He Kākano Ora

*seeds for life*

Perinatal Mental Health Respite and community-based support services

Introduction

WALSH Trust has been providing community-based mental health support, residential and well-being services since 1988. Among one of our services is He Kākano ora, the maternal mental health service of Walsh Trust. He Kākano Ora provides residential respite and home-based support to mothers, who are in their second trimester of pregnancy through until the baby turns a year old.

Since the opening of He Kākano ora, in 2015, we have been supporting new mothers struggling with mental health, their baby/pēpē and their family/whanau to improve their mental health, gain connections in the community, as well as promoting healthy parenting strategies and mother craft education that will have a life lasting effect on themselves, their children and their communities. Our Aim is to increase accessibility and to be able to support more mothers and Babies within the Auckland region.
He Kākano Ora (HKO) offers attachment-based respite (6 beds) and outreach services, as well as group programs focused on supporting mothers grow their sense of self-efficacy. He Kākano Ora’s services are funded by Waitemata District Health Board, on behalf of the Ministry of Health. The current budget is $957,353 per annum. Our team comprises 10 permanent staff, with a mix of support workers and registered health professionals from different professional backgrounds.

Since our opening in July 2015, we have received 2,730 referrals, of which 1,913 women, their infants have been referred to our respite facility, and we have received 818 referrals to attend our groups and home-based support services. He Kākano is a multicultural service, providing support to mothers and their infants within the following demographics: 58% NZ European, 11% Maori, 10% Asian, 5% Pacific Peoples and 16% other ethnicities.

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

Pregnancy and the postnatal period are periods of constant transition and although for many parents this is a period of joy and celebration, it can also be period of the utmost vulnerability and self-doubt, associated with constant physical and psychological demands. This is even before considering the impacts on the family dynamics and the financial resources.
Evidence shows that the perinatal period is a period of high risk and vulnerability for the development of mental illness. In New Zealand suicide continues to be the leading cause of death for women during the perinatal period (Walker, 2022).

It is estimated that globally, 13% of women will develop postnatal depression (Dennis, 2005). In New Zealand, 12 to 18 percent of all new mother and 10 percent of all new fathers, will develop depression, anxiety, or other mental health problems during the perinatal period (Ministry of Health, 2021). We are aware that perinatal distress and mental illness during the perinatal period can have long term effects on the infants’ emotional and physical development (Field, 2010; Kornfield et al., 2021). Therefore, improving the support to mothers during the perinatal period could be transformational not only for the woman and her infant, but for the entire family and community.

In response to the current needs of our community we have shaped our service delivery to be absolutely client-centred service, tailored to each mother, their infant, and their families. The principle task of staff is to provide [specialist] hospitality to our guests – new mothers and their babies.

We have completed two research projects over the last 3 years, to review the woman’s perspective of their experiences after using our services. We were able to identify some of the reasons of why our approach has been so successful in supporting women’s recovery and their building a relationship with their infant. Some of these factors are facilitating networks of support for the women, providing a safe and therapeutic environment to support their recovery, provide practical support, while at the same time improving the mother’s parenting confidence.

Evidence of the above was reported in paper completed by Walker, for the Helen Clark Foundation:

“What (He Kākano Ora) do there is so incredible. It was a place I could go – with my baby – and just kind of be for a few days. The rooms are beautiful. They’ve all got ensuites. If you want your baby with you, your baby will be with you. If not, they’ll settle her, feed her, help her sleep. They make dinner for you. They have all these activities and classes to help you learn some skills and centre yourself and connect with your baby – things like baby massage. They were pretty good about supporting the traditions of my confinement...

When I was there, there was almost no-one else there, it was really quiet, and I got to stay for four days, which I think is actually longer than the usual stay. It was just a complete game-changer... It was the circuit-breaker. I wouldn’t say that coming out of it, everything was fine. There were still some pretty challenging situations. But when I think about my time there, I feel really positive, and I wish that kind of experience was available for other people.” (Walker, 2022).
Our respite services allow Mothers to come with their baby and receive therapeutic and practical support. They are supported by staff to meet their needs and self-identified goals. The service offered is short-term, four days on average, and a maximum of 10 days at a time. However, they are welcome to return for future stays.

With hands-on support we model a village approach, providing meals, support with baby care, laundry facilities, and a safe space to talk. Our goal is to provide a comfortable, safe, and therapeutic environment that promotes the wellness and recovery of Mothers struggling with mental health during a critical period of their baby’s development and their development as a mother. Since the start of our service, we have supported 573 mothers and their babies in our respite facility, and we have received 1,920 referrals during this period as most of our mothers stay with us a few times.

He Kākano Ora’s Community Support Service offers outreach therapeutic support in-homes. This responds to the needs of mothers who are unable to leave their home or who prefer support in their own environment. Community Support Services include (although are not limited to): practical support with the wider family, connecting mothers to the community, and promoting/working alongside the mother in completing practical steps to mental health recovery.

2. **Evidence of innovation and/or recognised best practice**

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. These services included:

- Non clinical and clinical community based support,
- Peer support
- Housing and recovery (residentially based) services (staffed 24/7)
- Older person’s respite
He Kākano Ora | Perinatal Mental Health Services

- Supported employment
- Vocational and personal development programmes
- Counseling
- Supported tenancies
- Perinatal mental health support services

All the services we offer, prioritise engagement with people – not just addressing an illness. 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.

The WALSH Trust organisational performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The strategic plan has responsibilities documented. There are policies and procedures that ensure consistency of appropriate support and care to people using our services. This commitment to care and support is complemented and supported by a robust quality and risk management programme.

He Kākano Ora takes pride in following the values and core principles established by WALSH Trust, while delivering a quite unique and responsive service for mothers and their babies. We are proud of the high standards we have established and sustain. This was reinforced by the HealthCERT Psychiatric Residential Disability Audit Report, completed in April 2021.

“He Kākano Ora service staff monitor the quality at the residential services using a comprehensive audit schedule completed at each home. They were able to describe creating and implementing corrective action plans to ensure that the issues are resolved. There is a monthly review of environmental safety, which identifies any issues related to health and safety, fire drills hazards, service issues etc. This forms part of the quality improvement information that is discussed at the staff meeting by the service managers. Corrective action plans are also discussed at all quality forums.”

After completing the audit Kim Sutton, one of the auditors commented as part of her feedback:

“You should be so proud of the work you do. We acknowledge and overall we are quite impressed with what we saw in WALSH Trust, and in particular at He Kākano Ora”

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 of members our team have previous experience as midwives.
Registered professionals (e.g. nurses, psychotherapist, and 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 capacity of the role and removes any assumptions / limitation of working within traditional demarcations. However, it is critical, that each staff has a particularly passion, affinity - and often their own personal experience - in maternal health and well-being.

All staff are expected to be familiar with and participate in “Circle of Security” training, sensory modulation techniques, mother craft skills and a broad knowledge of perinatal mental health. Crucially all our staff understand the importance of supporting mothers, babies and their families during the first 1000 days.

In response to feedback of the mothers using our services, day activity groups have also evolved from craft days, to more formal parent-craft and parenting groups. These have proven to be a popular and invaluable additions. Our team now runs regular “Circle of Security” 8-week workshops for parents to support the development of secure attachment with their babies.

In 2018, in collaboration with mothers who have used the service, we designed a further group called “Understanding My Baby”, which focuses on supporting mothers and fathers to develop their parenting confidence and understand baby development. This group has been running continuously since then and we are looking at expanding this to be delivered in the wider Auckland community.

In the words of one of our mums. “...as parents we are trying our best and it’s OK to only get it right 1/3 of the time because we are still learning about our baby”.

3. Evidence of participation of mental health consumers in the planning, implementation, and evaluation of mental health service delivery.

The 2021 HealthCERT Audit noted, “The service has completed a number of changes based on the collated resident feedback including moving to communal meals at He Kākano Ora as opposed to mums eating in their rooms”.

“if this group is available to anyone I would recommend it because it helps us new parents understand that a lot of what is happening is normal and there's nothing inherently wrong with the baby”

Mother attending “Understanding My Baby”
Through the evolution of our perinatal mental health services at He Kākano Ora, we have acknowledged the importance of the participation and direction of including mothers who have used the service in the design, on-going development and improvement of the services offered. In 2022 we have created of a team of “mothers”, specifically for perinatal mental health to be included in the interviewing of new staff as well as participating on meetings with the He Kākano Ora team; again, to ensure relevant and responsive services continue to be developed, offered and improved.

WALSH Trust is also constantly reviewing the quality practices, not only in the delivery of services, but also to ensure we remain being 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, as well as their experience of working at WALSH Trust as a “great place to work”. Based on the collation of responses to 10 questions, results from the most recent survey are below:

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 acknowledge 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: comprise 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 $27.47 per hour, $7.47 more than in 2018).
- 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 has contracted service provision responsibilities; they also shape an organisational culture based upon service, courtesy, integrity and respect. This team, using additional contracted service users led our annual client satisfaction survey.

- Health and Safety 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 $27.47 per hour).

4. Evidence of Partnerships and Linkages with all key stakeholders (collaboration for continuity between organisations)

He Kākano Ora’s services work in partnership with the clinical teams of Auckland and Waitemata District Health Providers, as well as being part the North Regional Alliance, being an active participant at our local perinatal Governance Meetings and working alongside other perinatal organisations in the country, such as Perinatal Anxiety and Depression Aotearoa (PADA) and Plunket. In doing so we support the design of the perinatal services across the region, as well as supporting with training, monitoring quality of care to improve service delivery and collaborate on the development of service pathways.

The relationships and shared commitment that day to day continues with our partners in the DHBs at a leadership level have spilled over and very much infected the development and effective day to day provision of services. We have intentionally nurture and strengthen our relationships with DHB / hospital-based clinicians with whom we share an annual forum. We also continue shared trainings between He Kākano Ora and DHBs teams.

A Governance Group meeting remain a regular component; the Manager of He Kākano Ora has taken a leading role in engaging and modeling (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, have been shown to be essential!
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.

Quality improvement remains an essential part of our service delivery. For example, each month we analyze all the exit surveys (collected anonymously) from all our mothers who have exited our services. After analyzing them, these surveys are discussed in our regular staff meeting where we reflect, discuss, commend or challenge ourselves in ensuring the services we provide remained tailored to our mothers, their babies and their families.

Below is some of the feedback about He Kākano Ora offered through the client exit surveys:

- “Really nice place to help re-set and have a break. Never knew something like this existed ever. Very accommodating and proactive staff. Loved being here. So much love and care. A home away from home. Thank you”
- “Maternal Respite NEEDS to continue past the first year! Mothers are not miraculously ok. And there is not much difference between a 12 month old and a 13 month old. Perhaps it could go until the baby is 14/15 months old. I am SO SCARED to do this alone. I need HKO’s support “Keep doing a great job. Thank you!”
- “Maybe a counseling session would have been nice, but my fault for not asking”
- “Staff were incredibly supportive towards myself and daughter and allowed me to focus on reducing my anxiety”
- “I was always treated respectfully. Even at my lowest when I felt everyone was judging me, I was treated as if I mattered”

We have also sponsored two research projects; one in 2019 and one in 2020.

For both these we analyzed perceptions of the mothers using our services, to better understand what we do that has proven to be most effective in supporting their recovery.

The themes identified (thematic analysis) during this research are illustrated below:
A second study was completed in collaboration with Massey University. The author notes:

“Findings show high user satisfaction with the services provided by the facility and highlight a number of themes significant to the respondents’ experiences. The overarching theme, elicited from the interview data, was mental health recovery. Therefore, when mothers talked about their experiences at the facility, they described it in terms of their needs for mental health recovery.” (Gus, 2020)

6. 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.
8. Appendix of Support material

Appendix 1: Reflections from our team

“I had the pleasure of working at HKO from Jan 2018 until Jan 2021, during my time working at HKO I was able to work both in the community and respite facility as well as conducting internal research within the service.

HKO provides unique services to new mothers during the perinatal and postnatal period which is stoutly needed with the ever increasing rate of perinatal distress and mental illness. Having the opportunity to work with women who are struggling with the transition to motherhood or struggling with their mental health, and watching them grow into mothers and mental wellness has been one of the greatest privileges of my career to date.

One of the aspects that makes HKO so unique is the warm home like environment and caring staff, where mothers in the respite facility are met with clean rooms, the supplies they need, fresh meals and emotional and practical support from staff. HKO brings back community to parenting in our individualistic society, where we often forget that it ‘takes a village to raise a child’. As someone new and young to the working profession, the warmth and support of the staff was not only something that staff displayed to mothers, but it is something that was shared amongst team members, creating a genuinely lovely work environment.”

Rhiannon Lehndorf Moore, Intern Psychologist
As a registered psychotherapist I get great pleasure from supporting mums in the community. So often mums are isolated and struggling alone with a newborn baby and being able to support them towards recognizing their strengths and growing capacity as a new mum gradually grows their confidence and secure attachment to their baby.

I also facilitate an attachment-based parenting program called circle of security and each time I facilitate the program parents discover how they can develop a secure attachment to their baby. By reflecting on the circle of security map and their babies’ needs all the way around the circle they begin to recognize needs that have been hidden in plain sight. Once recognized they can start the journey of meeting the needs of their baby.

He Kākano Ora is a service that makes sense to me as a psychotherapist because it supports the mother to be gentle on herself while also growing her capacity as a mother and over time develop a secure attachment with her baby that will makes a difference throughout the child’s life right into adulthood.

Michelle Cooney, Team HKO

“I think working at HKO is rewarding because supporting mums and babies at the beginning of their journey has the potential for positive results immediately as well as further down the road.

The simple things, like reassurance, social opportunities, sleep and a hot meal can make all the difference.”

Brenda Goulding, Team HKO
Appendix 2: Feedback from some of the people using our services

To the wonderful team @ HKO,

I just wanted to say a huge thank you for all your help and support this past year. I don’t really know where to begin, but please know without your help the year would have been a very different story. Your kindness & encouragement gave me hope and used the most important gift...sleep! Keep up with the amazing work you do. I will always remember you all with a smile. Thank you for being the light in the darkness.

Lots of love, Frankie

Laura,

I just want to thank you personally for helping me see hope in life. Not just for hours, talking, not talking, distracting me, reminding me of my strengths, little did you know how much coming to HKO and you all changed my perspective of life and the upgrade to health. You stood by my side when I felt no-one else was. Your care and support helped me tremendously. I am so thankful to have

unknown

not although safety procedures meant you had to report back to you always reassured me and made me comfortable, I see now you worked to help me get on the right road to recovery. You were there and came you gave River-Lee from basically day 1. I formed a bond with you like no other and adores you. I hope to see you again soon. We are (now) ready to take on the World :)

much Love xo
Destiny + River-Lee xo
Now, what a journey the past year has been. I want to thank every single one of you for the amount of love and care you’ve given not only Ruby, but me also. While taking the best care of Ruby and supporting me through my moments of fear, you played a massive part in helping me become the best mother possible.

I always felt safe and secure when I spent my time here which also made it easy to trust.

And although our time here is coming to an end, I will always know that there is so many people around willing to help and that it may be worth living.

I will miss you all so much but also, excited that so many new Mothers can get all this support. We wish to see you all again soon, and all the best for your futures.

Don’t forget us xx

Love

[Signature]
Appendix 3: He Kākano Ora
Appendix 4: Kessler 10 Outcomes

Measures that Matter:

**ACCESS AND RECOVERY**

How did people using maternal respite services rate their level of distress this month, using the Kessler 10?

(low score (rated from 1 to 5) = lower level of distress)

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<th>Question</th>
<th>Most Recent / Exit Score</th>
<th>ALL Scores</th>
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<tr>
<td>how often do you feel worthless?</td>
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<td>3.22</td>
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<tr>
<td>how often do you feel so sad that nothing could cheer you up?</td>
<td>2.64</td>
<td>2.74</td>
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<tr>
<td>how often do you feel that everything was an effort?</td>
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<td>3.3</td>
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<td>how often do you feel depressed?</td>
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<td>how often do you feel so restless that you couldn’t sit still?</td>
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<td>how often do you feel nervous that nothing could calm you...</td>
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14 mothers and their babies
5. References


