals to develop maternal mental health respite and community support services. WALSH Trust has been providing mental health support services alongside of Auckland communities since 1988. Services provided to date been focused upon the needs of adults from aged 17 upwards, and older persons. Types of services included:

**WALSH Trust values:**
- courtesy
- respect
- integrity
- kindness

All the services offered, our engagement with people, our practices and interventions take an approach of consistently communicating and promoting people’s worth and potential, so clearly, that they are inspired to see it in themselves.

As indicated above, this initiative is the outcome of a review of existing responses to the needs of mothers and infants, and consequent description of a recommended continuum of care – including key service linkages. Community based respite and packages of care were core and, at that time, non-existent components of the recommended continuum of care.

WALSH Trust had not previously provided services that respond to the mental health support needs of new mothers and their babies; however we were confident we already had key tools to support this development. These included a compelling organisational philosophy guiding our purpose; defining our reason for being. Organisational vision and values have always been foundation blocks upon which WALSH Trust has developed and responded to the mental health needs in our communities. Quite intuitively, these values in practice have led us to recognise the powerful impact of trauma upon many people’s mental health and well-being. This recognition has proven so pertinent to the importance of designing and providing effective maternal mental health services that meet the needs of mum and baby. This was clearly an initiative that was breaking new ground; both in terms of national development, and for a non-government provider of mental health support services. WALSH Trust had successfully responded to a tender to deliver these services. We had described our vision of what these services could look like; we had been provided with service specifications and requirements. However at that early point the reality was that all we hoped to achieve, resided only on pieces of paper.
Hope is clearly not a strategy.

We did appreciate that we would initially be leading a team into the unknown. This is commonly the challenge of any innovation. To ensure success we appreciated we would require courage, creativity, discipline, perseverance, and dedicated, effective leadership.

Leadership was clearly critical. We were fortunate to recruit a particularly gifted leader with significant experience in both nursing, management and leadership. It was her task to lead the process of translating our plans, aspirations, intentions, expectations expressed on paper, into a living service designed to meet the needs of new mums and their babies. By definition, we felt that the service needed to be more organic than mechanistic; adopting a structural approach that would be more relational than transactional in its processes and practices.

“Impact is clearly not a strategy...”

Innovation was intentionally very much at the heart of our process of discovery. Similarly the leadership role was very much about carving out the mental space within which the innovation process could be carried out. Virtually co-design in situ.

We knew we would be pushing boundaries; we needed to both demonstrate and model a willingness to re-imagine assumptions and givens. The most fundamental one being that such a service, for mums and their babies could only be offered on a hospital campus.

To make this happen, to develop confidence in a new team through their “journey into the unknown” our leadership had a strong focus upon working by example; asking questions rather than just making decisions; clearing a path to the unknown for the developing team, rather than just identifying the end goal. Key was providing people the time, to identify and negotiate any constraints or potential barriers, and ensure access to the right tools.

The concept behind the service approach is deceptively simple – keeping mum and baby together in a safe, nurturing and supportive environment. The respite service offers short term (typically less than 5 days) support, for up to 6 mums and their babies. The respite service is staffed 24/7; community / home-based support is available during day time hours. We determined that our approach would respond to mums and their babies as our guests; our task was the provision of warm, welcoming, skilled hospitality based on people’s needs.

A brand new, purpose-built facility was constructed (see photographs, Appendix 4). Essentially this was 2 x 3-bedroom homes made into one. Each of the 6 bedrooms have an ensuite; we also have a separate bathroom with a bath. As day visitors are encouraged to attend (groups and peer support) the property is designed to enable those mums staying there to have their own private living areas and kitchen. A small nursery, adjacent to the staff area enables mums to catch up on sleep while staff attend baby.

Cost of service, considerations of “value for money” are obviously a priority – and an anticipated outcome of innovation. Appendix 6 indicates how these funds are typically applied.
The service is staffed by a mix of maternal support workers and registered health professionals. Support workers, as a minimum, are expected to hold a relevant national certificate qualification; some staff have previous experience as midwives. Registered professionals (eg. nurses, OTs, social workers....) are intentionally not employed in their “profession”. Within the service structure and size (within an NGO) there is certainly a need (for example) for nursing skills, but not necessarily for a “Nurse”. We have found this approach broadens the role and removes any assumptions / limitations of working within traditional demarcations. All staff are expected to be familiar with and participate in Circle of Security training.

Critically, all staff have a passion, and affinity - and often their own personal experience, in maternal health and well-being.

In response to need (and with the support of mums who have used the services), day activity groups have also evolved as a popular and invaluable addition. Peer support has emerged organically; we have provided the environment and the facilities. To ensure consistency in this development we have now employed “a mum” to facilitate this provision of peer support, and to lead groups.

“Your team make easy clinical partners and, due to being skilled communicators, ease even difficult transitions between the MBU and your service. When situations are fraught, which is fairly common when timeframes for decision-making can be short and services are feeling stretched, you guys are professional, reliably helpful and kind.

The He Kākano team are also curious and enthusiastic, which means they are flexible and innovative.

“...Here is the truth: more than anything else, people are inspired by the pursuit of a cause. This pursuit should be based on a deep understanding of why one is doing what one is doing. The starting point is not a Mission Statement or any other document; it is Why. It is a question that every leader must be able to answer simply and passionately, and it is the first question one wants to hear when meeting another leader. That is why I have put Why first. Once you understand Why, all the other questions become clear…”

— Simon Sinek

Dr. Tanya Wright, Psychiatrist, Auckland District Health Board

2.3 Evidence of participation of mental health consumers in the planning, implementation and evaluation. There may be exceptions to the involvement of mental health consumers. If so, please address this when responding to this criterion.

In the last 6 years or so, WALSH Trust has challenged itself to ensure a strong values base and purpose upon which services are developed and provided. Basing development and provision solely on contract specifications and/or the application of technical skills by staff guided by job descriptions and discipline-based practice guidelines, didn’t feel sufficient. We applied the thinking articulated by Simon Sinek; the primacy of understanding “why?” we do what we do. At WALSH Trust, our response emerged as:

“Everything we do is based in the belief that all people have a right to a sense of self-worth, and the potential to live a rich and fulfilling life that holds personal meaning and purpose”.

To ensure integrity with the above, the participation in, and contribution to, development provision and evaluation of service delivery by people with their own experience of mental

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3 Start with Why: How Great Leaders Inspire Everyone to Take Action, Simon Sinek, 2011
illness has been essential; it is integral. How else can we hope to fulfil our goals to be responsive and indeed relevant to the needs of people who choose to use the services we offer? How else can we hope to support people to pursue their potential, their aspirations, personal meaning and purpose?

We believe it is also “good business”. As an employer, given the business we are in, we consider it an inherent role that we model good employment practices and ensure, so far as is possible, we are regarded as “a good employer” and a great place to work. We have ensured our HR practices promote and maintain an environment that is positive and nurturing of people we employ. We have refined our HR practices, entering - and winning - regional business awards. “[WALSH Trust]... have a world class training and development programme.” (Judges comment)

To support our endeavours to be a good employer, (and to ensure we promote healthy attitudes towards people who have/do experience mental ill-health) we have periodically surveyed (anonymously) staff experience of mental ill-health. From our most recent survey, the graph to the left, suggests that 66% have had their own experience of mental ill-health (27% indicated their experience as moderate to serious).

As a fundamental element of good business practice, people who use services have a key role in the development and provision of WALSH Trust services. People who use services are (paid) participants / leaders on:

- **WALSH Trust Board**: currently three Board members are people who have acknowledged their experience of mental ill-health – past and on-going. The Board holds governance responsibilities for WALSH Trust, ensuring the organisation meets legislative obligations, the purposes for which the organisation was established, and strategic objectives.

- **WALSH Trust Senior Leadership Team**: comprises 6 members. Currently three members are people who acknowledge their past experience of mental ill-health.

- **Quality Forum**: this forum, Chaired by the Quality and Organisational Development Manager, is responsible for evaluating and promoting service quality and the review / development of organisational policies and procedures. Appointed service user representatives are supported by training / orientation to the role, and receive payment for services at an hourly rate (currently $20 per hour).

- **Recruitment Panels**: a team of people who currently use services are available to ensure service-user participation in the selection of all WALSH Trust staff. Payment (at $20 per hour) is for preparation time (eg. reviewing applications and curriculum vitae) and actual time interviewing. Again, training / orientation to the role is provided to participants.

- **Peer Support / Specialists**: since 2005 we have grown the role of the Peer Support / Specialist; the team currently numbers six FTEs. This team have contracted service provision responsibilities; they also shape an organisational culture based upon

![Graph showing percentage of staff experience of mental ill-health](image)
service, courtesy, integrity and respect. This team, using additional contracted service users, lead our annual client satisfaction survey.

- **Accident and Incident Review (AIR)** forum meets monthly and reviews all key events (eg. accidents, incidents, infections, complaints and compliments) that have been logged in the previous month. Appointed service user representatives are supported by training / orientation to the role, and receive payment for services at an hourly rate (currently $20 per hour).

- **Strategic and Business Planning** - we look to engage staff and service users in the process of developing annual business plans, and our 3 year strategic plan. Discussion is encouraged in team meetings, house meetings for tenants, and in dedicated forums.

WALSH Trust regularly submits to service audits; these are primarily contractual requirements. All audit teams include a service user as a key, participating member of the audit team.

**“Staff were diligent and intentional in nurturing... an environment for natural peer supports to develop.”**

In responding to the request for proposals to develop and deliver community-based maternal mental health services we were able to engage the services of registered nurse to lead this project. She had (some years previously) worked at WALSH Trust as a peer support worker; she had her own personal experience of mental ill-health. A great deal of preparatory work was required after being advised that our proposal had been successful. The perspective provided by our consultant was rich in being informed by both her experience as a nurse and her experience using services.

When recruiting staff, we were again fortunate to recruit a registered health professional who is also using mental health services to support her continued recovery. Again, her contribution to the service has been skilled and unique – and valuable.

The creation of an environment – particularly within the respite services – where mums were able to engage with each other, support each other, to “compare notes”, we saw as needing to be an essential element of the service. Staff were diligent and intentional in nurturing such an environment for natural peer supports to develop.

As the service has matured over the last 24 months, a weekly craft group has emerged; baby massage has been another popular option. These groups have encouraged and welcomed mums and babies who had previously used services; they drop in to say “Hello!”, and connect with staff and new mums. The peer support that innately emerges from an environment that encourages it, is profound, especially powerful, and so appreciated by mums.

In October 2017 I was asked to facilitate the craft group at He Kākano Ora and it has been a very interesting experience. I have had wonderful training in peer support and I now get to give back to some mums in need. I love being with them and helping them learn something new. I feel really privileged to be chosen as I am no one special but have gained so much from what I thought was going to be a negative impact on my life (depression and anxiety) but it has actually turned out to be such a blessing.
Now my daughter is almost 3, she is loved and happy - and so smart! I can thank He Kākano Ora for being there in the dark times, in the early days. They gave me hope and they could see there was light at the end of the tunnel for me - even when I couldn’t.

Nicola Kellerman, Peer Support Worker, He Kākano Ora

2.4 Evidence of Partnerships and Linkages (collaboration for continuity between organisations).

WALSH Trust has long recognised the critical importance of partnerships and effective relationships to any aspiration of developing and delivering effective community-based mental health services. Marshalling / forming linkages with the full array of community resources, and harnessing its collective impact, is the only means by which our vision of “healthy lives shaping healthy communities” can become a transformed reality.

“Your team make easy clinical partners and, due to being skilled communicators, ease even difficult transitions between the MBU and your service.”

- Our staff, on a daily basis, partner clinicians and hospital-based staff in delivery and coordination of mental health services.
- On a daily basis we are engaging with employers / businesses, promoting how people we support can add value to their business / workplace.
- On a daily basis we work alongside of, and partner landlords, through leasing and renting their properties.
- We actively contribute to regional development initiatives through membership of the Waitemata Stakeholder Network; we currently co-chair Navigate (a Northern region collective of non-government providers of mental health and addiction services)
- WALSH Trust CEO is a Trustee of Platform Trust, a national umbrella group for NGO providers of mental health and addiction services.
- We lead and sponsor Waitakere Shared Vision, promoting a community and service user voice, through monthly forums sharing information, exploring and discussing mental health matters as they apply to the community.

With respect to the development and implementation of He Kākano Ora, relationships have been critical – particularly in the establishment of the service.

Again, we reiterate the point made earlier; it would be impossible to exaggerate the value of the Governance Group. The relationships and shared commitment formed here at a leadership level have spilled over and very much infected the development and effective day to day provision of services. Our Operational Guidelines are attached as Appendix 1.

Governance Group meetings remain a regular component; the Manager of He Kākano Ora has taken an intentional, active and leading role in engaging and modelling (to her staff / colleagues) engagement practices with DHB based clinical teams, and in the acute units. When the “pressure comes on”, these are the times when the strength of these
relationships, mutual trust and confidence, become essential (see feedback from our clinical partners above and on Page 6).

Connecting and forming new working relationships with other community agencies such as Plunket Society, Women’s Refuge, Police, and Oranga Tamariki (child protection services) have also been essential.

2.5 Verification and evaluation of the program’s effectiveness e.g. quality improvement activity, data collection and its use including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates.

We have been absolutely delighted, inspired and often moved by the difference He Kākano Ora has made to so many people’s lives. Capturing the richness and essence of human feedback and stories, alongside more formal measures, has been important.

Our current Strategic Plan (2017-2020) contains a deviously challenging goal for development: to shift from providing good services, to providing services that are exceptional. To hope to achieve, and more importantly to be able to demonstrate achievement against that goal, as an organisation we have prioritised the need to respond to the question “Where is the evidence; the proof of how well (or not) we are doing? A monthly KPI dashboard is produced and shared to monitor key metrics (Appendix 8).

We utilize a four quadrant model as a framework to determine and evaluate measures of organisational effectiveness against key outcome measures; We apply this four quadrant technology in shaping our response to a results based accountability (RBA) approach to outcome measurement. Key questions asked by an RBA framework are: 1) how much did we do?, 2) how well did we do it?, and 3) what difference did we make?

Key areas of outcome measure:

<table>
<thead>
<tr>
<th>People</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Delivery</td>
<td>Community</td>
</tr>
</tbody>
</table>

What / how we will measure:

- quantity
- quality
- effort
- effect

Internal, routine measures provide both informants of service provision against contract expectations to assist management, to guide / influence service provision, to ensure effectiveness and promote positive outcomes.

We have invested heavily in a purpose built software package; measures of people’s progress / development are entered. We need to know, and report routinely against metrics such as, how many hours are we delivering? Measures of effectiveness and utility of respite would include what is the average length of stay?

Mothers who use the service are invited to complete a Kessler 10 survey – both to assist the process of understanding their support needs, to assist their development of a support plan,
and as indicator of change. The Kessler 10 is again completed just prior to exit, alongside an exit interview process. A summary of results to date is illustrated in Appendix 2.

While routine evaluation and quality measures are regularly undertaken, we have also engaged external evaluation of the service. This evaluation utilised both qualitative (focus groups and survey) and quantitative indicators (structured interview and survey) to collect and collate feedback reflecting mothers perspectives and experiences of using the service. This revealed a rich seam of information and development opportunities.

| % of mothers surveyed who reported high levels of satisfaction with the care and support they received. | 92.1% |
| % mothers surveyed who reported that the services offered by He Kākano Ora were either very helpful or invaluable | 93.7% |
| % mothers surveyed who reported that they were treated with respect and courtesy at He Kākano Ora | 93.6% |
| % mothers surveyed who reported that the care and support received has supported their recovery* | 73.1% |

* while 26.9% felt that the care and support provided had only partially supported their recovery, 0% indicated that the care and support had made no difference at all.

The main theme of suggested improvements (that we are in the process of completing) was around the quality and content of written information (brochures) provided prior to their engaging with the service (eg. some mums were not aware what to bring, whether or not meals would be provided...)

In the last 20 years in particular, Auckland’s population has grown exponentially; immigration has added greater diversity to that population. We have been aware of this reality in developing this service and wanting to ensure we are as responsive as we can be. Ensuring the services we develop / offer are responsive to such diversity is an outcome requiring eternal vigilance. The graph included in Appendix 6 indicates the diversity of mothers who have used the service to date. To ensure the most appropriate mix of staff, as well as informing staff training needs, we have also given attention to diagnoses accompanying the mothers using He Kākano Ora. These also are summarised in Appendix 6.

While formal assessment tools and processes, external evaluations, exit interviews, have been incredibly affirming, informative and essential in how we refine and continue to develop the services we offer, staff have really enjoyed the often heart-warming, generous and always sincere feedback from mums in conversation. Some of these (from the external evaluation) are included in Appendix 2.

Comments from “thank you” cards are included in Appendix 7.

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4 “He Kākano Ora – seeds for life”, Quriosity Research, 2018. (this full report is available from rwarriner@walsh.org.nz)
**Conclusion**

He Kākano Ora provides mental health crisis respite and home / community based support for mothers and their babies. Respite is offered in a home-like, safe environment in suburban West Auckland. The service provides live-in, short term support (typically around 5 days) for up to six mothers and their babies, with the aim of supporting them (and their family/whānau) through an immediate crisis, engaging them with other community supports (including peer support), and supporting their recovery. Home based supports have been especially well utilised by mothers and their family / whānau.

The service is predicated on recognising the therapeutic power of community based support, normalised environments, connections and engagement with others – particularly during periods of extreme stress or unwellness, compounded by isolation (both physical and emotional).

The courage, passion and commitment of a team of people – from a non-government organisation, to District Health Boards (DHBs), other statutory agencies, to the mothers and their babies who entrusted themselves to use these new services - determined to work in partnership to bring about positive change, cannot be under-estimated in reflecting upon any success this initiative has experienced.

Partnerships such as those that have now been established at He Kākano Ora are transformative. They represent the future in terms of developing collaborative responses that enable us to more confidently aspire to meeting the mental health and well-being needs of our increasingly diverse communities.

**Referees**

Removed for privacy
Appendix 1: - Operational Guidelines guiding access to maternal respite and community support hours – developed between WALSH Trust and District Health Board
Appendix 2: Outcomes for People Using He Kākano Ora

Kessler 10 Assessment of Psychological Distress At Entry To, and Exit From Maternal Service

high score (1 to 5) suggests greater levels of distress

<table>
<thead>
<tr>
<th>Exit Score</th>
<th>Entry Score</th>
</tr>
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<tbody>
<tr>
<td>how often did you feel worthless</td>
<td>2.30</td>
</tr>
<tr>
<td>how often did you feel so sad that nothing could cheer you up</td>
<td>1.70</td>
</tr>
<tr>
<td>how often did you feel that everything was an effort</td>
<td>2.50</td>
</tr>
<tr>
<td>how often did you feel depressed</td>
<td>2.50</td>
</tr>
<tr>
<td>how often did you feel so restless you could not sit still</td>
<td>1.60</td>
</tr>
<tr>
<td>how often did you feel restless or fidgety</td>
<td>2.10</td>
</tr>
<tr>
<td>how often did you feel hopeless</td>
<td>2.20</td>
</tr>
<tr>
<td>how often did you feel so nervous that nothing could calm you down</td>
<td>1.70</td>
</tr>
<tr>
<td>how often did you feel nervous</td>
<td>2.50</td>
</tr>
<tr>
<td>how often did you feel tired for no good reason?</td>
<td>2.70</td>
</tr>
</tbody>
</table>

Kessler 10 is ten-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period. At He Kākano Ora, it is completed by the mother.

“I am so grateful as all the team at respite were amazing. I am the mum today because of them.”

“Two staff members sat with me at different times and shared their wisdom with me. One of them told me that half the battle is being positive. That helped me. She normalised and empowered me with her kind words. Staff spent time with me when I was in the communal areas. I appreciated that. I felt respected and supported and heard. It’s an amazing service.”

“Without doubt this is a life-saving service”

“Before coming here I was worried and thought that everyone would judge me. I thought I would be nervous and awkward and hide away in my room the whole time. While I haven’t had the chance to talk to everyone, I found that everyone was really nice and supportive.”

“I use the service to get sleep and have a shower so I can manage my internal conversations and think clearly.”

“By working with my MMH worker & my CMH support worker. Decisions were made together rather than just individually with each area of support”
Appendix 3: reflections from staff / team members

I am a registered psychotherapist and employed by Walsh Trust as a registered health professional to work in the community and although I’m not practising as a psychotherapist face to face in a consulting room I am visiting clients in their homes using all my psychotherapy relational and assessment skills during the visits.

I see the work I do with clients as an art and a science, weaving together the clinical and non-clinical responsibilities of my role in order to best serve the clients. The role requires flexibility and a willingness to undertake household and childcare activities including coaching / mentoring clients on mother craft skills.

He Kākano Ora, staff member

A mother... stayed with us for whole year, with different modes of support: crisis and planned respite, in home support. We’ve got to know a lot about this mother and about her horrific history of abuse, which I thought only exists in a horror movies. And even now writing about this mother I can’t stop tears falling from my eyes.

I still wonder how she manages to be so nice to people around her, to be a loving mother to her daughter and to go through her therapy at the same time, after everything she has experienced in the past!!!! She is a hero, which most people will never know about, but in my books she is!!! Yet again I’m grateful and honoured to be part of the support for this mother and will do it again in a heart beat 😊

Katya, He Kākano Ora, staff member

I have seen He Kākano Ora’s service shift to adapt to the unique needs of mothers and their babies and I have had the opportunity to watch our clients grow, not only physically, but in every other aspect of their lives.

Working with mums and their babies in the community has given me the privilege of seeing them bloom. As these women that have struggled against all odds have transformed into strong confident mothers that can take control of their own lives, as well as their families. During a community visit, one of these mums described my feelings far better than I ever could when she said, “Thank you for giving me back the confidence to take back the control of my own life and helping me see that I have the straight to be a great mum for my daughter.”

Laura, He Kākano Ora, staff member
Appendix 4: He Kākano Ora

One of the first members of the He Kākano Ora alumni!!
Appendix 5: Kessler 10

<table>
<thead>
<tr>
<th>Service Area:</th>
<th>Title: How Have I Been Feeling...?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date first drafted / approved:</td>
</tr>
<tr>
<td></td>
<td>Last approved by (name and signature):</td>
</tr>
<tr>
<td></td>
<td>Last approved / review date:</td>
</tr>
<tr>
<td></td>
<td>Next Review Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please indicate below how you have been feeling in the last 30 days / since you have received services or support from us (please delete one as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: .................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>...how often have you felt...</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tired out for no good reason?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Nervous?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. So nervous that nothing could calm you down?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Hopeless?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Restless or fidgety?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. So restless you could not sit still?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Depressed?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. That everything was an effort?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. So sad that nothing could cheer you up?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Worthless?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please tick the answer that is the best fit for you.
Appendix 6: Sample of outcome / output measures

Total service budget is $850,000 pa.

This is to provide services that include: 6 x respite beds and deliver 3,700 clinical and non-clinical home-based / community support hours per annum.
Appendix: 7  Feedback from some people who have used He Kākano Ora

Dear ladies at He Kākano Ora,
Thank you so much for your wisdom, caring, compassion, support, non-judgmental attitude and warmth.
Laine and I are in a much better place now thanks to your help.
I was unwilling to leave partly because I would miss you guys so much and am glad that we can continue to keep in touch through the group’s forum.
Lots of love from Kirsty and Laine

Thank you for all the generous gifts and being a listening ear for helping me get things done.
With lots of love
Kara Whānau

Thank you to the lovely staff at He Kākano Ora;
Merry Christmas & happy holidays to you.
Thank you so much for your incredible care of Merry Christmas
Emma & I. We are so grateful.

Veronica

To the wonderful staff at H.K.O.
Thank you ❤️
Thank you for taking such good care of me and my mummy. You made me feel so loved and helped mummy get better. We both appreciate you.
Lots of love, Bodie xx
Appendix: 8: Organisational KPI Monthly Dashboard (including reports against He Kākano Ora)