

# Te Atatū – Insights

February 2023

## What works in the first 1,000 days – Evidence matters

### Summary

- In 2022, the Social Wellbeing Agency commissioned research on what works to support child and whānau wellbeing in the first 1,000 days specifically from a Te Ao Māori perspective.
- Supporting tamariki wellbeing in the first 1,000 days from a Te Ao Māori perspective involves taking a life-course approach and involving all generations of whānau.
- There is a shortage of evidence from a Te Ao Māori perspective, and existing evidence is often deficit framed.
- Funding agencies privilege Western-style formal evaluations over other sources of evidence of success, which is likely leading to Māori-led programmes struggling to get sufficient or sustainable funding, and therefore not available for evaluation.
- Gaps and issues in our evidence base matter: these may be compounding a shortage of effective Māori-led services related to the first 1,000 days.



# Introduction

This insights paper provides the Social Wellbeing Agency's reflections on how issues with the evidence base related to supporting whānau Māori in the first 1,000 days of a child's life may impact on what services are available.

## The Social Wellbeing Agency has commissioned research into what works to support wellbeing in the first 1,000 days

The Social Wellbeing Agency (SWA) is supporting the Department of Prime Minister and Cabinet on the Child and Youth Wellbeing Strategy, particularly the work focussed on improving wellbeing in the first 1000 days of a child's life (roughly conception to two years of age, a period which has been shown to have a significant impact on outcomes in later life).

In 2021, the SWA commissioned research on what aspects of parental wellbeing have the biggest potential for improving the short and long-term wellbeing of children. This research has been published on our website ([Academic Perspectives on Wellbeing](#)), and helped provide some of the evidence base for the objectives of the first 1000 days work programme.

In 2022, the SWA commissioned research from the University of Waikato on what works to support child and whānau wellbeing in the first 1,000 days specifically from a Te Ao Māori perspective. The purpose of this research was to contribute to our shared knowledge base related to what works to support child wellbeing, and to support the first 1,000 days work programme.

The research team reviewed literature on Te Ao Māori perspectives on child wellbeing to assess the strength of existing evidence about what works to support whānau wellbeing in the first 1000 days, particularly whether that evidence reflected what works for Māori, and to identify evidence gaps.

To support their analysis, the researchers used the He Pikinga Waiora implementation framework.<sup>1</sup> The framework consists of four elements (cultural centeredness, community engagement, systems thinking, and integrated knowledge translation), and eight principles (community voice, reflexivity, structural transformation and resources, community engagement, integrated knowledge translation, systems perspectives, system relationships, and system levels). Designed to support the development and implementation of health interventions, the framework can be used to assess the degree to which an intervention is grounded in practices of indigenous decision making.

The final report has now been published on the [SWA website](#).

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<sup>1</sup> [The HPW Framework | He Pikinga Waiora \(hpwcommunity.com\)](#)

## **Te Ao Māori has unique perspectives on childrearing, and there is evidence that kaupapa Māori approaches deliver better results for Māori**

A Te Ao Māori perspective provides important considerations for services related to the first 1,000 days. Tamariki wellbeing is intrinsically linked with whānau wellbeing, and the concepts of whakapapa, creation story, and whānau, hapū and iwi are central to Māori childrearing. A life course approach is more compatible with Māori understandings that experiences throughout the whole of life and intergenerationally are drivers of health than a focus on a limited time period such as the first two years of life. As such, efforts to improve Māori wellbeing in the first thousand days should include the involvement of the different generations of whānau.

From what evidence is available, we know that kaupapa Māori interventions deliver better results for Māori. This includes programmes that:

- are holistic or whānau-led, encompassing wider solutions to addressing health issues beyond individual behaviour
- consider the wellbeing of the whole whānau and involved different generations
- are developed with end-user involvement
- enable Māori providers to determine what success looks like and how outcomes should be measured
- don't just seek to change behaviour, but rather provide an opportunity to create a space or support system that prioritised whānau and tamariki wellbeing.

Despite this, the research report finds that there is a lack of long-term funding for Māori-initiated interventions and that these are not sufficiently available. This means that many Māori will not have access to programmes that are culturally sustaining or effective for them (even if they are effective on average across all participants).

## **The evidence base matters**

A shortage of formal evaluative evidence related to kaupapa Māori programmes, combined with funding agencies' bias regarding what counts as valid evidence, is likely compounding a shortage of Māori-led services related to the first 1,000 days.

### **The evidence base is small and tends to be deficit-framed**

The report found that there was a shortage of evidence about 'what works' to support wellbeing of tamariki Māori and whānau in the first 1,000 days. The researchers also noted that what evidence there is often deficit framed. This is a common challenge with evidence related to social issues, but the researchers pointed out that in the case of Māori, deficit-framed evidence reinforces assumptions that Māori parenting approaches are not as effective as "evidence-based" Western parenting programmes.

Māori providers want to know what works, but the research team argues that initiatives often lack the funding or resources needed to generate their own evidence. Kaupapa Māori evaluation methodologies may not be widely understood, compounding the problem of a shortage of

evidence. It is apparent within the public sector, for example, that there is a shortage of people with the skills and expertise to carry out evaluations using kaupapa Māori methodologies.

## **Funding agencies privilege formal Western-style evaluations**

The research team found that kaupapa Māori programmes struggled to “prove” their success to funding agencies if they do not undergo a Western style evaluation. This raises an important question about what counts as valid evidence: Who gets to decide what is “successful” or “effective”?

This matters in the provision of social services because it directly impacts which services and programmes are funded, and, in turn, available to be evaluated. The report points out, for example, that international programme models are commonly used within Aotearoa and are often considered the “gold-standard” when it comes to parenting programmes. This results in the underlying Western paradigm being dominant, even when programmes have been (to some extent) adapted to a New Zealand context.

The researchers found that most Māori-initiated interventions lacked long-term and sustainable resourcing and/or funding, and partially attributed this to funding agencies’ requirement for Western-style evaluative evidence of effectiveness, and a reluctance to accept alternative evidence of a successful programme.

They argued that funding agencies should recognise other forms of evidence of effectiveness and prioritise interventions that have a Māori whakapapa for Māori communities, commenting that they hoped the report leads to “a widening of what is considered to be ‘gold standard’ evidence when it comes to policy and decision making in tamariki wellbeing spaces.”

## **The evidence base matters for what services are available**

This raises important policy considerations as recommendations based on ‘what works’ from our existing evidence base may be perpetuating issues relating to a lack of culturally sustaining services for Māori. The research report highlights the following consequences:

- kaupapa Māori programmes being underfunded or not available at all
- Western and Eurocentric paradigms taking precedence over Te Ao Māori knowledge systems
- international models that have been evaluated overseas being considered gold standard, even if they do not work for Māori
- providers needing to invest in expensive formal evaluations that they can’t afford
- studies continuing to be relied on that reinforce deficit framing of Māori and Māori parenting practices and the assumption that Māori parenting solutions may not be as effective as “evidence-based” international parenting programmes.

## Opportunities to improve services

Opportunities to improve the provision of support for whānau Māori related to the first 1000 days identified by the research team included:

- Government supporting Māori-led initiatives through providing evaluation and monitoring support, so that these initiatives are better positioned to achieve sustainable funding.
- Including Māori providers in determining what success looks like and how outcomes are measured.
- Including Māori end-users programme design and evaluation.
- Government supporting Māori providers by showcasing the work they are doing related to the first 1000 days and providing resources for knowledge sharing.
- Funding agencies recognising other forms of evidence of effectiveness and prioritising interventions that have a Māori whakapapa for Māori communities.

The findings of this research and the opportunities identified, as well as the insights discussed in this paper, will continue to inform to cross-agency work to achieve the objectives of the Child and Youth Wellbeing Strategy and work to support tamariki wellbeing in the first 1,000 days.

## Te Atatū – Insights

*Ka pō, ka ao, ka awatea* is a well-known tauparapara (traditional incantation) within te ao Māori, which refers to the separation of Ranginui (the sky-father) and Papatūānuku (the earth mother) which brought light into this world. It talks about ‘coming from darkness to light’ or ‘transiting from a place of not knowing to knowledge’. Te Atatū indicates the morning light and acknowledges this series of events, and the importance of light representing knowledge in te ao Māori.