



**Te Pūtahitanga**

Māu te ara, kia ora ai te whānau.

*"Your pathways empower whānau to thrive"*

TE PŪTAHITANGA O TE WAIPOUNAMU

# CAPABILITY DEVELOPMENT MODEL





## WHY USE A CAPABILITY DEVELOPMENT MODEL?

Te Taumata, the iwi representative board of Te Pūtahitanga mandated a capability development model of commissioning. This type of model closely aligns with Māori values whilst also being an economically efficient model, capable of generating long term transformative change with a lower investment than traditional service delivery. Capability development is preventative rather than service delivery which is reactive.

## HOW DOES CAPABILITY DEVELOPMENT WORK?

Capability development works by increasing the ability of whānau to respond positively to the challenges and opportunities within their lives. It enables whānau to be self-reliant rather than depending on state intervention.




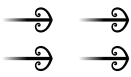
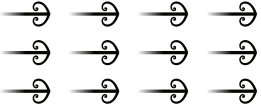


## WHY IS CAPABILITY DEVELOPMENT MORE EFFICIENT THAN TRADITIONAL SERVICE DELIVERY?

If the conditions of the status quo are allowed to continue, as the population ages and diversifies more service delivery will be required. Given that such significant numbers of the targeted population are dependent on state intervention, volumes will increase substantially. Capability development seeks to reduce the level of state intervention. Service delivery will always require state intervention.

## HOW DO CAPABILITY DEVELOPMENT MODELS MEASURE OUTCOMES?

Capability development models are more complex than traditional service delivery models. The standard approach to measuring outcomes is through lineal measures such as Results Based Accountability (RBA), which measure an immediate outcome. In a capability development model, outcomes are measured through a variety of methods including: outcomes mapping, three circles model and triangulation. Each approach uses multiple sources of data to measure “radial” outcomes. Radial outcomes are the multiple outcomes that are generated through building capability.

	SHORT TERM	MEDIUM TERM	LONG TERM
SERVICE DELIVERY			
CAPABILITY DEVELOPMENT			

In short, service delivery tends to produce few immediate outcomes and minimal long term outcomes, while capability development produces more outcomes over a longer period of time. (See Outcomes mapping diagram)

## HOW WILL CAPABILITY DEVELOPMENT WORK FOR TE PŪTAHITANGA?

The Te Pūtahitanga capability development model consists of five interconnected layers that create the model, the parameters and measures for the model. The five layers are: reach, pathways, collaboration, knowledge and transformation.



# TE PAE TAWHITI

## - REACH -

Te Pūtahitanga is unique in that it is owned by the nine iwi of Te Waipounamu, this equates to a reach that extends across the entire South Island. Staff, navigators and initiatives are whānau and community champions who are able to utilise their networks (social capital) to access communities and whānau that are otherwise difficult to engage. Using a social capital approach in conjunction with technology and data means we will be able to identify hotspots of need and opportunity. This will enable us to know which people, where they are and how to engage them.

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# NGĀ ARA WHAKAMUA

## - PATHWAYS -

By utilising social capital to reach whānau, Te Pūtahitanga is able to create pathways for capability development to occur. By understanding the transition from high needs to low needs pathways are able to be created that open up the flow of resources, support, knowledge and opportunities to flow and grow. The ecosystem design includes five specific workstreams: a commissioning pipeline (76 entities); whānau enhancement (32 navigators); capability development, te punanga haumarū (sites of safety) and research and evaluation.

## COMMISSIONING PIPELINE

WHĀNAU ENHANCEMENT

TE PUNANGA HAUMARU

CAPABILITY DEVELOPMENT

RESEARCH, EVALUATION AND INNOVATION

# WHAKAWHANAUNGATANGA - COLLABORATION -

Te Pūtahitanga is able to collaborate with a multitude of parties including whānau, rūnanga, iwi, maata waka, government and communities. These collaborations support and resource the pathways created through the commissioning model. As initiatives develop their capability, Te Pūtahitanga is able to network these initiatives with other initiatives and parties to create additional radial outcomes. (See Outcomes mapping diagram).

# MĀTAURANGA

## - KNOWLEDGE -

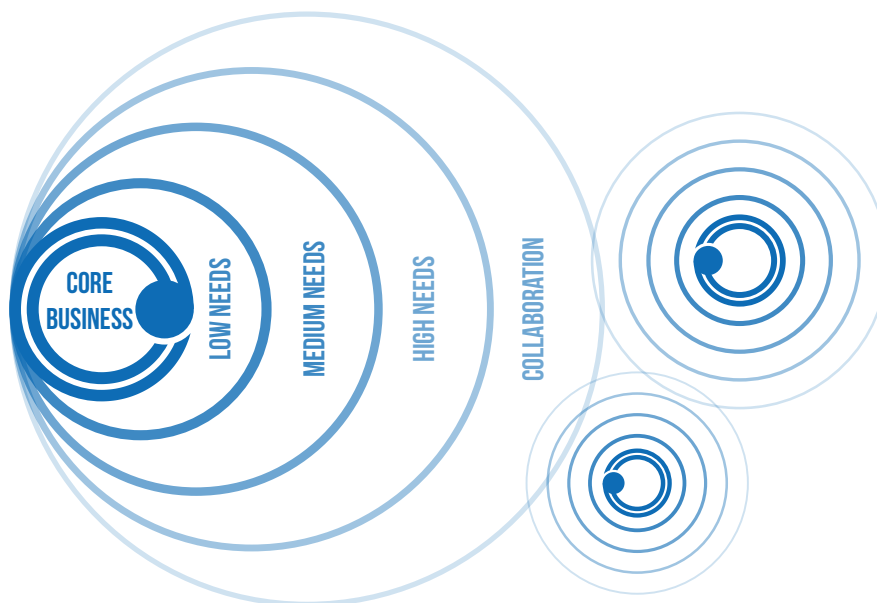
Commissioning is informed by data, whānau narrative and research. Outcomes are also measured through data, whānau narrative and research. For example, a rangatahi development research currently being undertaken will inform future rangatahi capability development.

# TE AO HOU

## - TRANSFORMATION -

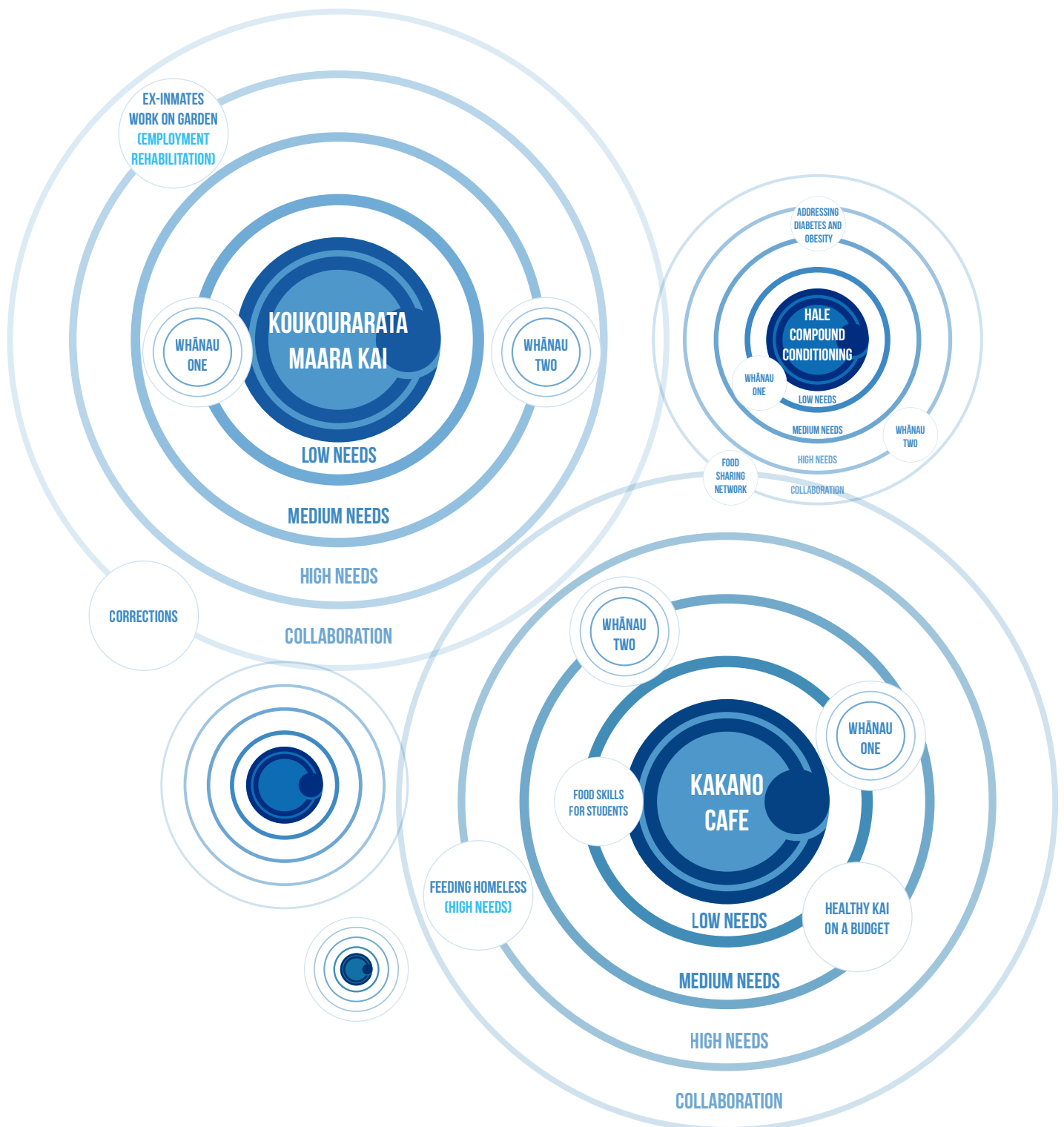
The outcomes of the commissioning model will be seen in a self-sustaining community that reaches across the south island connected through social capital. Whānau will be less dependent on state intervention, more innovative and entrepreneurial, more cohesive, nurturing and resilient.

### - OUTCOMES MAPPING DIAGRAM (RADIATING EFFECTS)-



# - OUTCOMES MAPPING DIAGRAM -

Part of the success of an initiative can be seen from the size, scope, reach and frequency of radiating outcomes from core business. (added value created)









# 1000 Days Trust July 2016 Information Paper

## Introduction

Te Pūtahitanga o Te Waipounamu, the Whānau Ora Commissioning Agency for the South Island, backs 1000 Days Trust as providing a platform of hope for our future. As the principal funder for the establishment and evaluation of 1000 Days, Te Pūtahitanga endorses this initiative. Every child deserves a happy and stable childhood. International research demonstrates that the first 1000 days of a child's life is critical to brain development and, in turn, behaviour and emotional stability through childhood, adolescence, and as adults. Key to successful brain development is the child's health, environment and strong nurturing bonds with their parents/caregivers.

Unfortunately, for some New Zealand children, they don't receive the best start in life. There may be many reasons behind this, including poverty, domestic abuse, health, alcohol or drug issues, a parent in prison, or the caregiver's own lack of experience of nurturing parenting. If good foundations are not in place during that critical window in time, then families and children will struggle. Strong links have been established between adverse childhood experiences and a broad array of behavioural and medical problems later in life.

## Turning research into an aspirational reality

Te Pūtahitanga o Te Waipounamu, the South Island Whānau Ora Commissioning Agency, has been proud to back the 1000 Days Trust. Whānau Ora is an inclusive approach towards supporting families to build their own capacity and capability. The focus of Whānau Ora is to invest in local solutions; to promote enduring resilience across generations; to foster a spirit of collective ownership in creating their own future. Such an approach contrasts to more traditional policy models which address individual need, focusing on the symptoms of deprivation more than what it will take to make the difference.

The challenge is how to take this strong body of 1000 Days research and apply it in practical ways. Since July 2015, the 1000 Days Trust, based in Murihiku/Southland, has been piloting a programme which aims to achieve that ideal of a stable nurturing environment for babies, children and their whānau.

An aspirational, early intervention initiative, the trust works with babies and their parents/caregivers to provide residential, community and whānau based support which is already changing negative trajectories for those children who have taken part.

Each programme is tailored to the individual, co-designed with whānau. The Trust has established a unique residential facility where, if appropriate, child, parent/caregiver, and whānau, can

take part in a five-day intensive intervention programme. In the last six months, 39 families have already engaged with the programme, with fourteen choosing to stay at the residential facility. We are currently receiving between three and five new referrals each week.

The residence is a warm, welcoming and safe space that becomes 'home' for baby and whānau throughout their stay. Our Navigator team works closely with families over a number of weeks before their stay, to establish a relationship, to identify their needs and to design their own plan. This may include self-care, sleeping, feeding/breastfeeding support, learning to understand baby's cues and establishing what works for baby and parent. Programmes are also being developed for fathers and extended whānau.

Where needed, support for each programme is provided by a Clinical Coordinator (Registered Nurse, Gateway Coordinator and Plunket Nurse), a Clinical Team Leader (Psychotherapist specialising in children) and a Consultant Paediatrician.

A follow on programme is also designed with whānau, linking in and collaborating with community providers to ensure whānau are well supported on their journey, connected with their community and that the capability and resilience of both whānau and community is raised.

## A replicable model

This is a programme which is accessible to all of our community, including rural areas. It is founded on the principals of Whakawhānau/Positive relational health and is a unique and evolving development, which has the potential to be replicated throughout New Zealand. We have already been approached by a group in the Far North who are interested in establishing a similar service in their region.

*“Something quite magical happens in this home, the transformation of this baby and her mother in such a short space of time is incredible. A connection has definitely been cemented between mum and baby and the latter is now content and only has eyes for mum while mum is very engaged with baby. This experience for mum and baby has been extremely positive.”*

Quote from our Clinical Team Leader

We have initial evidence that this model is changing the trajectory for the babies and parents we are working with, as well as enhancing the ability of our community providers to support our whānau more effectively. We are witnessing successes in many different forms with every whānau we walk alongside. Most importantly, we are building the capability and resilience of both whānau and community.

### Pilot successes

We believe there are compelling grounds to extend the pilot for a further 12 months.

This is a truly innovative multi-disciplinary project which is whānau-led. Our model promotes early healthy parent/infant relationships and assists with the prevention of secondary problems that may arise from a broad range of early risk factors. Our kaupapa is based on the foundational knowledge of the importance of parent and baby relationships and the long term impact of positive relationships and attachment.

In addition to directly assisting parents and babies, we are working to strengthen families around their new parents and babies, enhance infant mental health skills and awareness and adopt whānau-led approach in all relevant services. We aim to promote families’ engagement with existing services and promote parents’ options for study, employment, housing, community connections and a sense of belonging.

While the operational set up and development of the community collaboration model took longer to build than we had anticipated, we are now overwhelmed with referrals coming in from a wide range of community sources. Momentum and traction is building weekly. We will need to readdress our resourcing needs to ensure that we are meeting this demand effectively.

It has been stated by Nobel Prize winner James Heckman, that the economic benefits alone of investing early in children’s lives is between \$7-\$9 for every \$1 invested (James J. Heckman and Dimitriy V. Masterov, The Productivity Argument for Investing in Young Children, October 2004). There is a steep decline in economic returns even by the third year of a child’s life. The uptake and outcomes being achieved by the pilot suggest it has the potential to be a cost-effective way to address a number of whānau issues at the earliest stage.

### Independent evaluation

We do not yet have enough data to fully scope the optimum delivery model. However, an extension of the pilot, coupled with research and evaluation, undertaken by Dr Lauralie Richards, of the University of Otago’s School of Medicine and Health Sciences, will help to establish whether this model is sustainable and replicable for the future.

Extending the pilot will provide the time and resources to:

- capture and evaluate the transformation for whānau, and
- validate whether this model is replicable and sustainable in the long term for our own, and other New Zealand communities.

### Continuing our journey

We now have the traction and the momentum to provide a unique level of support and care to these whānau and to our community. The journey we have set out on has only just begun and we believe passionately that we have an opportunity to support a significantly more positive future for these babies, their whānau and our whole community. We are learning every day in the most profound ways and are now seeing the tangible benefits of this type of whānau engagement.

### 1000 Days Trust response

The 1000 Days Trust aims to lead the way in effective intervention approaches and practices. The focus is on the establishment of positive relationships between parents and their pēpi, and establishing the foundations from which high quality parenting can be offered, through an intervention “owned” by whānau. The community create the village to walk alongside the whānau on their transformative journey.

*“Thank you for believing in me and for giving me a chance. I really want to change my life, I want the best for my daughter, and for that, I know things have to change. Thank you for allowing my partner and I to reconnect and for being so open with us. Thank you for your support, I didnt think I could be a good dad, but I know I am, I love my whānau.”*

Quote from Whānau member.

