

Making sense of being in care, adopted or whāngai

Updated Literature Review

Acknowledgements

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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Published: February 2021, updated April 2023

ISBN:

Citation guidance:

This report can be referenced as Lily Deane, Míša Urbanová, Jonnita Akauola (2023). *Making sense of being in care, adopted, or whāngai – Literature review*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

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Acknowledgements:

The Oranga Tamariki Evidence Centre team were informed that we needed to be inclusive of the voices and literature of adoptees who were subjected to closed adoption from Māori perspectives. We acknowledge the support and guidance we have received from of Dr Annabel Ahuriri-Driscoll and Sarah Whitcombe-Dobbs of the School of Health Sciences, Faculty of Health, University of Canterbury. Annabel has been instrumental in supporting us to ensure we acknowledge and highlight these perspectives, in respectful ways. Ka nui te mihi me te aroha ki a kōrua, thank you both so much.

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Executive summary



Overview

The purpose of this literature review was to support a qualitative research project that explores children and young people's understanding that they have been in care, adopted, or whāngai. This literature review will provide insights into whether children, are aware of being in care, their journey in making sense of being in care, and how it impacts their identity and belonging with their birth and caregiver family or whānau, hapū and iwi. The literature review also explores what language caregivers and children use to describe their relationships with each other, and the role that social workers play in helping children understand their circumstances. The experiences of children who are adopted or whāngai are explored to compare the experiences of other children who are not living with their birth parents.

The findings from the literature review include sources from Aotearoa New Zealand and overseas and are divided into the following three sections: (1) being in care; (2) being adopted; and (3) whāngai.

There are some commonalities across the experiences of being in care, being adopted and whāngai. Children who have been in care or adopted can begin understanding their care history at young ages, while similar efforts to support a child's understanding can be done for both groups.

Being in care and being adopted can undermine a child's sense of identity through feelings of powerlessness, self-blame, unworthiness, and stigma. Studies on both being in care and being adopted showed how children in both groups commonly do not want their school peers to know about their care history. Furthermore, promoting a positive sense of identity, through helping children connect with their birth families or origin, can help both children who have been in care or adopted.

Unfortunately, no studies that specifically explore how children describe being in care, adopted or whāngai and what language they use to talk about their situation were found. Some studies did however highlight that language can sometimes help children distinguish having more than one set of parents and can symbolise a sense of belonging in terms of family membership.

Findings on children's understanding about being in care:

- Children and young people are not well informed about changes happening in their lives.
- The challenges for children and young people in making sense of their situations included not having enough information, there being several sources of confusion, and confusion causing lower wellbeing and stress.

- Types of confusion that children experience were about the meaning of foster care, the reasons for being in foster care, worry about the people they were going to live with, and worry about the foster home environment.
- Protective factors that can help children make sense of their situations included: early, clear, open, and honest communication; age-appropriate ways of talking with children; creating a narrative to scaffold complex information; creating and maintaining a trusting relationship with the child's social worker; and children having the right to participate in their care and protection.
- Being in care may impact a child's identity. Children can feel a sense of powerlessness, may hold negative views about themselves or feel stigmatised. They may also experience different types of identities, such as victim, survivor, or victor, which have their own immediate and long-term impacts.
- Being in care can impact a child's sense of belonging in different ways, according to their experience. Belonging can vary from feeling as if the foster carers were parents to a sense of belonging that is based only on participating in regular family activities, like birthday celebrations.
- Finally, language can be a symbolic indication for how children feel they belong. Children who call their foster carers 'Mum' or 'Dad' and their foster carers' children as 'brother' or 'sister' indicates a normalised family membership.

The key findings about being adopted:

- Children can begin understanding their adoption stories as early as pre-school age, but their understanding is limited. Adoption stories can become more detailed as children grow older.
- There are multiple protective factors to help adopted children make sense of their adoption story. Adoptive parents can support the children's interests in their past or origin, help build a narrative that starts with birth and talks about different types of families, use neutral language when referring to birthparents, start adoption conversations early, make children feel comfortable to ask questions, and recognise that one's understanding of their adoption story is an on-going process and not a one-time event.
- Different meanings are associated with being adopted and can impact a child's identity. Adopted children can experience different levels of loss, usually dependent on what age they were adopted. Forming a healthy identity can be supported by normalising a child's interest in their origin, and having open family environments, like the level of contact with birth families and the amount of identifying information shared.
- Stigma can have a negative impact on a child's sense of identity, leading to many children hiding their adoption status from their peers.

- Language can be a symbolic indication for how children feel they belong. Children usually use language that identifies a biological connection to distinguish having two sets of parents. Adoptive parents were usually referred to as 'Mum' and/or 'Dad' while birth parents were usually called "birth Mum and or Dad" or "tummy mummy." Children were also not confused that their adoptive parents were responsible for them when they knew their birth parents.

The key findings about whāngai:

- Whāngai is practice of raising children by other family members either permanently or temporarily.
- The practice of whāngai upholds the rights of children to connect to their whakapapa whānau, whakapapa, culture, language, land, and history.
- Meads (1994) uses the example of Māui, who was raised whāngai by his uncle, to help explore the different aspects of whāngai
- From a Māori perspective children belong to their whakapapa whānau and not just to their birth parents. The whakapapa whānau have an obligation to protect and support their overall wellbeing and sense of belonging.
- Whāngai is traditionally an open process that commonly happens outside the legal system although some whāngai children can be legally adopted by their whāngai parents as well.
- Whāngai supports children to develop a positive sense of identity because it strengthens whakapapa links by keeping children with their whakapapa whānau.

Introduction



Background and rationale for this update

The purpose of this literature review is to:

- Support the wider qualitative research project that explores children and young people's understanding and meaning of being in care, adopted, or whāngai by exploring current international and local research on these topics.
- Focuses on how being in care, adopted or whāngai influences a child's identity and sense of belonging.
- Provide foundational insight to inform the development of the Oranga Tamariki Longitudinal Study of children and whānau/ families and inform the development of the Oranga Tamariki survey programme.
- Support wider organisational understanding of these key concepts to inform social work practice.

Rationale for the update for this literature review

The Evidence Centre team were informed that we needed to be more inclusive of the voices of adoptees who were subjected to closed adoption processes and include more literature from Māori perspectives. We would like to acknowledge the academics Dr Annabel Ahuriri-Driscoll and Sarah Whitcombe-Dobbs of the School of Health Sciences, Faculty of Health, University of Canterbury, who brought this to our attention, and we hope our update sufficiently addresses these areas.

The purpose of this update is to:

- Sufficiently highlight discourses which are inclusive of the voices of those who were placed in closed adoption and transracial arrangements.
- Adequately discuss ways in which the practice of whāngai can enable individuals to continue to be connected to their whakapapa whānau.
- Further discuss the history of adoption in New Zealand
- Highlight the impact of closed adoption on identity formation.

Methodology and Limitations

The following methods and limitations apply.

- This literature review was conducted by exploring New Zealand and overseas literature through the academic portal of Google Scholar. The literature sources include journal articles, government reports, academic theses, and grey literature.

- Most literature found was international and was largely based in countries within the United Kingdom, as well as the United States of America and Canada; findings related to whāngai practice were based on New Zealand literature.
- The review focuses on foster care and family-like living environments, while excluding research on residential care.
- The literature introduces foster care, adoption and whāngai practices.
- One limitation of the literature review is the research into the traditional practice of whāngai due to the difficulty of finding relevant sources. Another contributing factor is that neither of the authors were Māori, so our understanding and interpretation of findings regarding to this practice may be limited.
- Another limitation of this review is that different countries have different legislation and practice around care and protection. This means the circumstances of the children “in care” in these countries might be different to those in New Zealand. Furthermore, examples of tamariki being in the care of family members were not seen due to the literature focusing on fostering by non-family members.
- Finally, while care, adoption and whāngai practice are different concepts, in reality the lines between these arrangements are not so clear cut. For example, many whāngai children can be formally adopted; or Māori children in state care, who are in whānau placements can have similar experiences as whāngai.

The following research questions were used to frame the exploration for the literature review.

1. When does a child’s awareness grow about being in care, adopted or whāngai?
2. What causes them to come to an understanding of being in care, adopted or whāngai?
3. How do caregivers, social workers and families talk about being in care, adopted or whāngai with children? What language is used to discuss being in care, adopted or whāngai?
4. What meanings and feelings are associated with being in care, adopted or whāngai and how does it develop over time?
5. How does it affect a child’s identity?
6. Where do children and young people feel they belong in relation to their birth and caregiver/parent whānau, hapū and iwi?

The literature review is structured into three sections with each section exploring a child's sense of understanding, meaning, identity, and belonging in relation to being in alternative care arrangements.

- Making sense of being in care.
- Making sense of being adopted.
- Making sense of whāngai.

Making sense of being in care



What we mean when we say, “in care.”

When tamariki (children) are not in safe environments, New Zealand’s care and protection legislation permits for them to be removed from their parents’ care and placed in the **custody of another party**. A child who is placed in statutory custody for this reason is referred to as being “in care”. **Most custody orders** are made in favour of the Chief Executive (CE) of Oranga Tamariki— Ministry for Children (Oranga Tamariki) – thus is sometimes referred to as being **in state care**.

However, custody orders can also be made in favour of other ‘non-CE’ parties such as an Iwi Social Service, a Child and Family Support Service, or an individual person. In addition, youth justice legislation also allows for tamariki to be removed from parents’ care and placed into custody, but this is not focused on in this review.

The living arrangement made for a tamaiti in care is known as a **placement** – and there are different types of placements. A child can either remain where they are or be in an “out of home placement”. When a tamaiti is in “out of home placement”, they can be placed with family or whānau caregivers, with non-whānau caregivers (foster care); with child and Family Support Services (CFSS), Iwi social services, residential placement, boarding school, etc.

Tamariki in care can experience a range of different types of legal status and placement arrangements over time. For example, tamariki can be in state care and be placed in residences. Or they can be in state care and be cared for by non-whānau caregivers.

In New Zealand, the most common placement for tamariki Māori in state care is with their whānau. It is an expectation that tamariki Māori are arranged to be in care with caregivers that are from their whakapapa whānau, hapū and more broadly their iwi (in terms of being placed with members of their iwi, this should only be the case if they are connected by whakapapa). When utilising the term whakapapa whānau, we are referring to the connection children have to family members who are related to them through whakapapa (connected through family history or connections).

This practice was a recommendation within Pūao Te Ata Tū specifically the Mātua Whāngai programme developed from recommendation 7. This recommendation and programme created a shift in the ways in which the Department of Social Welfare should have approached the care of tamariki Māori, the focus was aimed at supporting whānau in nurturing their tamariki (Ministry Advisory Committee, 1988). However, the Mātua Whāngai programme was disestablished in 1992 and the practices and discourses from that recommendation in many ways have been yet to be realised (Savage et al, 2021; Ministerial Advisory Board, 2021).

The principles of Te Tiriti O Waitangi have set obligations for Government organisations working in ways where Māori are participating in relationships where

they have self-determination and are treated equitably. The practice of engaging with whānau from hapū and more broadly iwi when arranging care arrangements for tamariki Māori has recently been reinforced further by the establishment of Section 7AA in The Oranga Tamariki Act 1989; and external reports requesting the transformation of practices in the way Oranga Tamariki interacts with tamariki Māori in care and their whānau. However, in many cases, these practices and recommendations are yet to be realised or embedded (Ministerial Advisory Board, 2021; Waitangi Tribunal, 2022; Parliamentary Counsel Office, 2023)

In this review, we are focusing on children who are in state care and placed in “family-like” types of placements, equivalent to whānau and non-whānau care (placement with foster caregivers), that are long term. These are in international literature referred to as “looked after” or “foster care”. We excluded residential care placements from our review.

In summary, being “in care” can look different depending on

- who has custody of the child, and
- placement of the child

In New Zealand, the most common form of custody for children in care is to be in the custody of the CE (state) and are placed with whānau caregivers, around 59% of all longer term out of home placements. The second most common placement is with non- whānau caregivers (Oranga Tamariki – Ministry of Children, Quarterly report 30 September 2020).

Children and young people struggle to understand the meaning of being in care

Children are often not well informed about the changes in care arrangements happening in their lives.

A literature review exploring the experiences of children in care, mainly from the United Kingdom found that children and young people felt that they were not well informed about what was happening to them, why they were being placed into care, what they could expect being in care, and what changes were going to happen to their lives. Additionally, most of them felt that they had limited to no opportunities to participate in the decision-making processes surrounding their cases (Van Bijleveld, Dedding & Bunders-Aelen, 2013).

The Oranga Tamariki follow up report to ‘What makes a good life?’ highlights similar insights. Some children that were interviewed felt that they were not listened to and that they could not make decisions for themselves. Children not feeling listened to was partly related to not receiving enough information about what is happening to

them. It was explained that a lack of communication and understanding about what is going on could get in the way of a good life for children and young people in care (Oranga Tamariki, 2019).

Children gain more understanding about being in care as they age, but for some, the reason for formal intervention is still unclear.

A set of surveys from the United Kingdom, exploring children's understanding for why they are in care, showed that half of young children aged 4-7-years-old did not get an explanation for why they were in care (Coram Voice, 2019). Children aged 4-7-years-old were also seen to be more confused about why they were in care. In comparison, young people aged 11-18-years-old were more likely to have gotten an explanation for why they were in care, but a small group were still unsure or did not know why. Boys were more likely to feel that they knew enough about their child protection process compared to girls.

A similar pattern emerged from an English qualitative study exploring the views of 26 children in care, aged between 6-17-years-old. The results showed that most young people were at least partially aware of their childcare process, but still struggled making sense about the need for formal interventions on family matters. It also showed that older children had clearer understandings of the child protection process compared to the younger ones (Brandon, Cossar & Jordan, 2014).

Confusion and lack of information hinder children's ability to make sense of being in care

The admission process into care does not allow for sharing information at the level needed for children.

A systematic review of child protection in England highlighted that lack of information sharing can make the admission process of child protection services confusing for children to understand (Ainsworth & Hansen, 2011). A research article by Coman et al (2016) explained that sharing information with children about the reasons they are in care often conflicts with efforts to protect the child from sensitive and possibly harmful information. Despite this, children in care services have advocated for better information, honesty, and emotional support throughout the process, to support them making sense of the changes in their lives (Coman et al, 2016).

There are several sources of confusion that children deal with when making sense of being in care.

A Canadian study interviewed 20 children about their initial placement into the foster care system. The findings from this study highlighted that placement into foster care can cause different types of confusion (Mitchell, Kuczynski, Tubbs & Ross, 2009).

Most children in the study reported that the notification that they were going into foster care elicited different types of confusion in part to the additional layers of the immediacy and unfamiliarity of the event (Mitchell et al, 2009).

Confusion about meaning of foster care.

The study indicated that many children experienced structural ambiguity, defined as the lack of clarity about the meaning of foster care and its rules. Almost half of the children interviewed explained that at the time of the placement they were concerned about whether they would ever see their family and friends again. This worry was only exacerbated for some children who explained that they were not provided with any information regarding visitation rights with their loved ones during the transition process (Mitchell et al, 2009).

Confusion about reasons for being in foster care.

Children in the study also experienced placement reason ambiguity, which was defined as being confused or disagreeing about the reason for placement into care. Half of the children in the study indicated that they did not know the reason for their placement when they entered foster care. Some children were also still unaware of their reason for placement at the time of the study, which ranged from six to 36 months since entering care. Furthermore, half of the children in the study who did receive a placement explanation still experienced some unclarity and confusion (Mitchell et al, 2009).

Confusion and worry about people they were going to live with

The most common type of confusion that children experienced when entering foster care was relationship ambiguity. Relationship ambiguity often saw children experiencing concerns about the people they were going to live with. Around 75% of the children expressed this concern and further explained that when they were given information, it was often a frustrating and anxiety-provoking experience (Mitchell et al, 2009).

The study also illustrated the cross over between relationship ambiguity and structural ambiguity. On a structural level, many children did not know that the foster carers were trained and screened to take on parental roles. Children also reported concerns about entering an unfamiliar household in which they did not know how to relate and interact within these new relationships (Mitchell et al, 2009).

Confusion and worry about foster home environment.

Another source of confusion when entering the care system was with children's foster home environments. Around 30% of children in the study were concerned

about whether they would receive basic needs, such as sleep, food, companionship, and play (Mitchell et al, 2009).

Confusion causes stress and threatens personal wellbeing.

Analysis from the Mitchell et al (2009) and Coram Voice (2019) data indicates that the confusion about foster care is associated with feeling more unsettled in their placements, unable to process what was happening, and unable to evaluate the potential of threats to their personal wellbeing, relationships, and matters of significance in their lives. All but one of the children from the Mitchell et al (2009) study perceived that the removal from their original home was forced, against their will, and without cues in the environment to explain it, undermining their personal wellbeing and autonomy.

There are a number of ways to help children understand, starting with clear and honest communication

Early and clear information about foster care can minimise children's confusion.

Adults working with children in the foster care system should also always remain open and honest where appropriate (Coram Voice, 2019). Adults should be open and honest about a child's past and plans for their care by giving consistent explanations and by keeping children up to date with any changes in their cases.

Children who are advised and supported during home transfers are less confused (Mitchell et al, 2009). Minimising the various types of confusion involves explaining the meaning and purpose of foster care, providing information about the reason for their placement into foster care, the home where they will be living, the family with whom they will be placed with, and providing children with the opportunity to raise any questions or concerns.

Narrative helps the child understand complex information.

Professional adults should not assume that children and young people are unable to understand their circumstances. Instead, adults should use age-appropriate language and ways of talking to effectively explain sometimes difficult information (Coram Voice, 2019).

Narrative is a technique that outlines a child's experience of being in care through language that is appropriate for their age and development. This is an effective way of sharing complex information and reducing a child's confusion. Narrative functions like a 'scaffold' which children can build on as their capability to understand their

history and present circumstances develops. Scaffolding narratives can also help children find a starting point for reflection about their care experiences (Coman et al, 2016). Narratives also support children and their carers to create a common language to support communication, as well as building a sense of safety for children.

Social workers have an important part to play in communicating with children about their care status.

Social workers need to facilitate a trusting and open relationship with children to help them make sense of their situations (Cossar et al, 2014). This can be supported through engaging in honest communication and providing timely information. This may not only help children understand and participate in their protection process but may also help social workers do their job in protecting the child. If social workers do not communicate with the child effectively, they may be seen as unreliable and not encourage children to ask questions to better understand their care cases.

Children often associate powerlessness, self-blame, and stigma with being in care, which affects their identity

Children often experience a sense of powerlessness due to the absence of participation in the decisions affecting their lives.

Children can feel powerless when they are not involved in the decision-making processes concerning their care. When children could not participate, they had feelings of being ignored or overlooked, leading to a decrease in their self-esteem and self-worth. Children also experienced feelings of frustration, helplessness, and desperation when their wishes and views were overruled without consideration or explanation (Van Bijeveld et al, 2013).

As an attempt to regain control in perceived unbalanced power dynamics, children can act out. McLeod (2007) interviewed social workers and children in care to explore how children in care can showcase behaviours of avoidance, active and passive resistance, aggression, denial and changing the subject, to regain control in a situation relating to their situation. These attempts by children to regain and enforce their own agendas can undermine developing a trusting relationship with social work professionals and caregivers and highlights that effective dialogue with young people is important to achieve (McLeod, 2007).

Another study by Leeson (2007) explored how the experiences of non-participation in decision-making processes can have flow on impacts on their self-esteem and resilience later in life. A qualitative study on four teenage boys highlighted that

children who do not participate in decision-making processes may lack the sense of personal agency and confidence later in life. These impacts can lead to children feeling as though they cannot make the right decisions for themselves, because they have never had the chance to before (Leeson, 2007).

Children in care might have negative views of themselves due to family history or self-blame.

A review by Baker, Creegan, Quinones & Rozelle (2016) highlighted that children's views of their birth parents and family homes may have a negative impact on how they view themselves. Analysis from the study indicated that some children minimise their parent's abusive behaviours or justify their behaviours through self-blame. Results also showed that even when children were able to recognise that their parent's behaviours were abusive, they still blamed their personal actions as the main reason for going into care. Children were also seen to downplay bad memories and experiences (Baker et al, 2016).

Birth family knowledge and caregiver support are protective factors in identity formation.

When children are separated from their parents, siblings, whānau/family, and peers for long periods of time, these relationships can be undermined. Separation and instability can impact a child's sense of identity because it can be harder to answer questions about who the child is and where they belong (Sprey-Wessing & Portz, 1982). Therefore, when a child comes into care, their sense of identity can be threatened if people in their lives are not constant. A semi-structured interview with care experienced people by Neagu and Sebba (2019) explored how children responded to the identity threat of entering care. Some common child responses were isolation, negativism (acting against the identity threat), passing (ability of a person to be regarded as a member of an identity group different to their own) or compliance (changing one's identity to fit in) (Breakwell, 2015). Interviews with adults who were in the foster care system as children highlighted that the identity threat of being in care can be mediated through knowing about or connecting with their birth family or origin.

Interviewed adults who remembered not feeling encouraged to speak about or meet their birth family were also commonly in placements where they described feelings of shame or isolation. This research highlights that caregivers can support children's identity formation by letting them have their own agency with whom they have contact with (Neagu & Sebba, 2019).

Stigma has a strong influence on shaping the identity of children in care.

Stigma can affect children, parents, and caregivers within the foster care system.

A report in the United States interviewed young adults who had been in the foster care system. The results from this report highlighted that at some point participants felt stigmatised for having a history with the care system, often feeling like they were labelled as 'bad kids.' Birth parents and foster parents in the same study also mentioned feelings of stigmatisation, by being labelled as 'abusive parents' or 'in it for the money.' (Hochman et al, 2004).

Adults who were in the foster care system as children explained that there is a view that foster children are unwanted and/or are troublemakers (Vojak, 2009). These kinds of views can make children feel that adults expect them to be difficult and fail, leading towards potentially self-fulfilling behaviours like being disruptive in classes and exhibiting problem behaviours.

Stigma can overwhelm a child's identity

The same report by Vojak (2009) explored how foster care labels can exacerbate stigma, negatively impacting a child's ability in defining their identity. Negative labels often dominate self-perception and can take on a 'master-status,' overwhelming a child's other attributes. Children are more susceptible to identity damage from stigma as they do not yet understand stigmatisation until it has already become a solid part of their identity. Therefore, children in care who deal with issues of stigmatisation may experience greater level of self-contradiction, a threatened self-image, lowered self-esteem, anger, frustration, emotional denial, and cognitive impairments (Vojak, 2009).

Children are not comfortable with peers knowing that they have been in care.

Finkelstein, Miranda and Warmesley (2002) studied the educational experiences of 25 children in foster care to understand why children feel uncomfortable about sharing their foster care status to others. Children who were not comfortable sharing their care status attributed it to the stigma that comes with foster care. Children described lacking a sense of privacy if their information was shared, the awkwardness of having to explain their situations, or being worried that they would be teased about their background, which often involved poverty, mental illness, and a parental criminal or drug abuse history. Results from the study indicated that nearly half of the children were not comfortable sharing their care status with peers, with some limiting their interactions with their peers to avoid being 'found out.' Consequently, foster children may become socially isolated and withdrawn in order to protect themselves from perceived threats and further trauma (Finkelstein et al, 2002).

Identities emerging from foster children's stories: victim, survivor, and victor.

A narrative analysis of 17 former foster children's online stories showed they can try to make sense of events through storytelling, creating either a victim, survivor, or victor sense of identity (Thomas 2014).

A victim sense of identity is experienced when people think about what could have been. Children with victim identities often struggle moving on from their past, due to issues of feeling unworthy or feeling that their chances of success are ruined. This has prolonged impacts even once they have left care (Thomas, 2014).

When children create a survivor identity, they often view themselves as living to tell the tale, but that life after foster care still holds hope. Despite this, survivor identities usually still have to deal with ongoing feelings of unworthiness (Thomas, 2014).

Children who created a victor sense of identity viewed themselves as overcoming the system and achieving what they wanted to, regardless of the challenges. Victor identities also helped children emerge from hard situations and pick-up skills that they could use later in life to achieve their goals (Thomas, 2014).

Nelson (2017) showed similar results between victim, survivor, and victor identities. Compared to victors, children aligned with the victim or survivor identities tended to demonstrate lower general sense of wellbeing and expressed less hope for the future.

Children's sense of belonging to family varies according to their experiences

Belonging varies from viewing foster parents as if they were parents, to simply participating in family activities.

Belonging can be shaped by day-to-day family practices, the actions and commitments of foster and birth parents, children's mental representations of their past and current experiences, and the meaning that children associate with biological and non-biological relationships (Biehal 2014). Four types of perceived belonging came out of the Biehal (2014) study.

- Children can be attached to their foster families and view their carers 'as if' they were parents. This usually occurred when children had no memory of living anywhere else before their current home and when they felt loved by their caregivers.
- Children also felt a sense of belonging to their foster caregivers through identifying themselves as a member of the family, but also still aware that they belonged to another set of parents. This created the feeling that their foster family was 'just like' having another set of parents. Having the 'just like' sense of

belonging usually occurred for children who had joined their foster care family at a later age.

- Some children also viewed their foster carers as qualified adults who have the professional skills to care for children. These children did not view their carers as their parents usually because they were dealing with conflicts of loyalty with their birth families. As a result, the children would try not to get too close to their foster families.
- The final type of belonging was 'belonging in practice,' where all concerned would behave as if the foster family was a lasting unit. This is because the children were fully included in day-to-day family life, and routine family activities on special family occasions, such as birthday celebrations, family outings and holidays.

Language can be an expression of a child's sense of belonging.

Children create self-defined meanings of 'family' with their foster parents and foster siblings which can go beyond the boundaries of biology. The language children use is an example of this. Calling foster carers 'Mum and Dad' and calling carers children 'Brother and Sister' were strong symbolic indications of membership within their foster family and the 'normality' of their relationship (Biehal, 2014).

"Hand-me-downs" clothing can support a child's sense of belonging.

Oranga Tamariki caregivers said that clothing can provide children in care with a sense of belonging both within, and outside of, the family unit. An example of this is when children receive hand-me-downs from older children. Getting hand-me-downs from foster siblings treats children as one of the family. Clothes can therefore positively include children and build a child's sense of belonging with their foster family (Oranga Tamariki, 2021).

Making sense of being adopted



What adoption means

Adoption is the legal transfer of parenting rights and responsibilities from birth parents to adoptive parents. Legally, adoption replaces all the child's birth-family relationships with those of the adoptive family.

History of New Zealand adoption from closed to open

The introduction of the Adoption of Children Act 1881 made New Zealand the first British Empire to make adoption legal. The adoption laws were developed as a way of giving adoptive parents the security of knowing that the 'destitute' children they were adopting could not be taken back by their families. The Adoption of Children Act 1955 brought about the practice of closed adoption; based on the clean break theory, children's ties to their birth families were completely severed. The clean break theory aligned with the tabula rasa or blank slate child developmental theory where a child was deemed to be a completely blank slate ready to be moulded by their environment (Ahuriri-Driscoll et al., 2021; Mikaere, 1994; Else, 2011; & Savage et al, 2021).

These concepts of closed adoption and the child losing their sense of connection to their birth family are completely foreign to Māori, there is no equivalent of this type of adoption process in Māori practices. Whāngai has been referred to as Māori adoption however this is not how whāngai is or has ever been practiced. We will discuss the process of whāngai further on in this review, however it is pertinent to express how the rights of the children in Māori society were at the forefront and it was the collective responsibility of the whānau, and hapū to realise and recognise the potential of the child and give them all the support and guidance they needed to feel and know their whakapapa (Savage et al, 2021; Mikaere, 1994).

The 1955 Adoption Act caused concerns for many. Concerns regarding this Act ranged from the disconnection from whakapapa and whānau to the lack of access for adoptees to their family records and information. The continued opposition to the discourses in the Act led to the passing of the Adult Adoption Information Act 1985 in the New Zealand Parliament. The Adult Adoption Information Act 1985 provided adoptees over twenty years of age, the right to gain access and information about their birth records; however, both parties (the adoptee and the birth family) had the right to decline these requests for up to ten years and then they could renew this condition for another ten years. This legislation has created far reaching and lifelong impacts for those subject to it. Furthermore, many Māori adoptees have been hindered in learning their whakapapa and developing a sense of belonging and interconnectedness that might otherwise happen when raised surrounded by whakapapa whānau (Ahuriri-Driscoll et al., 2023; Perkins, 2009).

From 1986 adoptees were able to request information about their birth families and open adoption arrangements became encouraged. Open adoption is when the biological and adoptive families participate in the process of placing the child with an adoptive family but have access to varying personal information and may continue to have contact thereafter (Else, 2011). The practice of open adoption aligns more closely with the Māori practice of whāngai. With whāngai, children are supported to be in care arrangements with close whānau or members of their hapū or if necessary, more widely their iwi. These arrangements are commonly talked about openly and contact with birth parents can be varied depending on the benefit or detriment on the development of the child (Savage et al., 2021).

Although open adoption has been encouraged in recent years, the 1955 Act is still in place, sometimes making it difficult. There is currently a review of adoption legislation underway in New Zealand, which seeks to address some of these challenges. Some of the objectives of this legislation reform are to consider adoption laws which meet contemporary needs and expectations; to ensure that the rights of children are central to adoption practices and laws; and to ensure that adoption laws and practices are culturally responsive and are meeting the obligations of Te Tiriti o Waitangi (Ministry of Justice, 2022).

Children typically learn about being adopted in preschool years, but their understanding develops later

Children can first learn about being adopted at pre-school age.

Brodzinsky (2011) identified that parents start making references to their adopted children's origin stories throughout the first few years of life. Active attempts to share meaningful information to children about their adoption also typically begins in the pre-school years. Children as young as three to five years old can label themselves as being adopted. This age group can also identify having birthparents. However, the capacity for understanding this is somewhat limited, meaning that despite learning the language, young children do not truly understand what adoption means until a later age.

Once children reach school-age, they gain more ability to conceptualise simple explanations offered by their adoptive parents regarding the circumstances of their adoption (Brodzinsky, 2011). This means that additional information about their adoption story can develop and become more detailed as children get older.

Adopted children can experience a sense of loss that can result in confusion

Adopted children can experience different feelings of loss when they are separated from their birth families (Brodzinsky, 2011). Children adopted as babies commonly experience a delayed sense of loss as they begin to understand the meaning and implications around why adoption occurs, usually around six to seven years of age. Meanwhile, children who are adopted at older ages usually experience the loss of their birthparents, siblings, and or extended family more acutely because it involves the severing of known relationships. Therefore, children can either experience infrequent and mild feelings of confusion and sadness, while other adopted children may experience more profound grief-related emotions (Brodzinsky, 2011). The grief arising from the loss of the birth relationship can impact future relationships, particularly as the adoptee may feel uncertainty about their place in their adopted family (Blake, 2013).

There are many ways to support children in making sense of being adopted

The following ways that can support children in making sense of being adopted is based off clinical practice and cases, the voices of adopted children and their adoptive parents, and from experiences with family openness by parents and children.

Support child's connection to their past/origin.

Parents can help children make sense of their situations by supporting children to feel connected to their past and origin. One method for adoptive parents to use is encouraging and helping their child to find out information about their past. This is because it promotes children to integrate this aspect of their life into a healthy sense of self because it normalises their curiosity and feelings about their adoption (Brodzinsky, 2011).

Start the story with birth and how families are formed.

Parents should begin explaining their child's adoption story with their birth, not the adoption. This is because it is important for children to understand that they are created through a biological process. Once this process is understood, parents can then explain how families are formed (Brodzinsky, 2011).

Parents should use neutral language when referring to birthparents.

To help children make sense of their adoption story, parents should be aware of their own feelings and emotions about their children's histories. Adoptive parents should avoid negative judgements about the birthparents or child's background. This is because children can easily pick up on emotions and tones and adopt them as their

own beliefs (Brodzinsky, 2011). In the New Zealand context for instance, Blake (2013) discusses how prevailing discourses around illegitimacy were reinforced in her adoptive family, with the implication that she came from an unacceptable family. This discourse undermined the loving and accepting environment that adoption was intended to provide.

Early conversation about adoption has advantages over late conversation.

Early story telling has advantages over late story telling. This is because early conversations will normalise the language around adoption. Early story telling can also support parents because children aren't developmentally ready to ask more direct, complex, and possibly difficult questions about their stories (Brodzinsky, 2011).

Making children comfortable to ask questions helps.

Parents should create a family atmosphere that is comfortable for children to ask questions about their backgrounds and family dynamics. This is because it will support children in making sense of their situations. Adoptive parents need to be affectionate, calm, and emotionally available to meet the needs and views of their children during these discussions (O'Neill, 2004).

Honesty is important when talking about adoption.

Despite adoptive parents sometimes feeling confused or worried about how to discuss their child's adoption history, parents should never lie or try to hide the truth. Instead, parents should acknowledge their child's past and foster open, honest, and respectful parent-child communication about adoption (Brodzinsky, 2006).

An article by Nelson (2017) also highlighted that honesty supports bonding because open communication between parents and their adopted children has a positive relationship with children, helping them to feel closer to their adopted parents.

Discussing adoption is an ongoing process and dialogue, not an event.

Children can be supported in making sense of their adoption with communication being a dialogue and not a single one-off event where adults speak at them (Brodzinsky, 2006). When adoptive parents ask children questions and normalise curiosity, they are ensuring that their child's understanding of the information is accurate. If their understanding is not right, parents can then make efforts to correct any misperception (Brodzinsky, 2006).

Adopted children's identities can be influenced by questions about being wanted and stigma

Identity shaping depends on the individual child, family and other factors.

Article 30 under the United Nations Convention of the Rights of the Child (UNCRC), which New Zealand ratified on 6 April 1993, states that every child has the right to learn and use the language, customs, and religion of their family (United Nations, 1989). Children's identity formation is developed when they are nurtured and are supported to gain knowledge of where they belong, and who they are within the context of their whānau.

Identity is shaped through the influence of the individual, family, and those outside the family. An individual's temperament and self-esteem are two examples that can influence how adoption shapes a person's identity. Within the family, parents' attitudes, and the quality of parent-child relationships can also influence how children feel about their adoption story. For members outside of the adoptive family, experiences with birth family, peers, schoolmates, and broader society, can also influence a child's sense of identity in relation to their adoption story (Brodzinsky, 2011).

Newman (2013) discusses how this is an impossible task for adopted persons who were not permitted, during to learn and know their whakapapa. Identity formation is a lifelong process, and many Māori adoptees discuss ways in which they were and are required to navigate both their ethnic identity and their identity as a Māori person who has been raised as Pākehā and not knowing about where they are from (Ahuriri-Driscoll, 2020; Ahuriri-Driscoll, Blake & Dixon, 2023).

Stigma also has an influence on adopted children's identities.

Children who are adopted can question their value to their adoptive families, due in part to the stigma that adoption can have. Although adoption is seen as admirable, it can also be seen by people as less desirable than natural reproduction to start a family. When children experience these feelings of stigma it can create negative attitudes, which can cause a loss of status and undermine their self-esteem and identity (Brodzinsky, 2011).

Adopted children can question whether they were wanted by birth parents.

Adopted children may start to question whether they were wanted by their birth parents; this happens usually between the ages of six to 12 years (Brodzinsky, 2011). This is because middle aged children undergo cognitive and emotional

development that can impact their understanding of adoption. For example, their ability for problem solving increases, allowing children to learn that birthparents may have had other options than placing their child up for adoption. A growing capacity for problem solving may mean that children can reject, or challenge explanations given to them regarding how they came to be adopted. Such questioning can therefore undermine how children view themselves and their origins (Brodzinsky, 2011).

Adopted children do not want to reveal to peers that they were adopted.

An English study on 43 adopted children highlighted that most had experienced stigma (Neil, 2012). Children described how classmates would spread their adoption status around, tease them, and ask personal and embarrassing questions about their birth families, which they found upsetting (Neil, 2012).

Open, supportive and empathetic family communication supports a positive sense of self

Parents who are more open, supportive, and empathic in their communication about their child's adoption story were more likely to have children who could integrate their adoption into a positive sense of self (Brodzinsky, 2006). A USA based study on 73 children highlighted that family structural openness (i.e., level of contact with the birth family and amount of identifying information shared) was also positively linked to higher ratings of adopted children's psychological adjustment. The same was seen with adoption communication openness (i.e., the extent to which adoption issues and emotions are explored and communicated) (Brodzinsky, 2006). This aligns with findings that show exploring connections to children's birth families can facilitate positive adoptive identity development (Brodzinsky, 2011).

Relationship is important to sense of belonging

In preschool years, children usually define family in terms of geographical and emotional criteria. For young children, the people with whom they live with and love them are considered family (Brodzinsky, 2011). Therefore, biological relatedness can sometimes play a limited role in young children's understanding of family at this point in time (Brodzinsky, 2011).

For Māori and Pacific people's family and extended family collectives promote and support wellbeing.

In traditional and contemporary Māori culture, the social and cultural structure of the whānau unit contributed significantly to the wellbeing of tamariki Māori. The view of tamariki is that they are the epitome and the future of the whānau; their needs and wellbeing should be nurtured and met by many members of the whānau (Pihama,

Cameron, & Nana, 2019). Māori models of wellbeing such as Te Whare Tapa Whā and Te Wheke discuss the ways in which wellbeing is developed and sustained by nurturing and supporting all areas of a person's wellbeing through acknowledgement of their physical, emotional, cognitive, spiritual and whānau perspectives (Lawrence-King, 2011; Ako Aotearoa, 2012; Pere, 1997).

“Ki te tupuna ki te kākano, ka whati; ki te kāpuia, e kore e whati- If a reed stands alone, it can be broken; if it is in a group, it cannot” (Elder, 2020, p.119).

The idea of the family being central to the wellbeing of children also correlates with ideals from many Pacific cultures as well. Fonofale is a model of health which views the role of the family as being the foundation for holistic wellbeing. Fonofale bears similarities to Te Whare Tapa Whā and Te Wheke. The key focus of these three models is the importance of whānau and cultural connection to a person's holistic wellbeing (Endemann-Pulotu, 2001).

When considering holistic wellbeing in terms of the spiritual and whānau aspects of these models, this can be challenging for adoptees who have experienced forms of disconnection and loss of their culture due to closed adoptions. Ahuriri-Driscoll (2020) aligns adoptees' experience of self and identity to Māori creation narratives, through the stages of Te Kore, Te Pō and Te Whaiao. Te Kore describes experiences of adoptive identity, without knowledge of whakapapa or birth whānau relationships, an empty albeit potential-filled void. Te Pō describes the experiences associated with pursuit of biological and genealogical self and identity through reunion and contact with birth whānau, stages of darkness where absence and lack is replaced with knowledge and relationship and there is movement towards enlightenment (Te Ao Mārama). A final stage (Te Whaiao) involves creation of self and identity beyond the bounds of adoptive and birth whānau, personally and culturally through becoming parents and taking on roles and responsibilities relating to the Māori world. This metaphorical journey encapsulates the struggles and difficulties adoptees face in gathering knowledge of where they come from and discovering who they are and their place in the world as Māori. Unfortunately for some they do not and may not find out their whakapapa connections so may to some degree remain in a state of darkness and find developing their holistic wellbeing a challenge.

Children use positive words to describe their adoptive parents and are not confused about their relationship to them.

Adopted children commonly use words like lovely, nice, kind, and friendly to describe their adopted parents and words like happy, good and fun to describe how being adopted felt to them (Neil, 2012). Children who used these words to describe their situations usually emphasised that it was due to them being part of the family (Neil, 2012). Children were also not confused about who was in responsible for them, even when they had some sort of relationship with their birth parents (Neil, 2012). This understanding helps children to know where they belong in relation to their birth and adoptive parents.

There are specific challenges with being adopted into a family of a different ethnicity.

Being adopted internationally or having adoptive parents of different ethnicity creates additional complexities. Lee (2003) coined the term 'transracial adoption paradox' to refer to the conflicted position occupied by transracial and international adoptees in terms of socialised as whites in their white adoptive family while being seen by wider society as a racial-ethnic minority member. When transracial/international adoptees don't identify or behave in a way deemed consistent with their race/ethnicity, they are deemed as problematic or flawed, or inauthentic because of their lack of lived experience within their racial/ethnic community.

This experience of racial/ethnic 'dissonance' can manifest in several ways. For example, one study found that children who were adopted from either China or India by Dutch parents wished that they looked white, and that they had been born into their new family rather than adopted (Juffer & Tieman, 2009). Haenga-Collins and Gibbs (2015) found that Māori adoptees raised in non-Māori adoptive families had an enduring sense of not belonging in either Māori or Pākehā worlds.

However, when transracially adopted children are exposed to positive racial and ethnic role models, and when their adoptive parents provide honest information about their heritage and are themselves critically race-conscious, they are generally more successful in integrating this aspect of themselves into a healthy and secure self-identity. Without these experiences, children may experience ongoing confusion and insecurity about their ethnic heritage, undermining their self-image and sense of belonging (Juffer & Tieman, 2009).

Language is also an expression of belonging and connection.

The ability to choose who to call "Mum" and/ or "Dad" is an important factor of understanding how children view important adults in their lives and build their own identity (Neil, 2012). Children usually referred to their adoptive parents as "Mum" and/ or "Dad", while they usually distinguished their birth parents by calling them "birth Mum and/ or Dad" or "tummy mummy" (Neil, 2012). Children usually used language that would identify a biological connection to distinguish having two sets of parents (Neil, 2012).

Making sense of being whāngai



Throughout this section of the review, we will use the term whānau in reference to the concept of whakapapa whānau as we are referring to the practice of whāngai which is steeped in Māori ways of being. The term whānau does not directly translate to family but rather a group of people either with a shared vision or shared ancestry; whakapapa whānau clearly defines the family that children are connected to by whakapapa (Lawson-Te Aho, 2010).

Whāngai is a customary Māori practice of raising children

As discussed previously, the concept of adoption is completely foreign to Māori ways of being and knowing. There is nothing in traditional Māori culture that is equivalent to the practice of adoption. The practice of whāngai is often compared to adoption, however each practice is significantly different and based on different social and cultural constructs. The term whāngai translates ‘to feed or nourish’. In terms of support of tamariki this does not simply refer to food, it encapsulates the overall wellbeing of tamariki including knowledge of their culture and whakapapa (McRae & Nikora, 2006).

From a Māori worldview, whāngai is an obligation of the whānau whāngai- the whānau who have been designated or chosen to care, to to nurture and uphold the mana and whakapapa of the child. Webber (2017) states that all mokopuna are born with mana and they need support to develop their cultural efficacy. We must acknowledge and celebrate them and recognise and realise the potential they have inherited through their whakapapa. According to Kirby (1994) tamariki Māori have the right, as tangata whenua (people of the land), to their birth culture, its languages, its inheritance to land and history. .

Whāngai promotes the wellbeing of the whole whānau.

Whāngai promotes whānau wellbeing by keeping tamariki within their whānau, hapū or iwi, strengthening these relationships and connecting to them to their culture. The Mātua Whāngai programme which was established off the back of the recommendations within Pūao te āta tū (1988), was an approach to care which was more appropriate for Māori. It aligned much more closely to Māori concepts such as whāngai where knowledge of whakapapa and ways of knowing and being as Māori would be nurtured rather than stifled. The programme sought to place tamariki Māori with Māori caregivers from their own whakapapa whānau.

The following whakataukākī is a representation of the epistemologies of Māori. The purpose of this whakataukākī was to highlight the importance of tamariki in the whānau structure, through the imagery of the harakeke plant. It seeks to place tamariki at the centre of their whānau and key to the overall structure and wellbeing of it.

Nā Meri Ngāroto

Hutia te rito o te harakeke,

If the heart of the harakeke was removed,

Kei hea te kōmako e kō?

where would the bellbird sing?

Kī mai ki ahau; He aha te mea

If I was asked, what was the most important thing in the world?

nui o te ao?

Māku e kī atu,

I would be compelled to reply,

He tāngata, he tāngata,

it is people, it is people,

he tāngata! Hī!

it is people!

The rito (centre shoot) of the harakeke represents the child. The rito is then protectively surrounded by the awhi rito, which represents the parents. The outer leaves of the harakeke represent the tūpuna (grandparents or ancestors). When the rito is removed from the harakeke, and is no longer protected by outer leaves, it stops growing and dies. When considering the concept of this whakatauākī in reference to tamariki who are disconnected from their whānau, tamariki in this position cannot fully flourish, nor can the whānau.

Whāngai protects and upholds tamariki identity

One key aspect of whāngai is that it protects and promotes positive identity development for tamariki. This is because whāngai tamariki learn about their heritage, culture, and language through remaining within their whānau. A theoretical framework by Mead (1994) helps to explore this idea

Pūrākau (Māori epistemologies) discuss the concept of whāngai, particularly in the kōrero about Māui who was raised by his uncle but returned to his mother in later life. (Gossage, 2011; Keane, 2011). Mead (1994) used the story of Māui and his uncle to create a framework to help explain whāngai and what it promotes. The first aspect of Mead's (1994) framework encapsulates the possible processes of whāngai, the first part being 'Te Take' (rationale) Whāngai can happen for many reasons such as the strengthening of kinship relationships; support for wāhine who are unable to have tamariki of their own; to pass on cultural knowledge and practices; taking shared responsibility for tamariki if their parents have passed away, are unwell, or are in need of whānau support. The second aspect is 'Te Whanaungatanga (the relationship/kinship). The practice of whāngai supports tamariki identities because it is usually based on whakapapa connections. The principle of kinship supports tamariki to know their social and cultural contexts, through acknowledging their heritage, culture, and language. This knowledge and connection promote positive identity development by protecting the self-esteem,

mana and tapu of tamariki. Unlike other care types, which up until recent history were closed and done through legal arrangements, the whāngai system was and remains an open agreement, usually outside the Government's legal processes of adoption (Keane, 2011). Therefore, whāngai tamariki know who they are, as one adopted adult explained in McRae and Nikora interviews about his whāngai son, "I had one set of parents. It is different for my son; he has two sets of parents" (McRae & Nikora, 2011, p. 11).

Being whāngai and developing and maintaining a sense of belonging

Tamariki belongs with the whānau.

The third part of Mead's framework is 'Te Whāngai' (the nurturing). As discussed previously, whāngai goes beyond the meaning 'to feed' in terms of food and extends to nurturing the holistic wellbeing of tamariki. The fourth aspect is 'Te Kimihanga i te Whakapapa' (seeking the identity). This part is about maintaining the whakapapa knowledge and rights of tamariki so that they know who they are, where they come from and will not have to go through the traumatising experience of searching for their whakapapa. Whakapapa links are acknowledged and maintained because whāngai usually occurs within the child's own kin group and placements are arranged to secure and strengthen these links (McRae & Nikora, 2006). Interviewees from McRae and Nikora (2006) also highlighted that whāngai is a lifelong experience that strengthens whanaungatanga (relationship, kinship, sense of family connection).

The remaining parts of the framework are 'Te Mana Whānau' and 'Te Mana Whānau Whāngai' which are about protecting and nurturing the mana of the whakapapa whānau. Newman (2013) suggests that had Māori children remained within their own whānau in whāngai placements rather than closed adoption, they would not be exposed to another form of 'cultural violence'. One example of whāngai.

A documentary from 2018 called "Sharing the Love" follows a whānau that decides to whāngai their baby to the birth mother's brother and sister-in-law. The whāngai family obtained a parental guardianship order, which provided them parental rights without going through formal adoption.

The reasoning for the arrangement (te take) was that the birth mother's brother and sister-in-law wanted to and had been trying for years to have a second baby but had been unsuccessful. This baby would remain within its whakapapa whānau and will go on to have a relationship with both sets of parents.

The story explored how the birth parents saw this as a loving decision. The birth mother also explained that this practice of whāngai meant that her baby remained with them, as a member of the collective (thereby supporting te Kimihanga i te whakapapa) The Mātua whāngai also considered that this had would bring their whānau even closer, as their two whānau would be deeply connected through this baby (te whanaungatanga). Drawing on the fluid and more expansive kin relationship language of te ao Māori, the birth mother referred to herself as Aunty, despite explaining that the baby will know he is whāngai.

Conclusion



Overall

This literature review explores insights into children's understanding of being in care, adopted or whāngai. It also seeks to understand what meaning it has for children, what language they use, and how being in care, adopted or whāngai can influence their sense of belonging and identity. Despite each child having unique experiences, there is some commonality between children who have been in care, adopted, or whāngai.

The literature review update has sought to be more explicit about and inclusive of the perspectives of Māori adoptees, and challenges and barriers they have faced due to the assimilationist practices of closed adoption and the Adoption Act 1955.

Understanding of being in care, adopted or whāngai

Evidence gathered shows that children who have been in care or adopted can begin understanding their care history at young ages. However, children in care can have their understanding undermined due to lack of information, being confused about the meaning of being in care, the reasons why they are in care, worrying about who they will live with and whether their new environment will offer them what they need.

While adopted children may not experience the same degree of confusion as children in care, similar efforts to support a child's understanding can be applied for both children in care and adopted children.

To support a child's understanding of their care history, adults should engage in early, clear, open, and honest communication that is age appropriate. Other efforts include the narrative analogy, where more detail and information are given to children as they grow older, as well as ensuring that their care story is not a one-time conversation. Children should also have trusting relationships with adults, where they feel comfortable to ask questions about their histories.

Different to the history of being in care or adopted, the practice of whāngai has usually been an open process that upholds efforts to promote children's understanding of their origins.

How being in care, adopted or whāngai impacts a child's sense of identity

Being in care and being adopted can undermine a child's sense of identity through feelings of powerlessness, self-blame, and unworthiness and can continue to impact the individual's future relationships. Children in care can experience feelings of powerlessness when they are not included or updated in decision making processes, which can lower their self-esteem and self-worth. They can also blame themselves for being in care, damaging how they view themselves.

For Māori who experienced closed adoption, the impact extends to Māori and cultural identity due to not knowing their whakapapa connections and/or iwi affiliations (Haenga-Collins, 2017; Ahuriri-Driscoll, 2020; Newman, 2013). Promoting a positive sense of identity for children in care and in adoption can be achieved by helping them connect to or gather information about their birth families or origin. Support from caregivers or adoptive families should be done with understanding, empathy, and open and honest communication.

Whāngai differs significantly from 'in-care' and adoptive practices and promotes a healthier sense of identity because it can maintain whakapapa links by keeping tamariki within their whānau. The maintenance of relationships with both birth and mātua whāngai may mean they are less likely to experience the same questions of being unwanted as children in care or adopted, helping them to form positive identities.

How being in care, adopted or whāngai impacts a child's sense of belonging

Being in care, adopted or whāngai can influence a child's sense of belonging. For children who have been in care, their sense of belonging can be influenced by how they make sense of their histories and experiences with their birth families. Children in care also experience different levels of belonging towards their caregivers and foster families. This ranges along a scale of belonging - viewing caregivers 'as if' they were their parents and family, 'just like' their parents and family, 'qualified' to care for them but not their parents or family, or 'belonging in practice' through family-based activities.

For young children who were adopted, family is usually defined by who they live with and who loves them, indicating that biological relatedness sometimes plays a limited role. Transracial adoption can come with its own set of complexities when it comes to belonging, because children can feel less connected to their adoptive family when they do not share physical, racial/ethnic, or other resemblances and they are disconnected from their birth, cultural and ethnic heritage. However, these challenges to belonging can be alleviated when children have positive role models of their own ethnicity and are provided with information about their heritage and origin.

Within the Māori world view, children do not just belong solely to their parents, but belong to their wider whānau. It is the obligation of the whakapapa whānau to ensure the holistic wellbeing of children is supported and nurtured and that their potential has been realised and supported to flourish. Therefore, the practice of whāngai does not undermine a child's sense of belonging but instead seeks to strengthen it. it.

Stigma can stop children from talking about their family situation

Children in care and in adoption can experience various types of stigma, which can negatively impact their sense of identity. For children in care, they can experience stigma through being viewed as 'bad kids', 'troublemakers', or unwanted, which can take on master status in defining a child's identity. Adopted children can also experience stigma because adoption can be seen as less desirable as natural reproduction.

Studies on both groups showed how they did not want school peers to know about their family situation, usually because it would invoke upsetting questions about their birth families or because they would be teased.

Language is symbolic for all care types

Whāngai, adoption, and being in care, are similar in that language can sometimes distinguish having two sets of parents. For children in care, calling foster parents 'Mum and Dad' and their caregivers' children 'Brother and Sister' were strong indications of family membership. For adopted children, distinguishing a biological relatedness, like 'tummy mummy', is common to identify having two sets of parents. Whāngai may refer to both sets of parents as Mum and Dad or utilise the terms whāea and mātua which can mean mum or aunty; or uncle or dad... The language that children and adults use can therefore symbolise their sense of belonging in terms of family membership.

Unfortunately, no studies that specifically explore the language that children use to talk about their care situations were found. However, this will be a focus for the research project that this literature review seeks to support.

Appendix 1



Glossary

Harakeke	<i>New Zealand native flax with long, stiff, upright leaves and dull red flowers</i>
Hapū	<i>Kinship group traditionally consisting of a number of whānau sharing descent from a common ancestor</i>
Iwi	<i>Extended kinship group often referring to a large group of people descendent from a common ancestor and associated with a distinct territory</i>
Mana	<i>Mana is a spiritual force in a person, place or object. Authority, power, influence, status, spiritual power</i>
Mātua Whāngai	<i>Whāngai parents</i>
Pākehā	<i>Of European descent – usually applied to English-speaking Europeans</i>
Rito	<i>Centre shoot, young centre leaf of the harakeke</i>
Tamaiti/Tamariki	<i>Child/Children</i>
Tangata Whenua	<i>People of the land</i>
Taonga	<i>Treasure, anything considered to be of value including socially, culturally resources, phenomenon, ideas, and techniques</i>
Te Kore	<i>The empty void, the great nothingness.</i>
Te Pō	<i>The darkness,</i>
Te Whaiao	<i>Daylight, world of light</i>
Te Ao Mārama	<i>The world of light and life, understanding</i>
Tūpuna	<i>Ancestors, grandparents</i>
Whakapapa	<i>Genealogy, lineage, descent</i>

Whakapapa whānau	<i>Family members who are connected through shared whakapapa (family connections)</i>
Whakatauākī	<i>Māori epistemologies through a proverb by a specified author</i>
Whānau	<i>Extended family, family group, the primary unit of traditional Māori society</i>
Whāngai	<i>To feed, nourish, bring up, foster, adopt, raise, nurture, rear</i>
Whanaungatanga	<i>Relationship through shared experiences and working together which provides people with a sense of belonging</i>

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