



Te Tairāwhiti Mokopuna Ora Plan 2017 – 2020



TABLE OF CONTENTS

Mokopuna Ora, Whānau Ora, Mauri Ora: Tairāwhiti 2006, 2016 – 2018.....	5
What does success look like for Mokopuna Ora?.....	6
Our Whānau.....	6
Our Marae.....	6
Our Services.....	6
Our Community.....	6
Our Dreams.....	7
The Three Domains Of PAE-ORA.....	8
Mauri Ora - HEALTHY Individuals.....	8
Wai Ora - HEALTHY Environments.....	8
Whānau Ora - HEALTHY Families.....	8
ACHIEVING THE OUTCOME STATEMENTS.....	10
Activity One: MOE HAUMARU – Every Sleep is a Safe-sleep.....	11
Activity Two: TUPEKA KORE - Pēpi lives in tobacco free environments.....	14
Activity Three: TE WHĀNGAI Ū I TO PĒPI – Pēpi is breastfed.....	16
Activity Four: SERVICES ARE INCLUSIVE – Accessible, effective and timely.....	18
Activity Five: THE WORKFORCE IS COMPETENT – Confident, consistent and health literate.....	20
Activity six: EVERYBODY IS TALKING – “About Mokopuna Ora”.....	22

Tena Tatou Katoa,

The first draft of the Tairāwhiti Mokopuna Ora Plan was written in 2016 following the *Mokopuna Ora* symposium. It marked the 10-year anniversary of the Wahakura Project led by Dr David Tipene-Leach and the Tairāwhiti Nukutere Weavers in 2006. One hundred Wahakura were woven as a Māori solution to Safe-sleeping Pēpi in response to the high rates of SUDI (Sudden Unexpected Deaths in Infancy) within Tairāwhiti at the time.

This updated version of the *Mokopuna Ora Plan* reflects the new discussions, information and introduction of the Ministry of Health (MOH) National SUDI Prevention Programme (NSPP 2017). The current SUDI rate in New Zealand is approximately 0.7 in every 1,000 babies born and 1.59 for every 1,000 Māori babies born. The NSPP aims to reduce the rate to 0.1 in every 1,000 births by 2025.

Mokopuna Ora is our goal, our vision and our dream for the future, underpinned by a Whānau Ora model where whānau are supported and empowered to realise their own health needs and aspirations drawing on a 'Mokopuna / Whānau' centred methodology. We use the term Mokopuna Ora for the plan as a strengths based approach to support parents and whānau to be confident, capable loving parents/caregivers. SUDI Prevention and Safe-sleeping are core factors of the plan; alongside of other equally important and beneficial outcomes for Pēpi such as, *Tupeka Kore* (Tobacco free) whānau and *Te Whāngai U i to Pēpi* (Breastfeeding baby).

The combination of these four components we are confident that our babies will be born healthy, will thrive and be part of whānau that love and care for them. That they are safe in their own sleeping spaces and places, are nurtured and nourished, live in homes that are tobacco free, are warm dry and healthy, and are receiving all of their health checks on time. In order for these things to occur, whānau must be supported, informed and guided by health and social services workforce that are capable and competent, and are health literate in SUDI Prevention and Safe-sleep practises.

Our mokopuna are precious and fragile; particularly so in their first year of life. The whakatauki reflects the seriousness and implications of SUDI;

**"Maroro kokoti ihu waka tau"
The small fish crosses the path of death**

The 10-year anniversary of the Wahakura Project and subsequent hui, workshops and planning sessions to date have mobilised the communities by raising their awareness of SUDI and the prevention of it. This is a significant kaupapa to undertake, as Hauora Tairāwhiti we are committed to improving Child Health outcomes for all; nevertheless we recognise the inequalities which exist for Māori with respect to the SUDI rates within Tairāwhiti. For the past 12-years all SUDI in Tairāwhiti have all been specific to whānau Māori.

Within the plan we focus on six key priorities that we believe will contribute to our overarching goal of Mokopuna Ora, and in the process will reduce SUDI in Tairāwhiti;

KEY AREAS OF PRIORITY

1. Moe Haumarū - Safe Sleep
2. Tupeka Kore – Tobacco Free

3. Te Whāngai Ū i to Pēpi – Breastfeeding baby
4. Services are inclusive, accessible and effective
5. The workforce is competent, confident and consistent
6. Everybody is talking about mokopuna ora

The plan aligns with the two key SUDI risk factors which are, being exposed to tobacco smoke during pregnancy and baby is in their own bed and make sure every sleep is a safe sleep. We acknowledge that these are not the only risk factors, and that tobacco is not the only stimulant or drug that has been associated with SUDI deaths. However, for the purposes of this plan we are aware that the extensive use and harm of tobacco by Māori women during pregnancy has to be addressed as a priority.

We're using the wahakura as our framework for this plan. The base of the wahakura requires three strands (or whiri) to be interwoven and locked together for strength and stability. Our three whiri represent the domains of ***Pae Ora*** – Mauri ora, Whānau ora and Wai ora.

We look forward to the implementation and developments that a resourced SUDI Prevention and Safe-Sleep programme will achieve. Mokopuna Ora is about all of our babies, and all of our whānau; we all have a shared responsibility for protecting our most precious taonga.

Mauri Ora

Mokopuna Ora, Whānau Ora, Mauri Ora: Tairāwhiti 2006, 2016 – 2018

“We have made massive gains in reducing SUDI rates, but there is still a long way to go. We can credit most of our success to the introduction of safe-sleeping devices like the wahakura and the associated safe sleeping messages”

“The wahakura is a woven basket that creates a safe distance between baby and their parents in or near the bed. Along with the plastic pepi-pod, the wahakura has been distributed to thousands of young parents around the country.”

Dr. David Tipene-Leach (2016)
Mokopuna Ora Symposium – Gisborne/Turanganui-A-Kiwa)



Whakatauki - Proverb

Hutia te rito o te harakeke,
Kei whea te kōmako e kō?
Kī mai ki ahau;
He aha te mea nui o te Ao?
Māku e kī atu, he tāngata, he tāngata, he tāngata

If the heart of the harakeke was removed, where will the bellbird sing?
If I was asked what was the most important thing in the world;
I would be compelled to reply.

It is people, it is people, it is people.

What does success look like for Mokopuna Ora?

Our Whānau

- Whānau are empowered, supported and are able to determine their health needs and aspirations
- Hapūtanga is a time when māmā and pēpi are healthy, supported and loved during development
- Mokopuna are born at full-term and are of a healthy birth weight
- Whānau have a positive birth experience and are supported post-birth
- Whānau have the knowledge, confidence and support to breastfeed pēpi fully and exclusively to at least 6-months
- Whānau have their own wahakura for pēpi to sleep in from birth
- Whānau have the knowledge and confidence to ensure every sleep for pēpi is a safe sleep
- Whānau are tupeka kore within the whānau, their whare and waka (vehicle)
- Whānau are loving and enjoying their new pēpi
- Mokopuna and Whānau are at the centre of their extended whānau, hapu, iwi and communities; and celebrate their whakapapa

Our Marae

- Our marae are tupeka kore
- Our marae are supporting our whānau to be a tupeka kore place
- Our marae have their own pa harakeke for weaving wahakura
- We are able to learn how to weave a wahakura on our marae
- We support local marae to develop their Kairaranga collectives
- Our marae have wahakura for pēpi that are sleeping on the marae
- Our marae have weavers that are supported to help teach the whānau how to weave wahakura
- Every sleep for pēpi on the marae is a safe sleep
- Our marae whānau understand the gift of breastfeeding and support mum to breastfeed pēpi

Our Services

- Services are responsive and supportive to the needs of mum, dad, pēpi and the wider whānau
- Services are supported by a centrally coordinated hub to ensure activities, resources and training are enabled, efficient and accessible to whānau and the workforce
- Pēpi receives all their checks and immunisations on time
- Support for breastfeeding is accessible and available
- Information is provided to mum, dad and the whānau in ways that they best understand
- Mum, dad and whānau know where to access support and help for any concerns
- The programme collects information to measure its effectiveness of services and activities, against the NSPP SUDI Outcomes framework

Our Community

- There are wahakura available for whānau through wananga, from Kairaranga or the central hub
- Wahakura are in our marae, kohanga reo, day-care centres
- Our kohanga reo and kura are breastfeeding friendly and tupeka kore spaces
- Kaimahi receive up to date training and education on breastfeeding, safe sleep and tupeka kore
- There are safe sleep, tupeka kore and breastfeeding policies in all our key settings
- Mum is able to continue breastfeeding pēpi once she returns to work
- There are breastfeeding friendly spaces and places in our community
- There are tupeka kore spaces and places for pēpi and tamariki in our community
- Kairaranga experts "Tohunga" implement a kaitiaki quality standard for wahakura

Our Dreams

- Our mokopuna know their whakapapa
- Our mokopuna are at ease on their turangawaewae
- Our mokopuna speak their language
- Our mokopuna are excelling in all education pursuits including in kohanga reo, kura and wharekura
- Our mokopuna are utilising their unique gifts and talents and embracing life to the fullest!

The Three Domains Of PAE-ORA

Mauri Ora - HEALTHY Individuals

Population Statement *The mauri of our pēpi and whānau are strong, vibrant and energised*

OUTCOME STATEMENTS

Whānau are connected to their marae. Whānau are able to participate in marae, hapū and iwi activities.

Whānau are confident in their own identity
Whānau know their whakapapa

Te Reo Māori is spoken in the home.

Mokopuna are participating in education – including Kohanga Reo, TKKM and Wharekura.

POPULATION INDICATOR

Proportion of whānau who participate in their marae, hapū and iwi activities and wider cultural activities

Proportion of whānau who know their whakapapa, marae, hapū and iwi

Proportion of whānau who speak Te Reo Māori in the home

Proportion of taiohi/tamariki/pēpi attending Te Kohanga Reo, Te Kura Kaupapa Māori and Wharekura

Wai Ora - HEALTHY Environments

Population Statement *Whānau live in environments that support us to be well*

OUTCOME STATEMENTS

Whānau live in homes that are warm, dry and not crowded

Pēpi have their own wahakura (or safe sleeping space) for every sleep

Whānau are able to access health services such as a doctor, midwife, antenatal education, well child tamariki ora nurse and close to where they live

POPULATION INDICATOR

Proportion of whānau utilising the healthy homes programme

Proportion of pēpi with a wahakura or safe sleeping space

Proportion of whānau enrolled with a GP

Proportion of hapū wahine enrolled with an LMC by 12 weeks

Proportion of mokopuna enrolled with a WCTO provider

Number of first time hapū wahine completing antenatal education

Whānau Ora - HEALTHY Families

Population Statement *Whānau are supported to achieve their maximum health and wellbeing*

OUTCOME STATEMENTS

Wahine Māori are entering pregnancy strong, healthy and confident

Hapū wahine receive wrap-around care and support throughout their pregnancy

Hapūtanga are smoke, tobacco and alcohol free

POPULATION INDICATOR

Proportion of hapū māmā that have pregnancies to full term

Proportion of pēpi born of a healthy birth weight

Proportion of hapū māmā that are offered help to quit smoking

Māmā are supported and confident to breastfeed their pēpi

Uptake of cessation support by hapū māmā to quit smoking

Proportion of māmā that are smokefree at 2 weeks postnatal

Proportion of pēpi exclusively, fully and partially breastfed in their first two years of life

Whānau are safe-sleeping their pēpi in a wahakura from birth

Proportion of whanau who have a wahakura and are using it at their 6wk, 3month and 6month WCTO check



ACHIEVING THE OUTCOME STATEMENTS

Me awheawhe noa tēnā mahi ka oti
That work should be done as a group and then it will be completed.

Activity One: MOE HAUMARU – Every Sleep is a Safe-sleep

WHAT CAN WE DO?	WHOSE HELP DO WE NEED?	WHY?	HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?	HOW READY ARE WE TO COMPLETE THIS ACTIVITY?
<p>Pēpi have their own wahakura (or their own safe sleep bed) to sleep in;</p> <p>Key Messages: PLACE pēpi in their own baby bed in the same room as their parent or caregiver POSITION baby flat on their back to sleep – face clear of bedding</p>	<ul style="list-style-type: none"> ▪ NSSP – Hāpai Te Hauora ▪ Māmā and Pēpi ▪ Iwi Hauora ▪ Runanga ▪ MWWL ▪ Weavers ▪ Marae ▪ Toihoukura ▪ TWOA/EIT ▪ LMC’s ▪ Maternity ▪ WCTO 	<p>Wahakura are our preferred choice for a safe bed for pēpi. The evidence that wahakura can reduce the risk of SUDI is well documented.</p> <p>The community and the local weavers will work together in an integrated project to provide wahakura through wananga for whanau, or will have wahakura available for every pēpi in our rohe.</p>	<ul style="list-style-type: none"> ▪ LMC feedback/data ▪ #of pēpi with a wahakura at first WCTO core visit ▪ #of pēpi with a safe sleep bed at first WCTO core visit 	<ul style="list-style-type: none"> ▪ The wahakura project is a major component of this Mokopuna Ora plan and will be coordinated through the E Tipu E Rea service. ▪ The engagement of weavers through the Mama and Pepi ‘Wahakura’ programmes based within the three Maori health service providers Te Hauora o Te Turanganui a Kiwa, Ngati Porou Hauora and Te Aitanga A Hauiti Hauora. As well as through the network of Tairāwhiti Kairaranga (weavers) collectives.
<p>Whānau are knowledgeable and confident on safe sleep principles and practice</p>	<ul style="list-style-type: none"> ▪ LMC’s ▪ Māmā and Pēpi ▪ Maternity ▪ WCTO ▪ Weavers ▪ Marae 	<p>Whānau understanding of safe sleep principles and practices is crucial to SUDI prevention. We want whānau to feel confident in being able to give pēpi a safe sleep not only in their own home but also when staying with whānau, visiting friends, or on the marae.</p>	<ul style="list-style-type: none"> ▪ #whānau provided with safe sleep education in antenatal classes ▪ #whānau provided with safe sleep education in maternity ▪ #whānau provided with safe sleep education by LMC ▪ #whānau provided with safe sleep education by WCTO at core 1. ▪ Whānau feedback 	<ul style="list-style-type: none"> ▪ Services are already providing safe sleep education as part of their core requirements. Workforce development is a crucial component of this and we will ensure that all health services are trained appropriately. ▪ Training opportunities will be extended out to other sectors – social services, early childhood, Whangaia, Pa harakeke, community based groups Ka Pai Kaiti, E Tu Elgin, Maori Women’s Welfare League etc.

<p>A marae-based iwi-led holistic wahakura programme is developed and implemented</p>	<ul style="list-style-type: none"> ▪ Weavers ▪ Marae ▪ Hauora ▪ Māmā and Pēpi ▪ Runanga ▪ MWWL ▪ Toihoukura ▪ TWOA/EIT ▪ Hāpai Te Hauora ▪ Te Puni Kokiri ▪ DHB 	<p>A marae-based wahakura programme is one of our approaches. The goal is to have pēpi sleeping in their own wahakura, woven by their whānau, taught by their whānau, using harakeke from the pa harakeke of their own marae. A connection of a pēpi to their turangawaewae is powerful!</p> <p>The programme would provide opportunity to korero about breastfeeding, tupeka kore, parenting, relationships and safe sleep, child health checks (WCTO i.e. Immunisations)</p>	<ul style="list-style-type: none"> ▪ Programme will be developed and implemented on marae or community based setting ▪ Stakeholder feedback ▪ Whānau feedback ▪ #wahakura Wananga completed ▪ #wahakura woven 	<ul style="list-style-type: none"> ▪ This is a community identified approach which enables engagement with whanau at an extended level, and communities. Coordination of this will be supported through the three key Māori health provider services and their Wahakura programmes. ▪ Weavers will be engaged to tutor weaving wahakura from marae whanau. ▪ Developing Safe-sleep policy and guidelines for the marae will be implemented with a wahakura gifted from a wananga to the marae.
<p>Safe sleep advice and a check is completed by LMC's and WCTO providers at first visit</p>	<ul style="list-style-type: none"> ▪ LMC's ▪ WCTO ▪ Māmā and Pēpi 	<p>Ministry requirement that SUDI information and a check is completed at the first WCTO core visit</p>	<ul style="list-style-type: none"> ▪ #checks completed by provider ▪ Stakeholder feedback 	<ul style="list-style-type: none"> ▪ Nationally and regionally approved 'Key Safe-sleep and SUDI Prevention messages' will be utilised ▪ Ensure workforce are up to date in safe sleep training, online SUDI Prevention training via Hāpai Te Hauora (NSSP) and Change for our Children
<p>There is a pathway available for whānau to access wahakura / safe sleep beds</p>	<ul style="list-style-type: none"> ▪ LMC's ▪ WCTO ▪ Māmā and Pēpi ▪ Maternity 	<p>Ensure a source of wahakura and/or beds are available for whānau in special circumstances, and for those unable to participate in wananga.</p>	<ul style="list-style-type: none"> ▪ # wahakura being distributed by LMC's, maternity units, WCTO, E Tipu E Rea - Māmā and Pēpi for whānau unable to access one ▪ # wahakura distributed after WCTO core 1 visit (WCTO required to 	<ul style="list-style-type: none"> ▪ Referral pathways developed and included in communications and resources for key provider services ▪ Monitoring of distribution from when wahakura is provided and across the handover, 6wk, 3mth and 6mth checks via LMCs WCTO services, as well as other child health services ▪ Resourcing weavers will be

			physically sight pēpi bed)	coordinated through the E Tipu E Rea hub.
A quality assurance process for wahakura will be implemented through a 'specialised / expert' Kairaranga group	<ul style="list-style-type: none"> ▪ Weavers ▪ Kaumatua ▪ Toihoukura ▪ TWOA ▪ Health professionals 	Ensure that the quality of the wahakura is of a high standard in terms of safety, strength, tikanga and value	<ul style="list-style-type: none"> ▪ Quarterly forum with weavers, kaumatua and other experts ▪ Stakeholder / provider feedback ▪ Whanau 	<ul style="list-style-type: none"> ▪ Develop a quality assurance checklist which includes safety standards for Safe-sleep i.e. weave durability, harakeke preparations, dimensions, mattress, maintenance and care etc (refer to Dr David Tipene-Leach & Nukutere Wahakura Guidelines)

Activity Two: TUPEKA KORE - Pēpi lives in tobacco free environments

WHAT CAN WE DO?	WHOSE HELP DO WE NEED?	WHY?	HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?	HOW READY ARE WE TO COMPLETE THIS ACTIVITY?
<p>Implement a cessation pathway that works for hapū wahine and their whānau to be a smokefree whare and waka</p> <p>Key Message: ELIMINATE smoking in pregnancy and protect baby with a smokefree whanau, whare and waka.</p>	<ul style="list-style-type: none"> ▪ LMC's ▪ Māmā and Pēpi ▪ Hāpai Te Hauora ▪ Cessation Service Providers (Oafa) ▪ Taki Tahī Toa Mano ▪ Health services 	<p>Our current maternal smoking rates during pregnancy are still high. Nearly 220 newborn babies are exposed to cigarette smoke during pregnancy. We need to continue ABC and support uptake of cessation support by hapū wahine is only about 30%.</p>	<ul style="list-style-type: none"> ▪ Cessation pathway in place by Jan 2017. ▪ # of hapū wahine offered ABC ▪ Uptake of cessation services by hapū wahine ▪ % of wahine smoking during pregnancy (need to check what data is available currently) ▪ % of women smokefree two weeks postnatal 	<ul style="list-style-type: none"> ▪ Improve pathways to support hapū mama and whanau to access smoking cessation services, include Maori models and perspective into the pathways ▪ Build incentives into smoking cessation services, as individuals or whanau groupings ▪ All health services engaging with hapū mama will be having the ABC conversations ▪ Build on smoking cessation services tailored specifically for hapū mama and whanau i.e. Te Aka Ora (Teen/young parents), Radiology, Pinnacle PHO (General Practises), Maternity, LMCs etc
<p>Ensure the tobacco control workforce are up to date with safe sleep training</p>	<ul style="list-style-type: none"> ▪ Taki Tahī Toa Mano ▪ Health and social services 	<p>Workforce development is a key component of this plan and as such ensuring our tobacco control workforce is up to date with safe sleep is essential.</p>	<ul style="list-style-type: none"> ▪ # of participants that have completed safe sleep training ▪ Database of all organisations or services that need to complete safe sleep training and track participant numbers at each training session. 	<ul style="list-style-type: none"> ▪ Hāpai Te Hauora will provide from April 2018 the revised online SUDI training ▪ Child Health service training days/workshops planned for range of educational sessions i.e. SUDI Prevention, Shaking Baby, Breastfeeding, Immunisation etc
<p>Review current key Smokefree messages and information that are included in antenatal and</p>	<ul style="list-style-type: none"> ▪ Māmā and Pēpi ▪ Hāpai Te Hauora 	<p>Smokefree messages have always been included in our antenatal education programmes. Reviewing these</p>	<ul style="list-style-type: none"> ▪ #participant evaluation on completion of antenatal education ▪ #referral numbers into 	<ul style="list-style-type: none"> ▪ Work with population health teams, HPA, Hāpai Te Hauora and tobacco control sector

parenting education programmes.	<ul style="list-style-type: none"> ▪ Taki Tahī Toa Mano 	messages may give us some insight into how whānau are receiving these messages, is it working, and are there any new approaches or information we can include?	cessation services from antenatal classes
Support the priorities and activities outlined in the Tairāwhiti Tobacco Control Plan	<ul style="list-style-type: none"> ▪ All stakeholders, communities and whānau 	The DHB plan highlights maternal smoking during pregnancy and healthy environments as key priorities within the plan.	<ul style="list-style-type: none"> ▪ Outlined in plan ▪ Key prioritisation for Hapū Mama highlighted with plan ▪ Redevelop new plan to include SUDI Prevention and Safe-sleep messages
Undertake a pilot for smoking cessation for alternative quitting approaches i.e. Vaping / E-cigarettes	<ul style="list-style-type: none"> ▪ Taki Tahī Toa Mano ▪ All stakeholders, communities, hapū mama and whanau 	Communities have taken up the Vaping / E-cigarette with reports that this has supported them on a quitting journey. Awaiting national guidance, but will explore through other DHB networks where Vaping is being utilised	<ul style="list-style-type: none"> ▪ Include in Tobacco Control Plan 2018 – 2021 ▪ Service Mapping of Tobacco services for Tairāwhiti ▪ Progress discussions with Smoking Cessation services to pilot/trial using vaping as a quitting support strategy with hapū mama and whanau ▪ Undertake a service mapping of all Tobacco Control services in Tairāwhiti to inform the new plan ▪ Complete and implement a Tobacco Free 'Tupeka Kore' Outcomes RBA Framework with Taki Tahī Toa, Cessation Services, key stakeholders facilitated by SheaPita & Associates

Activity Three: TE WHĀNGAI Ū I TO PĒPI – Pēpi is breastfed

WHAT CAN WE DO?	WHOSE HELP DO WE NEED?	WHY?	HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?	HOW READY ARE WE TO COMPLETE THIS ACTIVITY?
<p>Complete a breastfeeding review so we know exactly what is happening in this space (who, what, where, how, why)</p> <p>Key Message: Encourage and support breastfeeding and gentle handling of baby.</p>	<ul style="list-style-type: none"> ▪ DHB Planning and Funding ▪ LMC's ▪ Maternity ▪ Māmā and Pēpi ▪ WCTO ▪ Lactation Consultants 	<p>A review of breastfeeding services across the district would enable a comprehensive understanding of what is available to mothers and whānau to support breastfeeding.</p> <p>Will support planning for the workforce training needs.</p> <p>Informs our funding models for service agreements</p> <p>Links to: MQSP, WCTO Quality Improvement Plan, DHB Māori Health Plan</p>	<ul style="list-style-type: none"> ▪ Key informant interviews ▪ Stakeholder interviews ▪ Whānau interviews ▪ #pēpi exclusively and fully breastfed at key milestones 	<ul style="list-style-type: none"> ▪ Develop with MQSP, WCTO, LMCs, Lactation services, Mama & Pepi and other maternal/child health stakeholders ▪ Work with Healthy Families East Cape to support 'Breastfeeding Friendly Environments and supports required' ▪ WCTO Quality Improvement project identifying Breastfeeding as a key priority for 2018/19 & 2019/2020 year (utilise PDSA).
<p>Breastfeeding education and support is accessible, appropriate and available (antenatal, postnatal, at home)</p>	<ul style="list-style-type: none"> ▪ LMC's ▪ Māmā and Pēpi ▪ Lactation Consultants ▪ Maternity ▪ WCTO 	<p>Breastfeeding education and support is required at different stages and in different forms.</p> <p>Support breastfeeding continuum and that we collectively work together to support mums and their whānau to be able to breastfeed pēpi exclusively and for longer.</p> <p>We need to ensure that whānau are able to access this support regardless of their</p>	<ul style="list-style-type: none"> ▪ #pēpi exclusively and fully breastfed at key milestones 	<ul style="list-style-type: none"> ▪ Expand on breastfeeding education capability is increased, currently Māmā and Pēpi services include breastfeeding in their antenatal education classes, maternity support mums with establishing breastfeeding, LMC's and WCTO support mums in the home and the Community Lactation Consultant is available for complex and specialised breastfeeding support and intervention.

		location (rural, urban etc.)		<ul style="list-style-type: none"> Promote the referrals to specialised Mamapukeko Community Lactation services, specifically increasing referrals for Maori wahine, to reduce current disproportion in utilisation of service.
Māmā are able to continue breastfeeding pēpi on return to work or study	<ul style="list-style-type: none"> DHB Healthy Workplaces Facilitator Human Resources Tertiary training institutes Teen Parent Education Services Employers 	<p>We continue to see a drop off in our breastfeeding rates at 3 months. This coincides with the end of paid parental leave and mums needing to return to work and/or study.</p> <p>Working with local employers and education providers to ensure mums are able to continue breastfeeding their pēpi will help ensure the protective factors of breastfeeding on SUDI risk reduction can continue</p>	<ul style="list-style-type: none"> #pēpi exclusively and fully breastfed at 3 months and 6 months. Feedback from mums Feedback from stakeholder 	<ul style="list-style-type: none"> Engage with key stakeholders to outline ways in which breastfeeding mama are supported for work or study.
Breastfeeding is supported in public spaces and places	<ul style="list-style-type: none"> MQSP Maternal stakeholders WCTO HFEC HPA Breastfeeding Advocates / Champions 	<p>We continue to be aware that in some public spaces and businesses breastfeeding is not supported.</p> <p>We need to 'normalise' breastfeeding as being an everyday and healthy way to nourish and nurture our babies</p>	<ul style="list-style-type: none"> Annual Latch-on events and promotional opportunities 	<ul style="list-style-type: none"> Planned events and resources that support breastfeeding Work with key stakeholders to develop a Breastfeeding Friendly Community Initiative in line with Breastfeeding Friendly Hospital Initiative Promote breastfeeding friendly cafes, restaurants, public spaces – stickers and social media profiling.

Activity Four: SERVICES ARE INCLUSIVE – Accessible, effective and timely

WHAT CAN WE DO?	WHOSE HELP DO WE NEED?	WHY?	HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?	HOW READY ARE WE TO COMPLETE THIS ACTIVITY?
Ensure antenatal education and parenting classes are available to all whānau across the district	<ul style="list-style-type: none"> ▪ E Tipu E Rea ▪ Māmā and Pēpi ▪ LMC's ▪ Te Aka Ora 	Appropriate and accessible antenatal and parenting education helps ensure better birth, postnatal and health outcomes for pēpi, mum, dad and their whānau. Our Māmā and Pēpi services deliver antenatal education from a kaupapa Māori perspective in city, rural and coast communities and reach a large number of our first time mothers and Māori/Pacific hapū wahine. We also have our DHB funded antenatal education classes that deliver to a largely mainstream population. We need to ensure that all hapū wahine throughout the district have access to antenatal education.	<ul style="list-style-type: none"> ▪ # first time mothers completing antenatal education ▪ # teen hapū wahine completing antenatal education ▪ # Māori/Pacific wahine completing antenatal education ▪ # hapū wahine completing antenatal education by domicile ▪ # referrals into antenatal education from ETER 	<ul style="list-style-type: none"> ▪ Review all ante-natal education and information that is currently utilised. Identify the gaps by availability of classes, location, effectiveness/appropriateness for all groups ▪ Implement the HEAT tool to identify if there are any inequalities within the review ▪ Update and inform MQSP and other key stakeholders of key issues, gaps, successes and recommendations from review ▪ Research evaluated Maori ante-natal models to inform the review process
Services continue to support whānau to ensure all pēpi are enrolled with a PHO and that WCTO and immunisations are completed on time	<ul style="list-style-type: none"> ▪ E Tipu E Rea ▪ Māmā and Pēpi ▪ WCTO ▪ General Practice ▪ Maternity /NCHIP 	Universal services that support and promote the healthy development of children and the whānau from birth to five years. Additional services are available according to need.	<ul style="list-style-type: none"> ▪ Newborn PHO enrolment rates by ethnicity ▪ WCTO enrolment rates by ethnicity and deprivation ▪ # Babies receiving all core contacts in their first 12 months. ▪ % babies fully immunised 	WCTO Quality Improvement Programme. There are MOH targets for these indicators which we use to track coverage, enrolment rates and completion of core checks. We are tracking under for most of our targets. Including these in our mokopuna ora plan helps bring a greater

	<ul style="list-style-type: none"> LMC's MWWL 		at key milestones by ethnicity and high deprivation.	understanding of these targets and engages services and communities to ensure these are completed on time.
Confirm agreed regional safe sleep policy for implementation into health settings	<ul style="list-style-type: none"> DHB Maternity Māmā and Pēpi WCTO Iwi Hauora PHO LMC's Hāpai Te Hauora 	A safe sleep policy that is inclusive of all Tairāwhiti service providers that support and care for pēpi, mothers and their whānau is needed for our district. Policies already exist as part of BFHI but it would be useful and meaningful to take a collaborative approach and develop a policy that can be used across our different health services (DHB, Hauora, PHO etc.).	<ul style="list-style-type: none"> Policy is developed, agreed and implemented across the district Feedback and agreement on the policy from: <ul style="list-style-type: none"> Maternal and infant health providers NSSP – Hāpai Te Hauora Clinical leaders in maternal and infant health Whānau input and advice 	<ul style="list-style-type: none"> Liaise with the Regional Midland DHB SUDI Prevention & Safe-sleep Group on review and update of policies and guidelines for health service settings Seek input and feedback on redeveloped policy across maternal and child health services
Progress and quality improvement is monitored including one clinical audit of safe sleep practice in a health service setting. Cultural audits could also be explored	<ul style="list-style-type: none"> DHB Maternity Māmā and Pēpi WCTO Iwi Hauora PHO LMC's 	As part of quality improvement activity and to ensure our activities continue to improve health outcomes for pēpi, mum and their whānau. Clinical audit to ensure compliance with safe sleep policy and to offer an opportunity for review and reflection.	<ul style="list-style-type: none"> Findings of clinical audit and/or cultural audits if agreed. 	<ul style="list-style-type: none"> Include as part of safe sleep policy development.
Establish a community-based, iwi-led kaitiaki roopu to provide guidance and advice on the activities outlined in this plan	<ul style="list-style-type: none"> All 	The kaupapa of Mokopuna Ora belongs with whānau, their marae and their community. DHB and other government agencies are there to support, enable and respond accordingly. Leadership of this plan belongs with the community. Whānau know what works best.	<ul style="list-style-type: none"> Kaitiaki group established, progressing and supported by agencies. 	<ul style="list-style-type: none"> Identify key stakeholder groups with identified/recommended members to join a broader Child Health Services forum Particular focus on specialist / experts, kaumatua, Kai Raranga, health leaders and marae, Te Kohanga Reo & ECE to be invited to attend regular forums

Activity Five: THE WORKFORCE IS COMPETENT – Confident, consistent and health literate

WHAT CAN WE DO?	WHOSE HELP DO WE NEED?	WHY?	HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?	HOW READY ARE WE TO COMPLETE THIS ACTIVITY?
Develop and deliver a training package that encompasses Safe Sleep, Tupeka Kore, Breastfeeding, WCTO – Immunisations, Nutrition & Physical Activity within a Te Ao Māori context for the local workforce (paid and voluntary)	<ul style="list-style-type: none"> ▪ Hāpai Te Hauora ▪ Lactation Consultants ▪ Tobacco Control/Cessation Providers ▪ Māori Birth Educators ▪ LMCs ▪ Māmā and Pēpi 	We need to ensure that all those working with whānau are competent and confident in delivering messages within a Te Ao Māori context. Health literacy is crucial. Training is opportunistic at present. A collaborative and coordinated workforce development plan will help ensure everyone is on the 'same page'	<ul style="list-style-type: none"> ▪ Training package developed ▪ Workforce development plan developed ▪ # training sessions delivered ▪ # participant numbers by organisation and role (e.g., clinical, community, kaiawhina) ▪ Whānau feedback 	<ul style="list-style-type: none"> ▪ Priority for new kaimahi, and refresher for current workforce. ▪ The coordination and planning of the training package and its implementation would require a working group to develop. ▪ Funding requirements to be identified in order to support as ongoing workforce development programme. ▪ In-house training review undertaken with services, to map and calendar shared training opportunities
Explore training needs of other sectors (i.e. early childhood, kohanga reo, social services, iwi services) in safe sleep, breastfeeding and tupeka kore	<ul style="list-style-type: none"> ▪ Kohanga Reo ▪ Kura Kaupapa Māori ▪ Social services ▪ Iwi services 	Whānau connect to a range of people from different services and settings such as kohanga reo, kura, iwi services etc. A training package to support kaimahi from these settings would help ensure we are all consistent and confident in our messaging and conversations with whānau.	<ul style="list-style-type: none"> ▪ Training package developed ▪ Workforce development plan developed ▪ # training sessions delivered ▪ # participant numbers by organisation and role 	<ul style="list-style-type: none"> ▪ Same comments as above
Introduce a Mahi-A-Atua approach into training/education sessions. Building on the models of wananga and drawing from our Tairāwhiti purakau	<ul style="list-style-type: none"> ▪ Mahi-A-Atua ▪ Te Kura Huna ▪ E Tipu E Rea ▪ Population Health Hauora Tairāwhiti 	Workforce within Tairāwhiti are able to benefit from a unique model of learning, three key principles include <ul style="list-style-type: none"> • Indigenising your space • Being an active learner 	<ul style="list-style-type: none"> ▪ Uptake from a wide range of Maternal and Child Health services in wananga ▪ Participant feedback 	<ul style="list-style-type: none"> ▪ Develop with stakeholders an overarching Child Health Services training and education calendar, that supports community delivered workshops, online training, support and mentoring through

(stories/realities)

▪ WCTO

Engaging with feedback
This reintroduces traditional
Maori paradigms which shifts
inequalities to an empowerment
process

joint induction and orientation
programmes

Activity six: EVERYBODY IS TALKING – “About Mokopuna Ora”

WHAT CAN WE DO?	WHOSE HELP DO WE NEED?	WHY?	HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?	HOW READY ARE WE TO COMPLETE THIS ACTIVITY?
Identify safe sleep champions/kaitiaki within each community that can advocate and promote key messages and activities	<ul style="list-style-type: none"> ▪ Whānau ▪ Marae ▪ Runanga ▪ Iwi Hauora ▪ Health Promotion ▪ Māmā and Pēpi ▪ WCTO ▪ Hāpai Te Hauora ▪ MWWL 	<p>Kaitiaki keep us safe and give us guidance, awhi and tautoko. Kaitiaki are respected within their whānau and communities. We have some amazing people in Tairāwhiti who have provided support and awhi to whānau for many years. These people would be ideal advocates for mokopuna ora.</p>	<ul style="list-style-type: none"> ▪ Feedback from kaitiaki about what they’re seeing and hearing from their communities ▪ Whānau feedback 	<ul style="list-style-type: none"> ▪ Identify resources and people interested in becoming community champions/spokespeople and the support processes for them ▪ Utilise nationally, regionally developed resources and information
Identify whānau that are keen to become involved in local activities	<ul style="list-style-type: none"> ▪ Whānau ▪ Marae ▪ WCTO ▪ Māmā and Pēpi ▪ Hāpai Te Hauora ▪ MWWL 	<p>Whānau stories and experiences are a powerful tool in community awareness and health promotion campaigns. Our community responds strongly to local stories from whānau they can connect and recognise with.</p>	<ul style="list-style-type: none"> ▪ Whānau feedback ▪ Social media response 	<ul style="list-style-type: none"> ▪ Work with provider sector and community-based groups i.e. MWWL etc that would like to be involved...
Use Safe Sleep Day as our key promotional campaign day	<ul style="list-style-type: none"> ▪ All 	<p>Provides direction and a key event for all to work towards. Links in with activities and resource at a national level. Whānau recognise this day and it earns considerable media coverage.</p>	<ul style="list-style-type: none"> ▪ # activities and events completed on safe sleep day ▪ Whānau feedback ▪ stakeholder feedback 	<ul style="list-style-type: none"> ▪ Collaborate with Health Promotion, providers and community groups for event. ▪ Identify resources available to support activities.
Develop a communications plan that includes regular	<ul style="list-style-type: none"> ▪ Hāpai Te Hauora 	<p>To ensures a strategic, collaborative and coordinated</p>	<ul style="list-style-type: none"> ▪ Communications plan developed 	<ul style="list-style-type: none"> ▪ Engage communications expertise to support development of a plan

updates on social media, print media, radio and community events	<ul style="list-style-type: none"> ▪ DHB ▪ Iwi ▪ Hauora ▪ Community ▪ MWWL 	response across our district.	<ul style="list-style-type: none"> ▪ implemented ▪ Community feedback ▪ Media feedback 	<ul style="list-style-type: none"> ▪ Social Media and other means of communicating effectively with whanau as well as services that work with whanau
Promote the skill and expertise of our local weavers i.e. Nukutere Weavers Collective as a sustainable business model.	<ul style="list-style-type: none"> ▪ Weavers ▪ Hāpai Te Hauora ▪ Toihoukura ▪ MWWL 	Our weavers are a taonga. The knowledge, skill and creativity they weave into each creation is invaluable. The work they have done with wahakura has been celebrated nationally and we need to continue to support and enable them to do the great work they do.	<ul style="list-style-type: none"> ▪ # weavers helping to teach whānau how to weave wahakura ▪ # weavers participating in local activities ▪ # weavers funded to weave wahakura ▪ Community feedback 	<ul style="list-style-type: none"> ▪ Work with Hāpai Te Hauora and national Māori media on coverage of the wahakura project and the weavers after the Mokopuna Ora ▪ .