

**EVIDENCE CENTRE**  
TE POKAPŪ TAUNAKITANGA

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# **NGĀ RIPO – JOURNEYS OF CHANGE:**

**A Kaupapa Māori research study on the  
training and development for caregiving  
whānau pilot programmes**

October 2020

**SHORE & Whariki Research Centre**

Massey University, POB 6137, Wellesley Street, Auckland



**ORANGA  
TAMARIKI**  
Ministry for Children

# EVIDENCE CENTRE

## TE POKAPŪ TAUNAKITANGA

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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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Whakarongo ! Whakarongo ! Whakarongo ! Ki te tangi a te manu e karanga nei "Tui, tui. tuituia !"

Tuia i runga, tuia i raro, tuia i roto. Tuia i waho, tuia i te here tangata.

Ko tenei te mihi atu ki a koutou katoa o te ao. Ko tenei te mihi aroha ki a koutou.

This kaupapa has been deep as it has been wide. We have been on a hikoi together covering six regions across Te Ika-a-Māui along a pathway of discovery, learning and listening. Our journey together with providers and Oranga Tamariki was about honouring our caregivers and tamariki in ways that spoke to them.

Ngā mihi nui e te whānau o ngā Mātua Whāngai. Thank you caregivers for gifting your time, your stories and your insights. Thank you to the providers for opening your doors. To all the iwi and hapū thank you for your manaaki and tautoko. We acknowledge tautoko me manaaki nā Sara Tapaeru Minster raua ko Kerry Leggett. Thank you to Oranga Tamariki staff for your contribution.

# EXECUTIVE SUMMARY

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*At the end of the day these children are going to be looked after best by caregivers who have had the best support... in order for us to have great children, you have to have good caregivers. (Māori, Whakatāne)*

This report describes the findings from a Kaupapa Māori research study of six distinct Training and Development for Caregiving Whānau (TDCW) pilot programmes – aimed to improve the capability of caregiving whānau, build better attachment between tamariki and caregiving whānau, achieve placement stabilisation, and improve outcomes for tamariki.

TDCW programmes varied from purely clinical-based, to a combination of clinical and Kaupapa Māori based, to fully Kaupapa Māori, mātauranga Māori based, and were delivered across Te Ika-a-Māui for caregivers in Tāmaki Makaurau, Waikato, Whakatāne, Heretaunga, Taupō, and Pōneke.

Exploratory research centred on understanding the journeys and changes experienced by caregivers, provider staff, and Oranga Tamariki social workers. Evaluative aspects were included, related to the procurement, design and implementation of the six TDCW programmes, and early outcomes described by participants. Key research questions included:

- What changes, benefits, and challenges were experienced by the participants (caregivers, providers, and Oranga Tamariki social workers) of each TDCW pilot?
- Through what journey did those changes and benefits arise, and how were they supported?
- What aspects of the TDCW pilots contributed to change for participants?
- How were TDCW providers and their programmes supported by Oranga Tamariki? What worked well, and what could be improved?

Kaupapa Māori research often involves “by Māori, for Māori, with Māori”, alongside participatory approaches committed to social justice and equity, and generally emphasises collaborative, grounded, critical assessments that seek collective benefits and transformation.

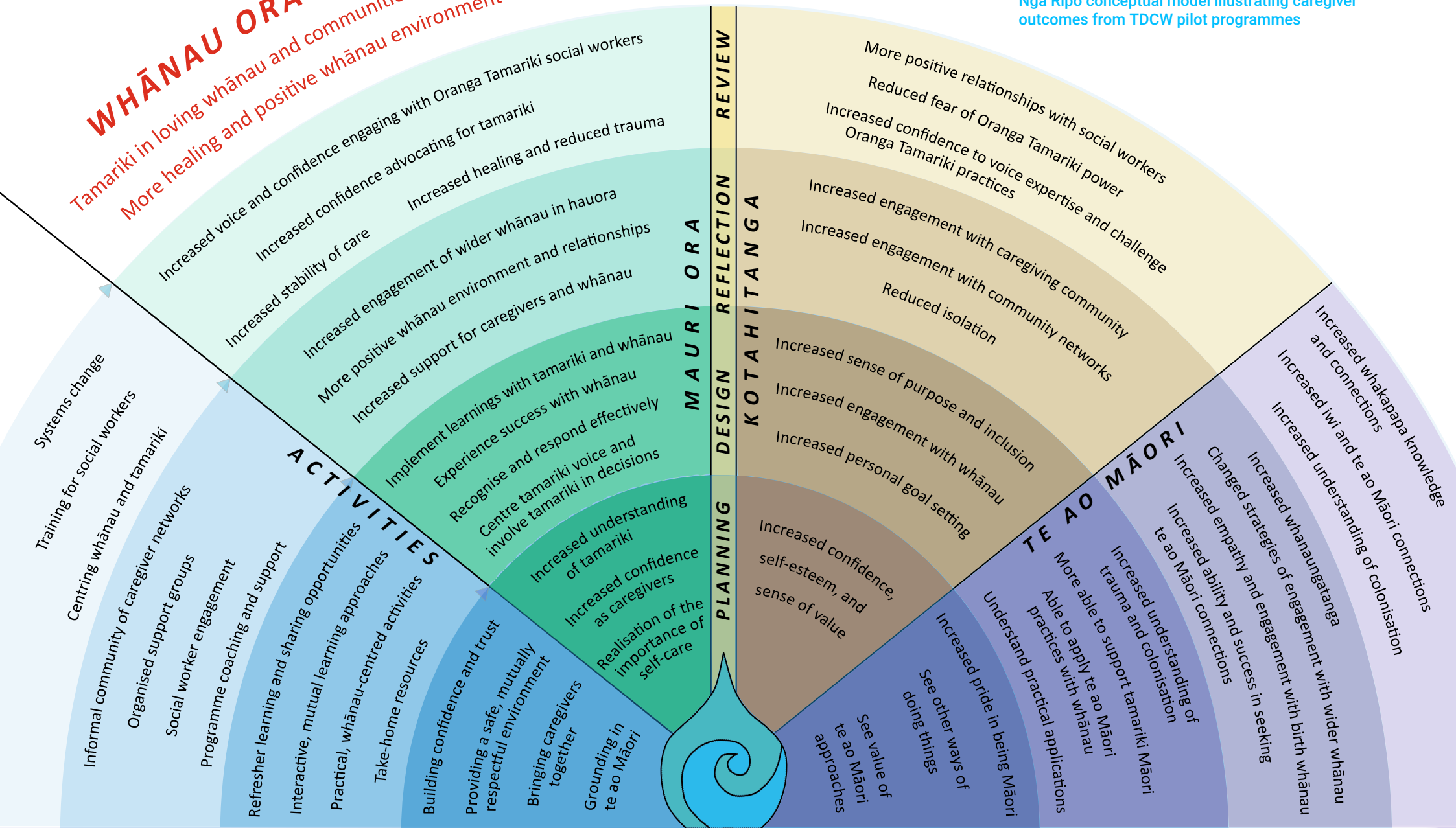
These findings are based on the experiences of 67 caregivers, 35 provider staff, and 31 Oranga Tamariki regional social workers supporting the programmes. An intensive schedule of 59 individual and focus group interviews included repeat caregiver interviews, enabling researchers to ‘walk alongside’ caregivers as they shared insights, reflected on experiences, and contributed to the research analysis while their journey of learning and change unfolded.

A conceptual model based on te ao Māori concepts, **Ngā Ripo**, was developed to reflect the changes and outcomes described by participants. **Most significant change stories** from caregivers, provider staff, and Oranga Tamariki staff were developed, providing in-depth personal stories of the changes and effects the TDCW programmes had on those involved. Key findings related to **implementation and design** of the programmes are also described.

# WHĀNAU ORA

Tamariki in loving whānau and communities  
More healing and positive whānau environment

Ngā Ripō conceptual model illustrating caregiver outcomes from TDCW pilot programmes



**ORANGA TAMARIKI**  
**ENGAGED and SUPPORTIVE**  
Social workers  
Site staff  
National office

**SKILLED PROVIDERS**

**SITE CHAMPIONS**

**ENGAGED WHĀNAU**

**ENGAGED KEY PARTNERS**  
IWI  
COMMUNITY AGENCIES

## INPUTS

RESOURCES

---

TIME

---

KNOWLEDGE

## Ngā Ripo – journeys of change

Ngā Ripo (the ripples) conceptualises the changes, influence, and outcomes from the TDCW programmes. At the centre of Ngā Ripo are the TDCW programmes themselves; the drops of water that create ngā ripo. The ultimate vision is whānau ora, where tamariki are in loving whānau and communities. The TDCW programmes contributed to achieving this vision by supporting more positive and healing whānau environments.

Ripo of change occurred across four levels. Ripo began within the self; and rippled through caregiver's lives to improve interactions with tamariki and whānau; to improved relationships with wider whakapapa, community networks and agencies including Oranga Tamariki; and further, to change values and assumptions that influence behaviour.

Inner journeys and subsequent changes with whānau and wider whakapapa were most apparent in caregiver stories from Kaupapa Māori and te ao Māori grounded programme delivery.

The broader-level influences shifted in some ways as a result of the TDCW programmes, but require wider societal and systems changes to take full effect.

Both Māori and Tauīwi (non-Māori) experienced benefits from the TDCW they attended; approaches taken by the programmes were effective across cultural boundaries.

## Caregivers described improvements across three broad domains:

### **Mauri Ora – increased confidence and sense of self, new understandings, and practical approaches**

Caregivers came to understand the importance of their own wellbeing and implemented practical steps to support themselves as caregivers and whānau.

### ***Caregivers applied learnings from improved understandings and new strategies***

- centring tamariki voice in decision making;
- changing how they understood colonisation, trauma and attachment, and their own interactions with tamariki;
- and using behavioural strategies and other tools to respond, rather than react, to challenging situations and behaviour

### ***...and saw positive changes with tamariki***

- calmer, more relaxed environments
- more trusting relationships
- decrease in difficult behaviour
- de-escalation of tense situations

These changes indicate more therapeutic and healing environments, with progress towards increased stability of care and reduction of trauma for tamariki.

### **Kotahitanga – improved relationships between caregivers, and with Oranga Tamariki**

Oranga Tamariki was associated with trauma experienced by many tamariki and caregivers.

The programmes provided opportunities for caregivers to come together in healing spaces that allowed them to reflect and share; the facilitators embodied this approach.



The programmes contributed to improved relationships between caregivers and social workers when social workers were involved in the programmes in appropriate and supportive ways.

There were opportunities for Oranga Tamariki to build relationships with caregivers but caution was required to ensure a space was available where caregivers felt they could have open discussions.

Caregivers expressed a greater sense of confidence when engaging with social workers, and were empowered to speak out and challenge Oranga Tamariki practices.

Caregivers reported feeling less isolated, felt more validated in their skills as caregivers, and became part of a community of care with other caregivers from their same training group.

### **Te Ao Māori – deeper understandings, valuing, and engaging with te ao Māori**

Te ao Māori delivery approaches used by some providers went beyond ‘training’ and had far-reaching outcomes, more so than a purely clinical/Western-based approach.

Te ao Māori approaches facilitated inner journeys, encouraged critical analysis and understandings of intergenerational trauma in relation to colonisation, and supported the development and maintenance of whānau connections.

Māori and Tauīwi embarked on deep personal journeys of connection to te ao Māori, which included:

- understanding the value of whakapapa connections for their tamariki
- supporting tamariki identity and applying learned practices in their homes
- Tauīwi understanding the importance of culturally supporting tamariki Māori in their care
- greater understandings of how the child in their care might feel engaging in environments where the culture was not their own
- greater understanding and empathy which, in some cases, led to greater engagement and efforts to include birth parents, particularly birth mothers in tamariki lives

### **Providers described:**

#### **Changes in caregivers, over and above initial expectations**

Although providers were confident in the approaches the programmes were taking, the changes observed were over and above their expectations. Te ao Māori approaches particularly facilitated greater caregiver understanding and impacts. The transformative ability of mātauranga Māori was observed through stories of reconnection, increased pride and healing.

#### **Providing time and space for caregivers to connect was important**

Providers gained a greater realisation of the Mauri Ora and Kotahitanga benefits of connecting caregivers by providing time and space for this to happen. Increased caregiver trust and buy-in for the programme was reported as a result.

Caregiver changes rippled through to wider whānau, and to shifts in ideas and concepts.

Provider stories illustrated multiple changes in caregiver wellbeing and behaviour that rippled through to tamariki, with positive outcomes for both tamariki and whānau. These foundations had further ripple effects to broader-level relationships and concepts by involving wider whānau, and shifts in ideas around race relations and te ao Māori.

## Oranga Tamariki social workers described:

### Changes in their own understanding of, and valuing of the programmes

Oranga Tamariki social worker stories demonstrated growing trust and understanding of the value of the programmes, for all cultures and birth families.

Engagement with the programmes facilitated social worker buy-in and recognition of the benefits of holistic approaches grounded in Māori concepts and reconnection.

### Improved understanding of caregiver needs, and of intergenerational trauma

Social workers described revelations about caregiver experiences with Oranga Tamariki. These led to changes in their own strategies for greater engagement and improved relationships, including supporting caregiver connections. The opportunities presented by the programmes facilitated greater understanding of caregiver needs and insights into intergenerational dimensions of trauma.

### Caregivers showed more trust and improved engagement with programmes

Social workers observed multiple changes in caregivers; improvements in caregiver understanding, knowledge and application of learnings; a shift from initial reluctance to participate, to positive engagement in the training programmes; and an increased sense of inclusion and reconnecting with whakapapa.

### Caregiver connections and peer support groups developed

Caregivers developed their own support groups and informal connections, resulting in reduced isolation and increased engagement with a caregiving community. There are indications that these activities have a level of independence and potential sustainability beyond the programme in terms of caregivers taking the initiative to organise their own activities.

## Most significant change stories

Most significant change stories provide examples of changes that occurred, as well as the pathways and dynamics surrounding those changes. We hear in the voices of participants, their own experience, providing a more complete description of their learning and change, embedded in processes and emotions.

In alignment with Kaupapa Māori theory, the change story process is a way for stakeholders to collectively construct a shared understanding of the values and outcomes they see as most significant (see full body report for methodology).

Teuila's story, below, was the highest-ranked caregiver change story (a total of sixteen caregiver, provider, and Oranga Tamariki staff change stories from all TDCW programmes are contained within the full body report).

### Teuila (Te Korowai Aroha o Aotearoa: Whakatāne)

Teuila and her friend Dayna are caregivers to an eight-year-old boy, Piri, who has high needs including multiple personality disorder. Piri has been through 10 homes. Teuila undertook some research and found out Piri has Māori whakapapa. The story was initially selected because it provided a dramatic 'before and after' scenario in which the Mātua Whāngai programme delivered information, insights and strategies that changed the ways Teuila and Dayna related to their boy and his birth mother.

*Piri's mum aggressively told him that he wasn't allowed two mums, "You're never allowed two mums. You have to call Dayna auntie." Because Piri's mum was so fragile and this was his first attachment ever, that story broke his heart. For six months after that his multiple personalities came back really strongly to the point where he would be arguing with himself like "F\*\*\* you idiot" – and "No we don't use those words here" – and talking full-on. Piri's face would change from left to right while he was talking to himself and it was horrific to watch. He got really confused and sometimes he tried to make Dayna be like a friend and sometimes an auntie, sometimes a brother or sister or a cousin. He tried all these different roles on her just 'cos he wasn't allowed two mums.*

*So then his attachment got really bad and he would move in for a cuddle and then he'd go "F\*\*\* you" and punch your face and then go "Oooh sorry." And then just be back and forward with these personalities fighting in his brain and trying to figure out if Dayna could be his sister or his auntie. But that wasn't helping, 'cos he needed an attachment. Piri spiralled out of control just for a comment about not being allowed to have two mums. But finally he'd heard the message enough from us "Love, you are allowed two mums, but you have tummy mummy and she gave birth to you and then you have mummy Dayna, you have me because I'm allowed to look after you."*

*Because of that I didn't want his mum to have contact with him again because his arguing with himself was turned up a thousand times more than we'd ever seen. Every half hour he used to melt down when we first got him and it turned out more than that. It was such long days. He wakes up at 5.30am or 6.30am and through to 6.30pm at night - oh he was staying up later then so maybe 7.30pm at night.*

*Long story short, after us telling him lots of stories like "When you were a baby, tummy mummy couldn't keep you safe so you came and lived with us and you make us so happy." Six months on and he finally settled in his heart that he was allowed two mums so then he could let Dayna be his mum again and receive some comfort. But I totally did not want his other mum to have any contact with him.*

*After doing the course, I re-evaluated that whole situation 'cos birth mums are so important to the kids. I understand one or two particular kids can't have their mum due to it being seriously dangerous but Piri's mum actually still loves him, in a right world. We used to say she doesn't love him because she set him up for failure all his life and we would say "Right, she doesn't love him 'cos she couldn't keep him safe." But in that world I could say, "Hold on a minute she does love him. She was incapable of looking after him because of generational trauma." Every meeting we go to, she's homeless, she's got a new address all the time and I would have perceived that as like "No contact - that's dangerous." But now I perceive her as a traumatised 20 year-old trying to cope in life. She does love her baby because she actually went to the police [fearing she might harm the children] and tried to get her babies help.*

*So since then I've been writing her letters every month and I tick off this chart about whether or not I've sent her a monthly letter about him. Before that I'd only sent her maybe one in a year and a half and now I'm doing it each month. And I see all the progress she's making and I'm valuing her now as a person. Actually, I feel something for her. Like "Oh my gosh I'm so appreciative of you, you gave us this. Remember you told me Piri's a taonga and I see him as a taonga. I know you dearly love him, it's just that you love him with what you've got." So that's been another big change.*

## Changes and significance

The changes centre on Teuila's shift toward understanding, compassion and ultimately connection with the birth mother. She set aside her anger, dismissals and anxiety, to reach out with monthly communications about their shared child. This was seen by research stakeholders as a "reminder that birth mothers love their children", and to have improved the situation for the child as well as the caregiving whānau and birth mother.

With the input, sharing and thinking space provided by the programme, the family narratives evolved quickly from blame to empathy and cautious inclusion, with parallel improvements in the child's behaviour. As one of the research stakeholders noted:

*"She did a complete u-turn with her thoughts and actions, changing outcomes."*

Research stakeholders drew attention to the huge struggles this family had with what they saw as the intergenerational trauma the child was born into.

## Ngā Ripo change journey

Teuila's Mauri Ora journey starts from a personal sense of pain, confusion, intimidation and potential physical injury resulting from Piri's behaviour. The sense is that she and Dayna are largely struggling on their own but, as a result of the course, they move through personal change to a more whānau centred and trauma-focussed understanding of Piri's birth mother. This enables them to make sense of the situation and change their strategies of engagement.

Te Ao Māori understandings enable Teuila to feel gratitude for Piri as a taonga and gift from his birth mother. Piri appears more settled and Teuila also observes positive changes in his birth mother. There is a strong sense of the birth mother's mana being upheld and Piri's attachment honoured.

## Implementation and design

### Oranga Tamariki relationships and organisational culture affected programme engagement

Providers and Oranga Tamariki staff noted some issues related to procurement and contracting, including: a lack of clarity around those processes and pathways; and inconsistent funding across the programmes in relation to child minding, travel expenses and additional delivery expenses, such as kaumātua costs.

Caregiver relationships with social workers and Oranga Tamariki varied. It became clear from the research that:

- for most caregivers, the training programme was well overdue;
- caregivers need to feel respected and valued by Oranga Tamariki; and that
- while there is the potential for the programmes to have a limited role in shifting relationships between Oranga Tamariki and caregivers,
- improving relationships requires systems change.

### Contracting processes did not facilitate (Māori) innovation

The procurement processes and parameters surfaced some inflexibility around Kaupapa Māori approaches, particularly in considerations of Māori ownership or Māori information.

Although programme innovation was welcomed, little direction was provided at an operational level to support innovation, as organisational learning was occurring at the same time.

Providers described how the inclusion of holistic support practices such as childcare, transport, and kai (food), that would typically be offered as part of a Kaupapa Māori approach, were not always resourced through contracting.

The limited capability of Oranga Tamariki to support the delivery of Māori models through the contracting process was a barrier to their timely and effective implementation.

### **Measures and judgements of value varied**

Appropriate and consistent measures are required to support sites through successful implementation.

Providers expressed concerns about how the programmes were valued and measured by Oranga Tamariki.

The programmes demonstrated theories, practices and outcomes over and above those described in the original logic model for the programmes. To more fully describe outcomes, particularly from Kaupapa Maori approaches, a new logic model, Ngā Ripo, was developed to interpret these pilot programmes, and to guide future work.

The programmes have strong contributions to make in building evidence, particularly in relation to Kaupapa Māori approaches.

### **Collaboration, communication and relationships are critical to programme development**

The implementation process was described as confusing and inconsistent, and Oranga Tamariki regional site staff requested a more collaborative approach to programme development, with national office staff and providers.

Providers expressed concerns about the lack of feedback or guidance from Oranga Tamariki when adjusting and re-submitting their applications.

### **Clear roles and responsibilities are vital to socialisation, recruitment, and implementation**

Providers and Oranga Tamariki staff outlined several issues affecting recruitment and uptake:

- Uncertainty around roles and responsibilities
- Strict eligibility criteria for caregiver referral to programmes
- Outdated caregiver data
- Social worker relationships with caregivers

As a result, providers and Oranga Tamariki staff took positive steps to develop solutions to improve recruitment, including the relaxing of caregiver eligibility criteria, defining roles and responsibilities, and providing programme training for caregiver social workers.

Socialisation of training programmes with Oranga Tamariki regional staff is essential to their success. This can:

- Improve Oranga Tamariki staff knowledge of the training programmes
- Build staff capability

- Improve managerial and frontline staff support for the training programmes
- Improve relationships with caregivers
- Support recruitment

When appointed within a region, site champions played an important role socialising training programmes amongst Oranga Tamariki staff.

### **Successful design is more than just training**

Innovative approaches brought about change on multiple levels for caregivers, not just in tamariki behaviour management.

Caregiver development was more than being given 'tools', and caregivers discovered explicit behaviour management tools were not necessarily needed to help manage tamariki behaviour.

Te ao Māori was an important part of programme design, and Kaupapa Māori approaches were beneficial and relevant for all.

Te ao Māori approaches, in particular, had far-reaching positive outcomes beyond the practical elements of 'training', and requires Oranga Tamariki reconceptualise the understanding of design for their learning and development programmes.

A decolonising approach within Kaupapa Māori programmes enables awareness of the effects of colonisation and historical trauma on self, tamariki and whānau, and facilitates the connection of tamariki with their whakapapa and birth whānau. Unfortunately, when whakapapa connections were made, caregivers found that Oranga Tamariki support was not yet in place to help maintain these connections.

Social networks and connecting caregivers enhanced the effectiveness and sustainability of the new knowledge and skills caregivers had developed over the course of the pilots.

Ongoing support through caregiver networks, in-home coaching, phone support and information resources, were important in caregivers continuing to learn and apply tools, as well as feeling valued and supported.

### **Several overarching key success factors emerged from the research**

- Holistic, participatory delivery was critical to success
- Understandings of trauma led to changes with tamariki
- Caregivers understood the value of, and acted on, tamariki whakapapa connections
- Te ao Maori approaches had far-reaching positive outcomes that were relevant to all
- Dedicated time for caregivers' own wellbeing was beneficial for tamariki wellbeing
- Kaimahi who are approachable and good communicators are critical to programme success
- Social worker knowledge of the training programme content is important for programme socialisation and recruitment, and for relationships with caregivers
- Greater benefits were seen for caregivers who had the most contact with their training programme



- In-home mentoring improved programme participation and helped learnings transfer to the home
- Establishing and maintaining connections with other caregivers was beneficial for caregivers and tamariki

## Recommendations

### **Recommendation 1: Review procurement and contracting processes to develop consistent, clear and equitable practices and procedures**

This could involve:

- preparing and training contract managers about issues outside of 'usual' contracting practices e.g. Kaupapa Māori approaches, indigenous knowledge and ownership
- contracting that includes funding for supports such as childminding, travel expenses, in-home coaching/mentoring, post training supports, catch-up sessions
- realistic contracting that incorporates the additional supports required to successfully deliver and ensure sustainability of Kaupapa Māori programmes e.g. sufficient time frames for whakawhanaungatanga; funding for kai as expression of manaakitanga

### **Recommendation 2: Develop and implement strategies to improve stakeholder relationships during programme development and roll out**

This requires:

- clearly defined roles, responsibilities, and processes at all stages
- effective engagement and socialisation strategies across all levels of stakeholders
- respectful, consistent, and regular communication from caregiver social workers to caregivers
- ensuring providers have positive relationships with Oranga Tamariki, while also being seen as separate from the Ministry

### **Recommendation 3: Develop and implement strategies for the effective referral and recruitment of caregivers to training programmes**

This requires:

- clearly defined caregiver referral and recruitment processes and responsibilities
- strengthened communication between caregiver social workers and caregivers

This could involve:

- site champions to promote the training programme to regional Oranga Tamariki staff and caregivers
- flexible eligibility criteria for caregiver referrals
- capability building opportunities for social workers and other Oranga Tamariki staff through learning about or experiencing their regional TDCW programme
- creating TDCW information packs and carrying out mail drops for caregivers

#### **Recommendation 4: Programmes need to be accessible, inclusive, and equitably resourced**

This could involve:

- appropriate training times, locations, transportation and childcare provision
- consistent resourcing across all programmes to support equity of caregiver engagement
- training and supports that are inclusive of kin and non-kin caregivers
- programmes for tamariki and/or ways of including tamariki in caregiver training
- the programmes being extended to include birth whānau

#### **Recommendation 5: Reconceptualise the understanding of design for future learning and development programmes**

This could involve:

- acknowledging and incorporating successful design elements such as decolonising approaches; to improve understanding of and connection with te ao Māori and its relevance to caregiving and social work practice, and to improve outcomes for caregivers, tamariki, whānau, and social workers

#### **Recommendation 6: Caregivers need support to maintain tamariki connections to whakapapa and birth whānau**

The research findings indicated that wherever possible, it is important to tamariki wellbeing that they have opportunities for safe and positive birth whānau engagement as well as broader connections to whakapapa and culture. Caregivers noted that when whakapapa connections were made, Oranga Tamariki support was not yet in place to help maintain these connections.

This could involve:

- Oranga Tamariki resourcing support through social worker training, information, and strengthening their relationships with whanau, iwi, and Māori providers

#### **Recommendation 7: Broadening organisational views of what constitutes evidence**

Programmes should be developed, implemented and measured on the basis of inclusive and forward-thinking concepts of evidence, appropriate to Aotearoa New Zealand. This includes:

- clarification around the nature of evidence
- consideration of the ways evidence is built, particularly when developing indigenous approaches
- employing appropriate paradigms when determining how programmes are contracted, valued and measured
- acknowledging providers for their expertise, particularly in relation to te ao Māori approaches

#### **Recommendation 8: Review Oranga Tamariki systems and approaches to develop equitable partnerships with caregivers, whānau, iwi and other providers**

Programme potential is constrained by the wider environment. Systemic change will contribute to improved outcomes for caregivers, whānau and tamariki as well as shift negative perceptions and



experiences around Oranga Tamariki that caregivers bring with them. Oranga Tamariki could play a much greater role in centring whānau and approaching caregiving, whether kin or non-kin, as a partnership of equals.

This requires Oranga Tamariki:

- examine its power, culture, values, norms and assumptions to better understand the impact these have on partnerships, the effective delivery of services such as the TDCW programmes, and ultimately, whānau and tamariki outcomes
- develop partnerships and decision-making processes where Oranga Tamariki works towards sharing or devolving power and control, particularly for processes that require expertise in Māori issues such as contracting
- develop and support processes that honour and centre caregiver, tamariki and whānau voice
- provide support for whānau before tamariki are seen as in a crisis situation
- take time for safe and informed practices to occur; e.g. sharing information and supporting tikanga processes such as powhiri and poroporoaki
- explore mechanisms for social workers to implement learnings into practice standards, particularly in relation to communication and tikanga processes

# INTRODUCTION

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## Overview

The Training and Development for Caregiving Whānau (TDCW) pilot programmes are an initiative that sits within the Caregiver Recruitment and Support (CGRS) project; a multi-year transformation journey which aims to increase the stability and quality of care for tamariki and young people who are unable to live with their birth parents.

Caregivers have told us that at times they do not feel adequately supported to provide for tamariki in their care<sup>1</sup>, particularly when faced with challenging tamariki behaviours that are often the result of histories involving trauma. Inadequate support for caregivers in this situation can lead to a breakdown in the caregiving arrangement, and instability for tamariki in care.

To address this, the CGRS project initiated six pilot programmes for the training and development of caregiving whānau, delivered in Tāmaki Makaurau, Waikato, Whakatāne, Taupō, Heretaunga, and Pōneke. The TDCW pilots aimed to increase the capability of caregiving whānau in order to build better attachment between tamariki and caregiving whānau, achieve placement stabilisation, and improve outcomes for tamariki.

In the training programmes, Oranga Tamariki sought to incorporate some collective design aspects including:

- building caregiver knowledge, confidence, capability, and resilience
- addressing various challenging tamariki/child behaviours
- addressing the effects of trauma on attachment
- supporting the development of healthy tamariki/child attachment and relationships
- being culturally appropriate and responsive to the needs of children and caregivers
- being evidence-informed and adopting a holistic approach
- establishing caregiver peer support forums

This report synthesises qualitative interview data from a research project conducted by Te Rōpū Whāriki (Massey University) to explore the TDCW programmes. Here we report on implementation of the six pilot programmes, drawing out key learnings as well as exploring the various journeys and changes experienced by caregivers who participated in a TDCW pilot, provider staff, and Oranga Tamariki social workers.

Most programmes were Kaupapa Māori-grounded and were delivered by, and for, groups at:

- Tāmaki Makaurau – Trust Based Relational Intervention®: Western clinical science facilitated by Immerse Charitable Trust.
- Waikato –Puāwai: Kaupapa Māori based psychoeducation programme developed and facilitated by Shea Pita & Associates Ltd.

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<sup>1</sup> Only 42% of caregivers are satisfied with the support Oranga Tamariki provides them. 20% are dissatisfied. Support for, and listening to caregivers, were identified as one of five main themes for improvement in the way Oranga Tamariki works with caregivers. (Nielsen, 2019)

- Heretaunga – Poipoi mokopuna: Western clinical science guided by a Marae conceptual model coordinated and facilitated by Presbyterian Support East Coast & Te Ikaroa Social Services.
- Whakatāne – Mātua Whāngai: Kaupapa Māori national training programme developed and facilitated by Te Korowai Aroha o Aotearoa.
- Taupō – Kaitiaki: Kaupapa Māori programme facilitated by Te Korowai Roopu Tautoko Social Service.
- Pōneke – Matua Rautia: Kaupapa Māori, mātauranga Māori programme developed and facilitated by Kōkiri Marae Health and Social Service & Tui Kereru.

## Approach

The TDCW programmes represent a new approach for Oranga Tamariki, with multiple possible learnings and implications. The research therefore needed to examine processes, resulting changes and broader issues, as Oranga Tamariki faces potentially unprecedented challenges to its way of working. This was an opportunity to not only learn about caregiver journeys in relation to the training programmes but to also explore broader relationships and the role of te ao Māori in contributing to better lives for tamariki.

The Oranga Tamariki Act requires recognition and practical commitment to the principles of te Tiriti o Waitangi (Treaty of Waitangi). In addition, Māori are significantly over-represented throughout Oranga Tamariki services, and there is considerable reporting of the negative experiences of whānau and tamariki Māori. A Kaupapa Māori approach was ideal for this context where the majority of programmes were either Kaupapa Māori or involved partnership and engagement processes. Kaupapa Māori research can provide for Māori and Tauwi as such approaches, while grounded in Māori worldviews are developed within, and in line with Aotearoa as a Tiriti founded, bi-cultural, nation made up of diverse peoples. The research aimed to provide findings on the pilot and programme processes, with a particular focus on what can be learnt from the pilot and diverse programme designs for future application and development.

As detailed in Appendix Two, the research took a Kaupapa Māori participatory approach to understand what could be learned from the programmes. Kaupapa Māori theory, research and methods have been advanced over the decades since they first emerged (Smith 1999) and is now internationally recognised as an indigenous approach of relevance and value across a wide range of concerns (Denzin et al 2008, Jackson 2015). Kaupapa Māori research uses a wide array of quantitative and qualitative methods often involving ‘by Māori, for Māori’ and participatory approaches committed to social justice and equity. Kaupapa Māori evaluation takes diverse forms but generally emphasises collaborative, grounded, critical assessments that seek collective benefits and transformation.

Walking alongside those involved in the service (e.g. caregivers, providers, and Oranga Tamariki staff) enabled learnings about implementation, as well as the journeys various stakeholders were on. With a particular emphasis on caregiver journeys, the intention was to ‘walk alongside’ caregivers as they journeyed through the pilot programmes and associated support processes. The research design provided opportunities for providers, Oranga Tamariki staff and caregivers to share their insights, reflect on experience and add to research analysis. This latter commitment, particularly the principle of ‘aroha ki te tangata’, (Smith 1999) built rapport, reduced barriers and enhanced the quality and depth of interview materials.

## Methods

We gathered individual and focus group data about the experiences of caregiver participants, programme providers and Oranga Tamariki regional social workers supporting the training programmes; 133 individuals took part in 59 interviews. Opportunities for all participant groups and other Oranga Tamariki staff (via change story processes) to contribute to the research analysis were provided, as described above.

Thematic Analysis (Braun and Clarke, 2006) was used to understand and discuss the insights from the interviews. In addition, Most Significant Change Story (Dart and Davies, 2003) methods were used to highlight key narratives that emerged from the data about the pilot programmes. We developed a conceptual framework, Ngā Ripo, to conceptualise experiences, understandings, learnings and changes as rippling journeys.

## Report structure

The main body of this report presents findings at a project level, across all six TDCW programmes. Findings related to individual programmes are presented in Appendix One.

This report is structured as follows:

### **Section One: Ngā Ripo: Journeys of change**

This section describes the Ngā Ripo conceptual model and Ngā Ripo Relational Model. Caregiver journeys of change and TDCW outcomes are discussed using the framework of Ngā Ripo. Most Significant Change Stories for selected individual caregivers, provider staff, and Oranga Tamariki staff are presented and discussed using the framework of Ngā Ripo.

### **Section Two: Key findings**

This section covers organisational culture, contracting, dealing with Māori approaches, measurement and values, collaboration and relationships, programme design, networks and supports and critical programme elements.

**Discussion** of findings and implications from Sections One and Two.

**Appendices** of findings related to individual training programmes, methodology, and the initial logic model.

# SECTION ONE:

## NGĀ RIPO: JOURNEYS OF CHANGE

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This section describes Ngā Ripo (the ripples); a conceptual model developed by the research team to organise and reflect the complexity of the data, conceptualise changes occurring, and outline the influence and reach that TDCW programmes had on the lives of caregivers and their whānau, provider staff, and Oranga Tamariki staff. Alongside this the Ngā Ripo relational model is presented to describe some of the broader relationships and influences that the programmes sit within.

Ngā Ripo is then used to frame an analysis of caregiver journeys of change; journeys caregivers described experiencing by taking part in a TDCW programme. These were journeys to caregiver wellbeing, te ao Māori journeys, applying learnings with tamariki and whānau, and valuing and connecting caregivers.

Most Significant Change stories follow; describing individual caregiver, provider and Oranga Tamariki social worker experiences with TDCW programmes.

### Why develop Ngā Ripo?

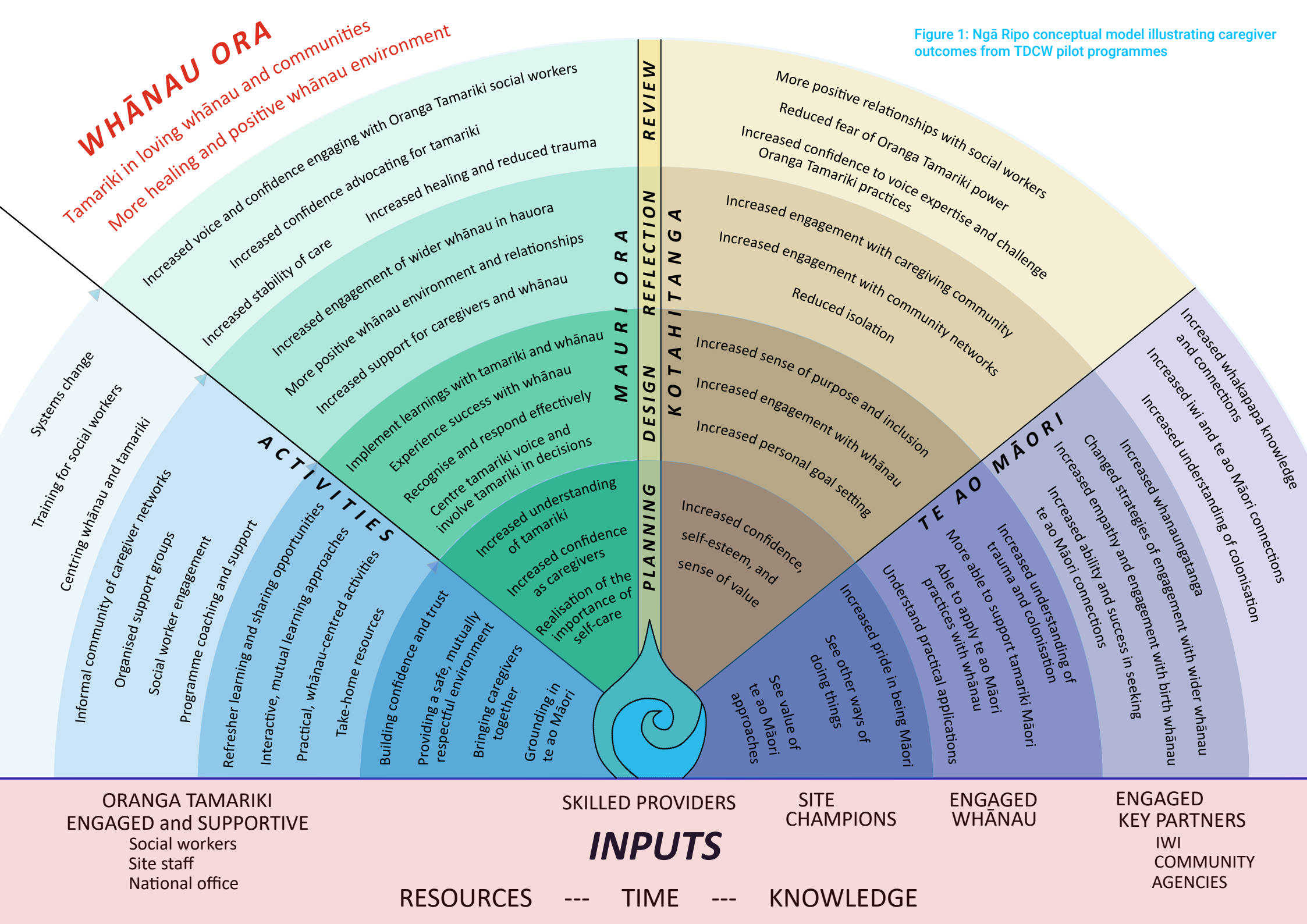
Oranga Tamariki National Office stakeholders of the TDCW pilots described a logic model outlining outcomes that were expected if the pilots were successful (see Appendix 3). The 16 desired outcomes for caregivers included changes in confidence, knowledge, skills, connections and supports, and subsequent changes to tamariki and whānau experiences. The logic model also included outcomes for tamariki (e.g., experience safe, stable and loving care; improved cultural connectedness, begin to heal and recover from trauma), social workers (e.g., improved relationship with caregiving whānau) and providers (e.g., improved relationship with Oranga Tamariki).

However, as the research progressed, it was apparent that the outcomes caregivers were describing were broader and more complex than those described in the National Office logic model. In order to make sense of the data, more fully articulate the outcomes caregivers were describing, and better understand caregiving whānau support, the research team developed Ngā Ripo, the conceptual model. This approach addresses the National Office logic model outcomes, extends the model to include additional observed outcomes, and presents a new programme logic or conceptual model that is framed in both the domains and levels at which outcomes were seen to occur.

### Ngā Ripo: the conceptual model

Ngā Ripo was arrived at through reflecting on the data, drawing on the original logic model (where outcomes were identified) and aligning this with understandings of various levels at which change can occur. Ngā Ripo describes the ripples of TDCW programme effects; outcomes which broadly align with social determinants of health, ranging from micro to macro (self, whānau, community, hapū, iwi and broader environments) and is illustrated in Figure 1.

Figure 1: Ngā Ripō conceptual model illustrating caregiver outcomes from TDCW pilot programmes



At the centre are the TDCW programmes themselves; the drops of water that create ngā ripo. Although concentric circles, they are constantly moving, overlapping and flow into each other. The vision is whānau ora, where tamariki are in loving whānau and communities. A key contribution of the programmes is to support more healing and positive whānau environments.

The leftmost quadrant describes the activities initiated or required. Data are organised as ripo extending to changes in three broad domains:

- **Mauri Ora** - caregiver understandings, skills, application and voice
- **Kotahitanga** – sense of self, understanding and engagement with whānau, community and with Oranga Tamariki
- **Te Ao Māori** – pride, valuing, understanding and engaging in te ao Māori and increased whanaungatanga and te ao Māori connections.

While these are presented as ripo moving outward, caregivers did not always move through the changes as logical progressions. There was a sense that each ripo underpinned and supported the next, but some caregivers experienced effects simultaneously or to varying degrees within each ripo.

### **Ripo kotahi: the journey within**

Ripo kotahi (first ripple) is the self (caregiver), involving changes in knowledge and understanding and in the ways individuals feel and think. This ripo involves inner experiences, particularly the intense inner journeys and realisations many caregivers described experiencing as they participated in the programmes. We looked at changes in caregiver perceptions of the value of the programmes, individual change self-reflections and changes in relation to self and emotional, physical and spiritual wellbeing. Caregivers reported improvements in their understanding of their tamariki, increased confidence as caregivers, increased self-esteem and sense of value, increased confidence in te ao Māori, and the realisation that self-care is important to maintaining healthy whānau relationships.

### **Ripo rua: the whānau journey**

Extending to ripo rua, we describe how changes at the level of self, ripple through to interactions with tamariki and other whānau, including birth parents. This ripo includes the ways programme learnings and understandings were applied with tamariki and whānau, and the effects this had. Included here are experiences of success in engaging with tamariki and managing behaviour, particularly responding rather than reacting and implementing tamariki centred practices. Caregivers also reported increased goal setting and sense of purpose and inclusion. In ripo rua, caregivers reported increased engagement with whānau, and a range of changes related to te ao Māori learnings.

### **Ripo toru: the connection journey**

Ripo toru describes the rippling effects (attributable in whole or in part, to the programmes) into wider whakapapa and community connections and reach into community networks and supports. Here, caregivers and their whānau increasingly connected with broader networks, including extended whānau, and caregiving communities. Changes included an increased sense of inclusion and reduced isolation. Along with changed strategies for engaging with birth whānau, caregivers sought out te ao Māori connections for themselves and tamariki.



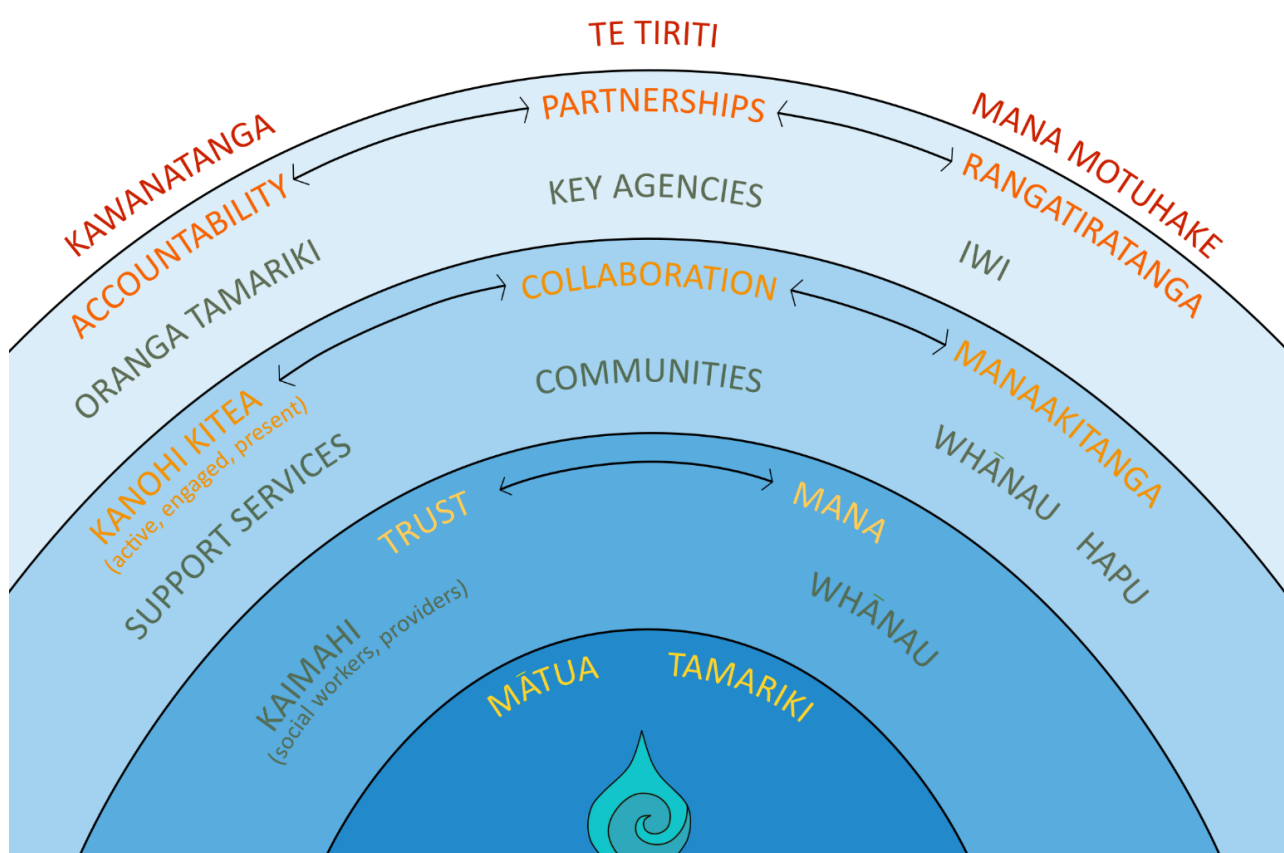
## Ripo whā: the journey outward

Ripo whā includes the macro influences and contexts; concepts, values, norms and assumptions that determine, drive or influence practice. This includes both changes and influences in relation to broader societal values, norms and assumptions. Here we looked at the relationships between caregivers and Oranga Tamariki, any shifts that were occurring as a result of the TDCW programmes and what might be presenting barriers. Changes in this domain enhanced the effectiveness of the programmes and reduced barriers experienced by providers, caregivers and whānau as they gained greater voice and acted on learnings. These more macro influences might shift in some ways as a result of the TDCW programmes through changes in caregiver, social worker and Oranga Tamariki relationships, but require broader societal and systems changes to take full effect. Changes at this level could contribute to more supportive environments for the programmes, caregivers, tamariki and wider whānau.

## Ngā Ripo Relational Model

The TDCW programmes sit within a broad network of relationships and potential relationships, where Oranga Tamariki is a contractor and a key stakeholder. These, in turn, sit within entrenched practices and power differentials at the organisational level and in society more broadly. In Aotearoa New Zealand, colonisation is a key determinant at the macro level (Moewaka Barnes et al., 2013). To represent these relationships, we developed Ngā Ripo Relational Model shown in Figure 2, which aims to conceptualise the relationships and shifts needed to pursue and realise oranga tamariki.

Figure 2: Ngā Ripo Relational Model





In order to meet the Oranga Tamariki Framework's (Oranga Tamariki, 2019) purpose of *ensuring that all tamariki are in loving whānau and communities where Oranga Tamariki can be realised*, attention needs to be paid to the role of Oranga Tamariki and the multiple partners. In this research the Framework vision of *Tamariki Māori are connected to, and nurtured by, hapū and iwi*, as a contribution to *reducing disparities in outcomes and experiences for tamariki Māori and their whānau* is of particular relevance.

The relationship between Oranga Tamariki, the providers and caregiving whānau is not a simple linear one. Relationships are multiple, fluid, need to be based on trust and uphold the mana of all partners.

To realise Oranga Tamariki's stated commitment to their obligations under the Treaty of Waitangi to uphold and protect Māori rights and interests, macro level issues of decolonisation, kawanatanga, Te Tiriti and mana motuhake are overarching features of the relational model.

This research highlights where relationships between stakeholders have worked well and where there is still work to be done. The TDCW programmes alone cannot address the aspirations of Oranga Tamariki, but they can contribute by demonstrating relationships in practice, and pointing the way forward to improvement.

# HĀPAI TE WHĀNGAI AROHA: CAREGIVER JOURNEYS

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Caregivers told us about their journeys of change, challenges, connections, love and hope; moving from revelations about caring for self, to relationships with tamariki and whānau, and finally reaching broader connections with other caregivers, te ao Māori, communities, organisations and systems. We follow these journeys using Ngā Ripo to reflect the rippling effects of the programmes, beginning with the journey caregivers went through as they learnt about the importance of self-care. Data are drawn from 12 caregiver focus groups and 28 individual caregiver interviews.

## Mauri Ora: the importance of supported caregivers for tamariki wellbeing - from crisis to rapuora

This section focuses on the Mauri Ora journeys (see Fig. 1, page 22; green quadrant) caregivers experienced as they came to understand the importance of their wellbeing and implemented practical steps to support themselves as caregivers and whānau. In this ripo, caregivers moved from being at “breaking point” and feeling isolated to realisations of the importance of their own wellbeing and how to implement strategies to recover and heal.

Caregivers described being at crisis point prior to undertaking the programmes.

*I had not looked after myself. Before the programme I was broke but didn't recognise it.  
(Māori, Whakatāne)*

Entering ripo kotahi, caregivers spoke of the importance of self-care and how this was promoted during the training.

*At the end of the day these children are going to be looked after best by caregivers who have had the best support. Really it's about us as caregivers, so it's about the children, but really in order for us to have great children, you have to have good caregivers. (Māori, Whakatāne)*

Their journey involved realisations about themselves and their health and wellbeing. This led caregivers to realise that, in order to be effective caregivers or even to continue as caregivers, they needed to be well, not only physically but mentally and spiritually.

These realisations and the associated inner journeys caregivers went through were most evident in the te ao Māori based programmes, however the more clinical based approach also supported caregiver wellbeing. Learnings empowered caregivers to change practices with whānau and cope with daily challenges. This reduced frustration and enabled participants to feel capable as caregivers.

*One of the carers that was on the course with me she said that if she hadn't done Immerse training she probably would of taken to drugs and alcohol. She was just at her wits end 'cos she's got eight grandchildren... She's got ten kids of her own so she has finally gotten rid of them and now she's got grandchildren coming in. But Immerse actually snapped her out of it 'cos I check up on her quite regularly to ask "How are you coping?" And she's like "You're not*

*going to believe this...my oldest one...he's got a gold star certificate from the principal today because of his attitude. His attitude!" (Māori, Tāmaki)*

Caregivers spoke of the programmes as healing spaces that allowed them to reflect, and the facilitators as embodying this approach.

*That course offered like "ahhhhhh" [breathing out] moments. It was like every time I went there was like "ahhh". Even though it was only a day, it just was like the best place and space to be in. (Māori, Pōneke)*

*Rapuora - self-care...it was opening up and pampering. You need to get people in your group with not only skills in childcare but skills in other departments. They have massage tables there they have kōrerō going. They have cuppa tea and it was just a full day of, "it's all about me" (chuckle) yay. Everybody just laxed out. There was like three tables going, two chairs going, you know chatting with friends, doing art, they had a bit of art table. It was a fantastic day. It was just a day where people would cry you know because of their emotions and it was a nice day. No shame, no judgement. That's [what] was missing in a lot of courses 'cos probably not seen as important. (Māori, Whakatāne)*

*You know the facilitators were healers. I'm talking about the taha wairua. When I watched [facilitator] working doing his healing I recognised his energy (Māori, Whakatāne)*

Realisation of the importance of self-care translated into practices at ripo rua, with tamariki and whānau. Caregivers were encouraged and supported to take breaks from the tamariki in their care; some had not considered this or felt they would be supported.

*People supporting you saying, "go have a break. You need to go and have a break if we can't look after you, if you're tired you can't look after the kids". (Māori, Whakatāne).*

Taking time out was seen as promoting tamariki and whānau wellbeing. Set quiet times were a way of the whole whānau taking time out from busy days and relaxing together.

*Kids need time out from us you know. They get annoyed seeing us all the time. They [the programme facilitators] said, "hand the child over to a whānau member for a couple of hours then go back and get that child. You've had that break - enough time to be able to re-focus." (Māori, Whakatāne)*

*Since I've been at the course I've managed to get him to have time in between a certain time and a certain time. After he's had his dinner and his bath he comes and sits between us and we'll put Animal Planet on or something like this and he can sit and watch that. I actually see him starting to relax and that's where the course has helped us. (Pākehā, Heretaunga)*

Ripo kotahi and rua provided strong foundations for caregivers and whānau as their wellbeing supported them to increase connections and gain confidence and voice.

## **Mauri Ora: the importance of understanding tamariki and applying learnings – from reaction to response**

The Mauri Ora programme learnings began with self-realisation described earlier in ripo kotahi, then moved to caregivers seeing tamariki differently and implementing learnings. Caregivers moved from frustration to greater understanding and success as they learned the mindset and applied tools at ripo rua to respond rather than react.

The opportunity to learn practical tools was welcomed and seen as having the potential to significantly reduce the struggles caregivers were experiencing.

*It was like "ohhhh thank god for that we're here for the day and we're learning and we're putting tools in our kete to be able to help us in the future." (Māori, Pōneke)*

*I liked it 'cos it was solution based they'd tell you about a behaviour, what it may look like and add a solution. For example, like when they're revving, keep your voice calm, offer them a hug. Whereas before I always go "What the hell?" Also then diversion distraction. What was prominent for me was one of us has to be the adult aye. Like you're the adult, he's the child they're not going to learn. Informed response rather than just react. (Māori, Waikato)*

As well as learning practical tools, caregivers came to see tamariki in their care in a different light. In the following example, a caregiver, observed her husband (he attended one wānanga), interacting more positively with their child.

*Well you know we're a bit battle-weary... He [husband] does care, we've opened our home and taken on the risk...But often he can't see any future ahead of these children apart from Corrections. I just noticed that he just had a little bit more time for [name] who's our frequent flier 'cos he was just seeing a little bit more hope...that love and care and predictability can make a difference to the development of the human brain. That this is not all hard-wired and that even small differences can make small changes and small changes are big. (Pākehā, Taupō)*

Learning about colonisation, trauma and attachment also changed perceptions by helping caregivers understand why tamariki behaved and responded in certain ways.

*Before the training, I just saw kids as being naughty. I would have just yelled and screamed at him... I'm the sort of person that thinks...that happened two years ago, get over it... I've learnt you got to look at the bigger picture when they're in those moods. (Māori, Pōneke)*

*I see kids who have suffered trauma and stress, they react because they are analysing. In survival mode of fight flight or freeze, understanding that. It resonated with our nephew when shit started to get hard he'd run. (Māori, Waikato)*

Changing their perceptions and having the tools to respond was contrasted with previous interactions with tamariki that were reactive and often ineffective. Caregivers talked about how they often reacted to challenging behaviours with anger or tears. Thinking before reacting was discussed and caregivers implemented strategies that helped ameliorate difficult situations. As a result of the programme, caregivers learnt how to recognise and manage their emotions and then respond.

*Actually, take a moment to reflect and then make a response. (Māori, Waikato)*

*Be wise be five steps ahead, with each step what's my reaction? Or should there be a reaction? So someone called him fat today even though he's not - that's triggered something that's happened ages ago which has caused this behaviour and so that whole generational behaviours. (Māori, Pōneke)*

*You just don't get to that angry point anymore. 'Cos you know how to deal with it...So he might be just sitting quietly on his device doing something and I'll just go in and sit there beside him put my arm around him and say..."Have I told you today how much I love you?...I'm sorry I was*

*a bit ratty"...and he says "Oh it happens I get that way too don't I?" You learn how to regulate yourself. (Pākehā, Tāmaki)*

Caregivers noticed the effects these changes had on tamariki emotions and behaviours.

*I'm a whānau caregiver... She has a chromosome deficiency...Since the course my daughter is able to self-soothe a lot better. I was terrible. I could only hear emotions and just burst straight into tears and we still do have some work to do. I'm pretty good now at managing and recognising. (Māori, Wāikato)*

Another spoke about re-evaluating her perceptions of childcare practices.

*When son used to throw a wobbly because his little sister was allowed a bottle and he wasn't my mum gave in and gave him a Milo bottle... I just looked at her angry. It wasn't until I did Immerse and I was like my mum. [I] was just trying to settle him down so that it didn't frustrate me while I was feeding the baby. Then I was just like "Oh my god mum I used to blame you for everything."... in actual fact I didn't realise you [mum] were trying to help me. I thought you were just being a mother that's just trying to wind me up and being a busy body...so that's why when I finished the course I was just like I know so much more. I wish I knew when I had my own children. (Māori, Tāmaki)*

Access to supports such as coaches further reinforced the need to carefully consider caregiver responses. Increased networks and engagement at ripo toru resulted in caregivers feeling more connected to supports. This caregiver reports on how coaching helped her deal with an unfamiliar situation.

*I'll ring her...there was an incident that happened when he was watching porn and he was caught playing with himself... I rung her and I said "I've never dealt with this before...What do I do?" And she goes..."He's trying to make himself feel better, it's ok. I was like, no it's not ok because I'm thinking if he touched my girls I'll kill him and all this yucki-ness." [Coach] goes "Smell your soup [behaviour tool] - that's right you don't like soup so you can smell your pork bones... leave it for a week" and she gave me the tools[to] leave it for a week and sit down and say this sort of behaviour is not acceptable to me because...(Māori, Tāmaki)*

## Kotahitanga: the importance of valuing and respecting caregivers – from powerlessness and isolation to validation, connection and resistance

This section describes the Kotahitanga journeys of caregivers (see Fig. 1, pg. 31; gold quadrant). Caregivers came to the programmes with stories of being disrespected and discriminated against. They moved from feeling isolated and undervalued to a feeling of validation and a commitment to speak out where they would previously have kept quiet; this was particularly in relation to ripo whā. Anger, frustration and pain was evident in their journeys to this point.

Caregivers talked about experiencing racism in society in general, and during interactions with Oranga Tamariki. The following quote refers to a difficult time when a caregiver wanted support from Oranga Tamariki.

*I just thought just because I'm brown I'm treated like shit... there was just no respect...(Māori, Pōneke)*

Caregivers spoke about multiple ways the system did not centre tamariki wellbeing and limited caregiver and tamariki voice.

*Even the clothes shop, when and how much is out of our control. It's a lot of money but it undermines the carer. Everything...just seems designed to undermine the carer...Then when you're the mum you can decide what the priorities are [but] suddenly the social worker goes shopping with the child. They end up with real cheap clothing but lots of it like basic tees and basic track pants and it makes them look different from the rest of the family. There's no special splurge items which every child wants. (Pākehā, Taupō)*

Despite their experience and knowledge, caregivers spoke of feeling disrespected, ignored, judged and undervalued by social workers. Some went so far as to describe social workers as incompetent.

*Female 2: They [social workers] don't take advice from anybody and then they treat caregivers like motels.*

*Female 3: Check in, check out, actually not as good as motels...*

*Female 1: 'Cos caregivers are not employees and so the organisation as in the department has no duty of care to caregivers. (Pākehā & Māori, Taupō)*

*The thing about OT is that they're immersed in their Western rules. They're wanting to protect to ensure that people are safe but it becomes very narrow and so it's not whanaunga. It's all this - are you checked? Are you registered? Risk averse, risk management. (Māori, Pōneke)*

*I won't ring (name) anymore he's just useless (Māori, Pōneke)*

*OT has failed our family quite significantly and I'm not going to mince words anymore it's just been a complete balls-up and we've now got another social worker and I've got to go through all the same crap. (Pākehā, Heretaunga)*

Feelings of isolation and vulnerability changed when they attended the programme and embarked on ripo kotahi. Caregivers described an increased sense of connection and confidence.

*So you were able to share without being judged. You were able to listen and when you heard other peoples' stories it validated your journey as well. I got to see really quickly I'm not alone there are other people going through the exact same thing as me. So when you're on the programme you hear someone else talking about the crap time they had and what they're really thinking and the fact that you can be so honest and raw to say, "this is how I feel" that was powerful, it was liberating. (Māori, Whakatāne)*

During the course, caregivers spoke of feeling validated as being caregivers, and as being Māori. Increased pride and confidence at ripo kotahi underpinned caregivers' application of te ao Māori practices at ripo rua. One caregiver felt she can now state, with conviction, that she is not a "bad person" but someone who is doing their best in a difficult situation.

*The best thing that course gave me was validation. That I'm not wrong all the time. And you feel like you do that lot aye. You've got to validate everything that you do. I'm not a bad person 'cos social workers make you feel bad when you do one little thing that they don't agree with. That course just overwhelmed me with validation for myself first being Māori and secondly being a human being who's trying to care for children who aren't cared for. (Māori, Pōneke)*

*Validation, it's that validation that you're ok. Validation is important and you feel validated with this course you feel like it doesn't actually matter what you say or how you say it's still ok. .... And OT don't come to you and go "well done, that was awesome, I love the way you did that." I'm not in the job to prove to them that I can do ok but it would be nice that they'd give you that*



*support to say actually you know you are valued. What you're doing is a good job. (Māori, Waikato)*

For the following caregiver, learning about te ao Māori resulted in her feeling valued and positive about being Māori. This led to an increased confidence as Māori caring for tamariki. Prior to this, the caregiver speaks of feeling like a “nothing”, a “lesser” human being.

*I was brought up Pākehā I had to learn my Māoritanga. On the course, I just felt totally valued, I just thought I had no value, where I was a nothing. So coming to the course was like you are supposed to be here, you're not a lesser and now you have more in your kete to deliver to the children. (Māori, Pōneke)*

Establishing a safe environment for tamariki and whānau at ripo rua, spread to ripo toru, with caregivers connecting and feeling part of a community.

*I think we were all quite vulnerable and even the staff of Te Korowai [were]...vulnerable. But they allowed that vulnerability to come in and it brought us all together as a community so that's how I feel. (Māori, Taupō)*

*The training space has become quite a safe space. I think that's one of the things I valued about the trainings is building relationships and trust between carers. (Pākehā, Taupō)*

Benefits of bringing caregivers together rippled out to tamariki, who also became part of a community of care and support at ripo toru. These relationships were important and maintained after the programme ended.

*I still catch up with my coffee group for Immerse because we're on the same wave-length and I'm like "how is your kid?"...because being in a group of people that are the same as you was really, really like "Oh my god I can relate to you I can relate to you." It's a safe place that you're not going to get judged. (Pākehā, Tāmaki)*

*Female 1: The benefit of the training is that it brought us together. Actually we care for children together.*

*Female 2: And we care about them.*

*Female 1: And we haven't really got to know each other until we're on a training. So it's provided an opportunity to get together...the value has been in building the relationships between the caregivers.*

*Female 2: And I guess we are building up that village where we will always watch them [tamariki in care]. We have a vested interest and hope for the best for them. All these kids still call you auntie 'hi auntie', 'hi bub are you all right?' Stuff like that just to make sure that someone cares.*

*Female 3: It does aye at least if something happens they know that they could go to you because you would care enough to do something about it. (Pākehā & Māori, Taupō)*

At ripo whā, the programme gave caregivers the confidence and tools to challenge Oranga Tamariki practices. Some specific concerns were raised regarding social workers' lack of culturally safe practices. In the following quote, although powhiri and poroporoaki had always been important to this caregiver, the course now gave her greater confidence to reinforce tikanga when western values were being imposed.

*Simple things like powhiri and poroporoaki. You can't have a powhiri because sometimes the kids are uplifted. Ok we're dropping three off, the police will be dropping them off, they're being removed from the house now. They come with nothing, no clothes, no 'jamas nothing. I did it [poroporoaki] with a Māori boy, it was great. We were all in tears. Now he knows she [caregiver] actually cares 'cos she gave a shit about moving me on, she told me where I was going, and we had a cry about it." We talked about you can't do that at the new house. Don't be an egg like you were here - it's inappropriate. Yeah and he sees me and my moko in the street, comes and gives us a hug. I had one girl for six months. I heard rumours she'd be moving. I said "I want to have a poroporoaki for her." The social worker comes out "I'm very sorry we can't do that, you need to help her pack up her room." I'm like "What? So what she can't come after school and help me pack up my room and have an informal poroporoaki and then afterwards we just sit down and have a Milo and a biscuit and a cry?" I sat there and cried in my room. It gives them that sense you actually didn't care 'cos you didn't say goodbye. (Māori, Pōneke)*

The confidence gained over the training resulted in caregivers feeling that they had a voice where previously they would have been silent.

*Doing the course made you have a voice. I feel it gives you a voice to be able to push against the system. To let you know that actually that's not ok. It taught me that you do have choices, it's your home, your space you're giving up. Whereas before I just went with what I was told. (Māori, Pōneke)*

As a result, caregivers spoke about becoming stronger in their dealings with Oranga Tamariki staff and more confident in their own expertise. Without this sense of self-worth, the following caregiver may have stopped looking after tamariki.

*In a system that is so demoralising. The programme gives you that sense of actually I'm ok what I'm doing. The way that I'm doing it is ok. It's not just a shallow thing. I think if you get caregivers wanting to stay longer in the system you need to support long term. So that when I come across some stupid social worker I can more likely just let it go over the top of my head because I actually know deep down I'm ok. Whereas if I didn't have that affirmation, sense of self-worth I probably would...say "Oh well, I'm outa here!" It's too, much too hard. These guys are too - it's too f\*\*\*ed – excuse the expression. (Pākehā, Pōneke)*

Having a voice reduced caregivers' fears of Oranga Tamariki power and control over their tamariki.

*We have come to learn from the course that we are the professionals and it wasn't until we had a massive meeting with lots of people around a boardroom and the ladies, the psychologists, a couple of them said to us "You're the professionals in his life." I was like, "Thank you." We can tell you why he did that and what that was about. What was triggered on that. If we can't, we just need a wee bit of time to think about it, we know everything about him. (Samoan, Whakatāne)*

In this case the caregiver felt able to be honest because she had greater confidence in her abilities.

*You get to the other side after training where you are so attached to the child that you sit there and you just apologise to the social worker. Because I've had my boy eight months and there's no way I want him going anywhere else. Yes we're both little shits to each other now and then but that's what family life's about. But if I didn't know what I learned from this course to make me feel of value. Like when he asked, did you yell at him last week? Yes I did, I told him, I'm*



*getting angry and frustrated. Before I probably would have just sat there with the social worker and gone ok, ok that won't happen. (Māori, Pōneke)*

After attending the course one caregiver wanted the training provided for all social workers. Although caregivers acknowledged that social workers were “caught in the system”, some described them as having too much power and saw a need for change.

*Female 1: It makes you wonder who the social workers are working for... it makes me want to push for them to have to do courses like this even the Child Matters course that we did. Social workers didn't want it [chuckle]. (Taupō, Māori)*

*Female 2: They have so much power, they don't take advice from anybody and I'm talking in all my worlds [medical, social and Christian]. (Taupō, Pākehā)*

## Te Ao Māori: the importance of te ao Māori for caregivers, tamariki and whānau – from dismissal to mana

The following focuses on te ao Māori journeys rippling out from Māori grounded programme approaches (see Fig. 1, pg. 31; purple quadrant). Both Māori and Tauwi caregivers moved from discomfort and scepticism to being deeply moved and affected and applying their understandings within their whānau and beyond.

On hearing about the course, some caregivers described feeling sceptical about the value of the programme, whether they would fit in as Tauwi within the Kaupapa Māori or Māori content programmes and whether as Māori and/or Pākehā they would feel comfortable. Some had questions about the learnings and benefits of the course.

*What am I in for? Because I come out of the time of Treaty workshops which I always refused to attend 'cos it's like [sigh] you don't want to be Pākehā-bashed a lot of these things are. Pākehā-bashing making me feel bad for who I am. Why would I want to go along and get harangued for being who I am? (Pākehā Taupō)*

*I didn't want to do the course...I was emotional, I was feeling a bit out of place, which is unusual for me to be in that setting and feel out of place. I didn't see how Māori was going to be a significant part in my life and how that was going to change who I was. I was brought up in a Pākehā world with my Pākehā parents so I couldn't see how this course was going to benefit me in any way. I turned up the first day and I literally said 'I don't even want to be here don't bother I'm not going to converse. I went away and assessed where I'm going in my life my [deep breath in] moment. Made me re-evaluate where I am now and to move forward. (Māori/Pākehā, Taupō)*

As they entered ripo kotahi, the benefits quickly became apparent to both Māori and Tauwi. As Tauwi, caregivers saw the importance of learning about te ao Māori for the tamariki in their care. The course went beyond the expectations of many, as described by this caregiver:

*The only reason I went on this course was because I wanted to be able to bridge the gap between us as caregivers and the families whose children we have. I wanted to do that culturally 'cos obviously a lot of the children unfortunately are Māori. This course has taught me all of that. Because they've shown me the bigger picture with decolonisation and where everything actually has started from. To where we are today. The communication skills with the families. It's just been massive. (Māori, Whakatāne)*

Other Taiuiwi caregivers also described shifts in their thinking, including transferring their feelings of discomfort in a Māori environment to understanding how tamariki Māori might feel within a Taiuiwi caregiving household.

*It's good learning, a helpful experience to know how it is for the children coming to our space. That feeling of discomfort. That's a learning in itself for me and one my kids will remember. (Pākehā, Taupō)*

Māori too had been unsure or even hostile about the course approach. However, their respect for Kaupapa Māori and tikanga grew as they moved to ripo rua where they applied their knowledge. Many of these journeys were described in terms of revelations.

*... as time went on I realised that it benefited me in the sense of opening my eyes up to where I am actually from and all that sort of stuff... So I only got positive affirmations about my own background. (Māori, Pōneke)*

This strengthened responses to trauma in positive and, for some, unexpected ways.

*There was an amazing Māori couple that came...It was immersion te ao Māori. We did the taonga and karakia...the guy from this couple said... "what's this got to do with trauma and attachment?" He was really angry saying "It's a waste of time"...they still kept coming as a couple and when they did their kōrero at the very end, they shared their story. They had a whangai placement she was really traumatised 6 year old little girl. They have been using the karakia to help her when she loses it. She has anxiety and multiple trauma and abuse. She had to have an operation...and she was going to go under... she...started panicking and freaking out...Her caregiver mum...said quite assertively "stop leave her alone I'll deal with it." She started doing karakia and the little girl calmed right down. It bamboozled the rest of the hospital staff. (Pākehā, Pōneke)*

One caregiver spoke of feeling "deeply moved" when she learnt about the devastating effects of colonisation where "Māori were absolutely diced and sliced." (Samoan, Whakatāne). Another caregiver became aware of different opportunities in her own life. As a result, she decided to pursue an educational goal.

*With Matua Rautia it definitely gave me the pathway to get to where I am now with my course and then going onto the degree next year. Without this course I probably wouldn't have, I would have just stuck to doing what I'm doing keep fighting the system but now it's kind of like work with the system work with what you've got and see make different pathways around it. Matua Rautia gave me that, that way you know. (Māori, Pōneke)*

The sense of knowing, understanding and increased mana not only affected caregivers personally, but rippled out to new understandings of whānau, hapū, iwi and society.

*I know you can't teach people all the history in a programme but encourage caregivers to share history...[with] children. Find out stories from these kids and where they're from and what the story is and trying to reconnect. To me it's all about a reconnection and I thought it was...great how people were just having their blinkers, their eyes widened to think about whānau in a broader context. (Pākehā, Pōneke)*

Support from facilitators encouraged and assisted them in this journey as they moved beyond whānau changes to ripo toru and whā. Caregivers explained how their growing awareness and desire to explore whakapapa put them in a better position to support and help tamariki in their care.

*...now going to these wānanga and stuff it makes me want to dig deeper and start to know who I am properly. So that I can link these kids with their family as well. 'Cos all of them are distant from their family. But if I start doing me and find those right steps then I can help the kids do the same. (Pākehā/Māori, Taupō)*

*They [facilitators] were talking about the contact with the parents... [now] I take them back to the marae, they know who they are and where they're from. (Māori, Whakatāne).*

Increased value placed on whakapapa and understanding colonisation led to a greater empathy and understanding of the complex situations facing birth parents. Caregivers became less critical and more willing to engage. These connections were seen by many caregivers as important to the wellbeing of the child and they sought to engage more positively with birth parents; mothers, in particular.

*I have this perspective now - she's [birth mother of the tamariki in care] also a kid from a hard place and so it's a cycle... her mother took her own life ...and she grew up with our [whānau member] who told her that she was useless. I'm not as angry and disappointed in her 'cos I understand where it's come from. (Māori, Tāmaki)*

*If it wasn't for Puāwai my brother and I would have been quite content not to have contact with bubba's parents but having done Puāwai we've made contact...we really understood ...if we had not done Puāwai we would have been estranged from bubba's mum and dad. (Māori, Waikato)*

Caregivers learnt skills to engage wider whānau in an effort to promote health and wellbeing.

*So they are providing like practical tools. For example, they showed us how to host a whānau gathering and how to start facilitating that to talk through to how you want to make your family culture. Then they gave us tips on what you would write down and what areas you might cover to see what your whānau wants to make as a lifestyle. We actually went into quite a bit of depth ...like our personal health and you know safety. (Samoan, Whakatāne)*

However, caregivers expressed barriers in relation to finding out about their child's whakapapa and whānau connections. These included personal limitations and systemic issues at ripo whā with Oranga Tamariki.

*Now he's wanting to know more about his family and that's hard. Because OT you get this little pamphlet and it says this, this, this and this and then you're the one that's got to do all the digging. So I asked about a month ago but haven't heard back yet. These aren't the things we can't pursue but it's not like we can just rock up on their doorstep so you've got to wait for all these approvals before anything bloody happens and that's why it sucks. He wants to go, he doesn't even know if his koro is alive. We're the ones that deal with the outfall of all of that. (Māori, Pōneke)*

A Pākehā caregiver who established connections with her child's whānau because of the programme expressed concerns about the need to have iwi and hapū involvement to cement and maintain these connections.

*We've connected [name] up with her whānau and her whanaunga on both her sides and there's some amazing people in her whānau and extended whānau on both sides. But now there is a sense so now what? How do you put a wero out to those functioning whānau who have so many commitments and there's a lot expected of people who are doing ok. They just*

*get swamped. But there is also that difficulty for when you've connected someone in that for them, then to feel like well they all said "hi" and "lovely." But that's the end I've heard of it you know what I mean? So it's kind of it can feel so we've been so far as to really make the effort to connect her up with her whakapapa but then there is a danger. Our girl will go back to her little flat and no one's going to ever contact her you know what I mean? I feel we need help and we're not Māori either to help know. Because there are things, I feel like it's beyond us. It actually needs her iwi, her hapū to build relationships or something. (Pākehā, Pōneke)*

These issues relating to inadequate Oranga Tamariki support at the level of ripo whā, connections of tamariki with wider whakapapa, are of particular relevance to obligations under section 7AA(2)(b) whereby: 'the policies, practices and services of the department have regard to mana tamaiti (tamariki) and the whakapapa of Māori children and young persons and the whanaungatanga responsibilities of their whānau, hapū and iwi', and suggest there is much improvement to be made in supporting caregivers and tamariki to develop and maintain whakapapa connections.

The emergence of some caregivers establishing whakapapa connections for tamariki in their care as a result of learnings from some TDCW programmes, also points to an organic pathway for the establishment these connections; one that is generated from within the self (ripo kotahi) through understanding the historical context of Māori, and is more likely to be sustained than through external directives.

# MOST SIGNIFICANT CHANGE STORIES

Most Significant Change Stories provide examples of changes that occurred at each ripo, as well as the pathways and dynamics surrounding those changes. We hear, in the voices of participants, their experiences, providing a more complete story that describes change embedded in processes and emotions.

In alignment with Kaupapa Māori theory, the change story process is a way for stakeholders to collectively construct a shared understanding of the values and outcomes they see as most significant.

Stories presented here were drawn from participant transcripts and crafted to provide a story narrative while maintaining the voice of the participant. Research stakeholders (the research team, providers, caregivers, and regional and national office Oranga Tamariki staff) were invited to provide feedback on what the story meant to them, and in what ways it was seen as significant, ranking the stories in order from most to least significant (see Appendix 2: Methodology). Groups of stakeholders held discussion to hear and consider others' interpretations of the change stories, and together, arrived at a group ranking of story significance, presented here. In this way, stakeholders arrived at a shared understanding of the values and outcomes from the TDCW pilots.

Change stories are presented here from each participant group: caregivers (6), providers (5), and Oranga Tamariki social workers (5). Although the sets of provider and Oranga Tamariki stories do not contain a story related to each programme, the two sets cover all programmes. Key messages from the stories that do not appear in these stories are included elsewhere in the report.

## Caregiver change stories

This section contains caregiver stories from each of the six programmes, in order of their final ranking. Each story is followed by comments drawn from the ranking feedback and a brief research commentary that aligns the story to Ngā Ripo and programme logic outcomes.

### 1. Teuila – Te Korowai Aroha o Aotearoa: Whakatāne

Teuila and her friend Dayna are caregivers to an eight year old boy, Piri, who has high needs including multiple personality disorder. Piri has been through 10 homes. Teuila undertook some research and found out Piri has Māori whakapapa. The story was initially selected because it provided a dramatic 'before and after' scenario in which the Mātua Whāngai programme delivered information, insights and strategies that changed the ways Teuila and Dayna related to their boy and his birth mother.

*Piri's mum aggressively told him that he wasn't allowed two mums, "You're never allowed two mums. You have to call Dayna auntie." Because Piri's mum was so fragile and this was his first attachment ever, that story broke his heart. For six months after that his multiple personalities came back really strongly to the point where he would be arguing with himself like "F\*\*\* you idiot" – and "No we don't use those words here" – and talking full-on. Piri's face would change from left to right while he was talking to himself and it was horrific to watch. He got really confused and sometimes he tried to make Dayna be like a friend and sometimes an auntie, sometimes a brother or sister or a cousin. He tried all these different roles on her just 'cos he wasn't allowed two mums.*

*So then his attachment got really bad and he would move in for a cuddle and then he'd go "F\*\*\* you" and punch your face and then go "Oooh sorry." And then just be back and forward with these personalities fighting in his brain and trying to figure out if Dayna could be his sister or his auntie. But that wasn't helping, 'cos he needed an attachment. Piri spiralled out of control just for a comment about not being allowed to have two mums. But finally he'd heard the message enough from us "Love, you are allowed two mums, but you have tummy mummy and she gave birth to you and then you have mummy Dayna, you have me because I'm allowed to look after you."*

*Because of that I didn't want his mum to have contact with him again because his arguing with himself was turned up a thousand times more than we'd ever seen. Every half hour he used to melt down when we first got him and it turned out more than that. It was such long days. He wakes up at 5.30am or 6.30am and through to 6.30pm at night - oh he was staying up later then so maybe 7.30pm at night.*

*Long story short, after us telling him lots of stories like "When you were a baby, tummy mummy couldn't keep you safe so you came and lived with us and you make us so happy." Six months on and he finally settled in his heart that he was allowed two mums so then he could let Dayna be his mum again and receive some comfort. But I totally did not want his other mum to have any contact with him.*

*After doing the course, I re-evaluated that whole situation 'cos birth mums are so important to the kids. I understand one or two particular kids can't have their mum due to it being seriously dangerous but Piri's mum actually still loves him, in a right world. We used to say she doesn't love him because she set him up for failure all his life and we would say "Right, she doesn't love him 'cos she couldn't keep him safe." But in that world I could say, "Hold on a minute she does love him. She was incapable of looking after him because of generational trauma." Every meeting we go to, she's homeless, she's got a new address all the time and I would have perceived that as like "No contact - that's dangerous." But now I perceive her as a traumatised 20 year-old trying to cope in life. She does love her baby because she actually went to the police [fearing she might harm the children] and tried to get her babies help.*

*So since then I've been writing her letters every month and I tick off this chart about whether or not I've sent her a monthly letter about him. Before that I'd only sent her maybe one in a year and a half and now I'm doing it each month. And I see all the progress she's making and I'm valuing her now as a person. Actually, I feel something for her. Like "Oh my gosh I'm so appreciative of you, you gave us this. Remember you told me Piri's a taonga and I see him as a taonga. I know you dearly love him, it's just that you love him with what you've got." So that's been another big change.*

## **Changes and significance**

The changes centre on Teuila's shift toward understanding, compassion and ultimately connection with the birth mother, illustrating progression from ripo kotahi to toru. She set aside her anger, dismissals and anxiety, to reach out with monthly communications about their shared child. This was seen by our research stakeholders as a "reminder that birth mothers love their children", and to have improved the situation for the child as well as the caregiving whānau and birth mother. With the input, sharing and thinking space provided by the programme at ripo kotahi, the family narratives evolved quickly from blame to empathy and cautious inclusion with parallel improvements in the child's behaviour. As one stakeholder noted:



*"She did a complete u-turn with her thoughts and actions, changing outcomes."*

Research stakeholders drew attention to the huge struggles this family had with what they saw as the intergenerational trauma the child was born into. The story elicited praise and admiration, with one stakeholder saying they had learned from Teuila's story. Several viewed this account as an important reminder that tamariki should be seen as gifts from their biological family, even if they were not able to care for them. The healing potential through empathy and whānau connections was seen as an important course learning.

### ***Ngā Ripo change journey***

Teuila's Mauri Ora journey starts from a personal sense of pain, confusion, intimidation and potential physical injury resulting from Piri's behaviour. The sense is that she and Dayna are largely struggling on their own but, as a result of the course, they move through personal change (ripo kotahi) to a more whānau centred and trauma-focussed understanding of Piri's birth mother (ripo rua to ripo toru). This enables them to make sense of the situation and change their strategies of engagement. Te Ao Māori understandings enable her to feel gratitude for Piri as a taonga and gift from his birth mother. Piri appears more settled and Teuila also observes positive changes in his birth mother. There is a strong sense of the birth mother's mana being upheld and Piri's attachment honoured.

## **2. Pania – Immerse Charitable Trust: Tāmaki Makaurau**

Pania has three birth children and is a caregiver to an 11 year old boy, Wiremu. Pania and Wiremu are from the same hapū and Pania regards Wiremu as her whakapapa, although he is not closely related.

*Oranga Tamariki were pushing me to go for full custody of Wiremu and then I did the course and the message was, "Your child has a voice, ask your child." I took this on board and went to Wiremu and said "I want you to have a think about this. Oranga Tamariki want me to have full custody, this is what it means. If you don't want me to go for custody it means Oranga Tamariki will still be involved and you will still see your siblings and your mum." He looked at me and I knew in his head he was thinking, "I want to see my mum, I don't want you to be my full time mum, I want my mum" and I was like "Don't answer me, just have think about it."*

*Later I said to Wiremu "Did you think about my question?" He started crying so I asked why and he goes "I don't want to hurt your feelings." I was like "There's no right or wrong answer, whatever you tell me, that's what I'll do. You are old enough to make that decision." So he goes "Mum I don't want you to go for full custody" and I went "Ok, fine." He was waiting for me to explode or be angry 'cos that's what I'd do before the course. I said "I'm really proud because that's a big step for you, you've made that decision." I told his case manager that he didn't want me to go for full custody and she says "He's only a kid he's got no say in this."*

*My course coach, who I talk to all the time, was like a real advocate for always telling the truth, if they ask you a question, answer them. So, one time, my friend who was a social worker rings me and she goes "Hey listen his mum's on Police Ten Seven" and normally we watch that. I thought "shit ok." His friends watch Police Ten Seven so I said to him "Listen Wiremu, I need to tell you something. Your Mummy's been really, really naughty." He goes "Did she get caught shoplifting Mum?" I went "Mmmm, no it's a little bit worse than that and she's on Police Ten Seven." He goes "We didn't watch it last night did we?" So I said "Right, me and you are going to sit down and we're going to watch it together" and I went "I'm here for you if you need me." He saw his mum and he started talking to his Mum on the tv "Oh why did you do this?" He was*

*rocking himself 'cos that's his comfort, he rocks "Why are you doing this mum? Why are you doing this?" She's going to prison and he goes "But why did she do it?" I said ""Cos she doesn't know how not to do it. You know that is what happens when people go on drugs or are addicted to alcohol, they do things to make them feel good to get their next hit" and he was like "So does that mean I'll be with you forever?" I told him that he had to stay until he was eighteen. He just started crying and I said to him "If you've got any questions how can I help you?" He turned around and he goes "You have, you didn't keep it from me! Oranga Tamariki never tell me things like this."*

### **Changes and significance**

A key change emerging directly from engagement with the programme is highlighted in Pania's story in her taking on board the idea that attending to the child's voice is important and legitimate. In the real world scenario of the everyday tensions and challenges that arise for the child separated from his birth parents, the mother's situation is clearly raising tensions for caregiver and child. One stakeholder put it this way:

*It was very brave to give Wiremu his voice and let him choose what he thought was best for him. I am pleased it worked in her favour.*

Also powerful here is the illustration of the way in which the threat of the tv programme is handled, Learnings at ripo kotahi underpinned Pania's strategy at ripo rua, where she deals with the potential fall out of public broadcast among the child's peer-group. This central incident runs into the wider contextual dynamics between Oranga Tamariki the caregiving whānau, at ripo whā. The value of the programme coach is clear in advocating communication approaches with Wiremu, and one of our stakeholders added:

*[It is] concerning that Oranga Tamariki staff advised the caregiver not to listen to the young person's views.*

The gentle, loving but open manner of Pania's approach to working with Wiremu reinforces trust and attachment despite the child's implied wish to keep the possibility of returning to his birth mother alive. Wiremu's differentiating and valuing Pania's approach over that of Oranga Tamariki was another telling moment in Pania's story demonstrating that trauma can be both historical and ongoing if not addressed in positive and healing ways that centre tamariki experiences.

### **Ngā Ripo change journey**

Pania moves from what appears to be an approach that makes decisions on behalf of the child to, against the advice of an Oranga Tamariki social worker, valuing and including him in decisions. The programme clearly influenced Pania's journey, providing her with advice and realisations at ripo kotahi that brought changes to her relationship with Wiremu at ripo rua. The strategies she employs enabled his involvement in more open and trusting ways, running into the wider circles of the child's life; his relationship with his birth mother in particular. Changes include Mauri Ora outcomes related to increased confidence, communication and problem solving skills, resulting in the tamaiti having increased trust in her and feeling helped through a difficult time. The story conveys a sense of bonding and, if not healing, at least dealing with distressing news in ways that reduced ongoing trauma. With input from the programme coach, who advocated honesty, and the course message of encouraging child voice, Wiremu positively differentiates Pania's approach to that of Oranga Tamariki. Kotahitanga is promoted through ripo kotahi and practices at ripo rua, illustrating how



increased confidence and self-esteem enabled Pania to challenge perceived Oranga Tamariki practices (ripo whā).

### 3. Keri – Kōkiri Marae Health and Social Services and Tui Kereru: Lower Hutt

Keri and her husband are caregivers for a provider working with high needs teenagers. Keri is Māori and has birth tamariki and mokopuna. Keri enjoyed the pilot programme so much she travelled to different areas to attend three programme training courses. She described herself as the biggest critic at the beginning and now feels like the programme's greatest advocate.

*I didn't want to do the course. I didn't see how Māori was going to be a significant part in my life and how that was going to change who I was. I was brought up in a Pākehā world with my Pākehā parents so I couldn't see how this course was going to benefit me in any way. But as time went on I realised that it benefitted me in the sense of opening my eyes up to where I am actually from, opening up that world, that door, and it doesn't have to be the European way.*

*I learnt that there are other ways that you can get to where you want and what you want, as long as you just atawhai, atawhai your way. Before Sam came to me, he was very violent, very aggressive. I've only had one, not even an incident really, I've had one little one yesterday. We had a pretty significant one where I was, "Oh my lord there goes my house, there goes my car." I was just watching it unfold, but it turned out all right and if I didn't have the skills from doing this course and learning from other people, I wouldn't have been able to down-grade that situation. Because, before the course I would have been in there saying, "You better get your arse outside right now 'cos you're not going to destroy my shit." Like hell no, but because of the course it was a case of re-thinking. "Ok what would this person do?" Or "I wonder if that would work?" So I ended up on the phone pretending that I'm talking to my boss saying "Look he's not coming out of his wardrobe." I'm sitting there thinking he's probably going to burn it down but I said "So how long do I give him before I have to ring the police to get him out 'cos I've got things to do." Pretending like that and then I said to him "Right you've got seven minutes." I'm outside waiting." He was up out of the house in seven minutes and I was like "Thank god" because his room was destroyed, he was throwing things around. Then I was like "Ok these are your choices, you either come with me 'cos I've got things to do." I had to get him away from the situation. "Or you can sit on the doorstep till I get back." Sam said, "Oh I'm just gonna come with you." "Well let's go then." I wouldn't have known that or how to do that or how to deal with that situation before the course.*

*The course gave me that sense of understanding of a different way and helped me get grounded. I knew where I wanted to go in the sense of what I was doing with these children. I did want to help a lot more. My step before that was that I wanted to help in a care home – as silly as it is. It's a children's lock up. But the course opened my eyes up to know that I could actually do more becoming a social worker 'cos not only does that help kids, it helps the community and stuff. So with the course it definitely gave me the pathway to get to where I am now with my course and then going on to the degree next year.*

#### **Changes and significance**

For Keri despite her scepticism the programme enabled a new connection with her whakapapa that changed how she managed challenging relationships with rangatahi in her care. In her account of the incident with Sam she explicitly describes her learning as a detailed 'before and after' story. The course moved her from ripo kotahi and rua in her engagement with Sam and opened the door to

new approaches in her intentions to contribute to community (ripo toru). One stakeholder pointed out:

*...the course transformed her in relation to her whakapapa and Māori approaches.*

In particular, it gave Keri a set of new resources and skills to successfully de-escalate the situation that developed with Sam, resulting in a better outcome than she thought possible. She is also clear that the course has both inspired her to act differently with the rangatahi in her care and given her the impetus to begin training as a social worker. Another stakeholder wrote:

*...the course opened Keri's eyes up to a world of possibilities. New methods of caring for teens, new career path (social work) and a new more connected world view.*

The talk of grounding and personal/career development speaks to the deep personal changes Keri experienced alongside the more pragmatic tools and skills she acquired.

### ***Ngā Ripo change journey***

Keri's journey is one of self-discovery and realisation that there were other (non-'European') ways of doing things, both in her relationships with rangatahi in her care and in her desire to impact more broadly as a social worker. The course had a direct influence on her Mauri Ora journey at ripo kotahi that translated into a better outcome in her interactions with Sam (ripo rua) and she was also making links to rangatahi and communities in her vision for further training (Kotahitanga; ripo rua and ripo toru).

## **4. Tomairangi – Shea Pita & Associates Ltd.: Waikato and Tāmaki Makaurau South**

Tomairangi is a single māmā to a son and caregiver to seven year old Mahia, who has significant health issues. Tomairangi is Māori and works in the care and support field. Mahia is whānau and has lived with them since she was three. Mahia has siblings that the wider whānau care for.

*I loved the group interactions. In the programme we were all learning from each other, we were all sharing experiences. It wasn't just someone standing up the front and lecturing to a group, it was all interactive and you really did learn from other people's stories. You could take little bits of everything from everyone giving advice and sharing if they were in a similar position, how they would deal with things.*

*I personally wasn't in a good space when I started. I actually came away with more confidence within myself. It really allowed me to look at myself and not just my parenting and the family dynamic. The greatest learning that I got from it was it really did make you look at yourself and look at every dynamic surrounding yourself.*

*The thing with it though is that it's ongoing training, refreshing. Every time you go, like no matter what stage you are, if you're open, you're always going to pick something up. It should be a compulsory component for all caregivers of Oranga Tamariki and especially if you've got Pākehā raising Māori children.*

*I never felt uncomfortable at any stage or felt out of my depth where I didn't know what they were talking about or what was going on. They were really good at explaining it in English for non-Māori who were in the group. We had one non-kin caregiver in my rōpū and she was fostering teens. She was an older lady, single. She had a Māori teenaged girl in her home. She was just absorbing it, lots and lots of questions, trying to take a piece from everybody and graphs to take away. In a lunch break we were talking about a certain situation that she was*

*having. We found out the next week she'd actually taken people's advice and it worked out, so that was really positive.*

*I just went and being open, walked away going "This is huge, this is awesome, this is going to be for my own self-development" so I kind of look at it like self-development, whānau development.*

### **Changes and significance**

Tomairangi emphasises the value of ripo kotahi, where the course contributed powerfully to self as a foundation for whānau development. She saw the style of delivery as facilitating interactive and mutual learnings and commented on the power of the sharing. The value of the course, particularly for Tauwi raising Māori children is emphasised as she provides an account of change in a Pākehā caregiver. Some of our stakeholders saw this as a less powerful story overall, with one stating:

*[She] describes the delivery of the course going well, but doesn't illustrate behaviour change.*

However, the significance of this story rests particularly in its account of the value to whānau of collaborative introspection and mutual support, as another stakeholder notes:

*Self-development, self-reflection; it's not just about parenting, it includes the family dynamic.*

Beyond the notion that caregivers need more than behaviour management techniques and tools is Tomairangi's report of the value of time, space and support to review her experience that supports caregivers' commitment to tamariki.

### **Ngā Ripo change journey**

Tomairangi clearly gained a lot from the group aspects of the course, which enabled caregivers to feel connected and learn from and support one another. Mauri Ora and Kotahitanga changes include increased confidence and self-development that, in ripo rua extended to her role in the whānau and as a caregiver. In turn, these developments link to ripo toru, with her engagement in the notion of a broad, ongoing, supportive environment that she recommends be available to all Oranga Tamariki caregivers. She is positive about the ability of the group to support each other and try out different ways of resolving difficulties; she sees this as a particularly important Te Ao Māori learning for Tauwi caring for tamariki Māori, indicating that the child's culture is an important part of care.

## **5. Liz – Te Korowai Roopu Tautoko Social Services: Taupō-Turangi**

Liz and her partner are Pākehā. They have older children and both work in the clinical healthcare field. They have been caregivers to a number of children. Currently, they are respite caregiving for a young Māori boy who is 10.

*I think it was really good how they made it marae based. I think it was a really good start compared to the rent-a-rooms of the other trainings because I think it's really important to have people feeling relaxed. I'm Pākehā, my husband's Tauwi, he's Irish protestant, Northern Irish. So that's not our comfort world but it's not about us is it?*

*I think learning by story was really helpful for people with varying backgrounds who could then take out of the story what was relevant to them. You've got people from all sorts of different environments, different backgrounds and you hear the story and you hear what's important to you in your journey at that time which is really different to other ways of learning.*

*They managed to pack a whole lot in and I found that quite useful. So from a rongoa perspective – we thought from the course that we were going to make rongoa, but that wasn't what it was about at all. It was more about how little things matter, not taking things for granted. The meanings behind what you do.*

*You can feel really disempowered as a caregiver and because we're Christian we do prayers at night and that's part of the deal. I said to the Oranga Tamariki worker, "Sorry, we are who we are, you want to put kids with us that's what you'll get. We're not going to change." For our prayers at night we ask the child "What did you do today for which you are thankful?" Then we repeat it back "Thank god for A, B, and C" for which the child is thankful. Last night I asked him about the names of his family members and we prayed for those family members. So the fact that if you asked for family members' names and include them in a prayer, you're praying without anything other than praying for their wellbeing. That is an important and meaningful action.*

### **Changes and significance**

The use of the marae and pūrākau (story-telling) approaches appear to have worked well for Liz and her husband, helping them to reach beyond the familiar and feel comfortable outside their "comfort world". Her openness to new learnings and perspectives in ripo kotahi include shifts in her understanding of rongoa. In ripo rua she then incorporated these learnings into her own family practices for the benefit of the children in her care. One stakeholder noted:

*The course gave Liz some great reflection time and reminded her of the things in life she values. Also it sounds as though lots of people including herself and her hubby, benefited from the story based approach. They also have a willingness to grow.*

The course also served to restore her sense of purpose as a Christian caregiver, with her reporting feeling disempowered and defensive in communications with an Oranga Tamariki worker, suggesting shifts at ripo whā. Another commented on this understanding:

*[I] thought there was a behaviour change - that they took into account whānau in their prayers, while still maintaining their Christian approach.*

Irrespective of what others may think about the validity of prayer, Liz was convinced enough to make specific mention of its significance.

### **Ngā Ripo change journey**

Liz appears to move from feeling disempowered and defensive about her faith in her interactions with Oranga Tamariki, to being able to embrace what was on offer, relate course learnings to her life and incorporate them into her practices with the child. Mauri Ora shifts through ripo kotahi to ripo rua included prayers that acknowledged the child's whānau, which she describes as "an important and meaningful action." There is some indication that she had reservations about the course content and delivery but found it highly relevant for herself and the diverse caregivers she describes. Her Te Ao Māori journey is emphasised by her appreciation that it is "about how little things matter...the meanings behind what you do." Included in this excerpt, and elsewhere in her interview, she is critical of Oranga Tamariki. Her Kotahitanga journey is in part a reflection and contrast to these discontents, indicating effects at ripo whā.

## 6. Ebony – Presbyterian Support & Te Ikaroa Social Services: Hawkes Bay

Ebony is Pākehā and her partner is Māori they have seven children and are also caregivers for four children who are related to her partner. Ebony works as an advocate in the care field and her husband works in the education field.

*I was actually just gonna say that I found the training was really good in that it focused on attachment, that was great. But it failed in some respects to focus on the complexity of many of the kids that we work with and I think in our discussions we brought that up. I loved the course, but that attachment stuff clicked. I want to do more of the brain stuff too 'cos it made me curious about how the brain works, how we can help to fix what's been done. Well you can't really fix it but they said you can re-train the brain. So now Puti, who turns seven at the end of the month, doesn't wet herself. She did it when she came to us. The reason she wet was, because it's a habit. It had become a thing she did. So there's lots of pros about the programme, there was learning for everyone, so it was really good.*

### Changes and significance

The key changes were in relation to the ways in which Ebony understood attachment and the potential for changes at the neural level. It is evident that Ebony has used what she learned at ripo kotahi to help her intervene successfully in her child's enuresis at ripo rua. A number of our stakeholders saw this as a strong positive outcome:

*Illustrates how attachment content resonates and can change caregiver and child experiences and outcomes.*

However, some stakeholders thought that Ebony wanted more from the course and one stakeholder read her story as meaning the programme needed a greater emphasis on trauma:

*I'm concerned that there appears to be a big focus on the attachment stuff (awesome!) but not so much about the trauma stuff.*

While Ebony had some misgivings about what the programme delivered these appear to centre on the challenging realities presented by the multifaceted needs of tamariki.

### Ngā Ripo Change journey

The Mauri Ora journey that Ebony is on is one of learning about the brain, attachment and trauma and how such knowledge is relevant and useful in working with children in her care. The anecdote about Puti, serves to confirm her excitement and illustrate the value of these forms of knowledge that she is able to incorporate into her practice as she shifts from learnings at ripo kotahi to application at ripo rua.

## Provider change stories

This section contains stories from five separate providers in order of their final ranking.

### 1. Taika – Te Korowai Aroha o Aotearoa: Whakatāne

Taika is Māori and was directly involved in the programme. The programme was originally designed as a five weekend wānanga over a five-month period. Discussions were held with Oranga Tamariki sites regarding recruitment and retention concerns. It was agreed to change the programme to one-day sessions over a five-week period.

*The most beneficial thing has been that they have had time to sit and share their pain, share their healing, share their stories and have that time for themselves. To be in a room with other people that are going through the same challenges and to know that you're not on your own is one of the biggest things that came out of this. Yeah, when you think that some of them have been sitting as caregivers for Oranga Tamariki for 40 years and they've never ever been given that opportunity, that says a lot.*

*Yeah and for us as people who are just holding the space as facilitators, now after five weeks, you have peers now turning around and saying, "Well actually this is great, I'm going to come with you." I didn't believe that could have happened back at the first and second noho, but this rapport has grown and flourished. And in different locations too, there is an upwelling of support that has developed. We had a real tough cookie in one rōpū, but we reached her in the end and her son came up to me afterwards and he said, "Thank you for giving my mother back! She is a different person than she was five weeks ago." So those are the moments that we go, "Oh wow, that's the impact of the space" and I said you know, "E hoa e hara naku tera, that each and every one of us have contributed to where your mum is at the moment." Yeah there have been huge transformations of people who have not even known their pepeha, to people who can stand and deliver in five weeks. From people who have not had contact with the parents of their mokopuna that they care for, to a place where many have made contact.*

### **Changes and significance**

The story centres on Taika's sense of success and surprise at the speed with which changes occurred and support for the programme was obtained. He points to the importance of ripo kotahi, where caregivers were able to share pain, stories and healing. There is an implied criticism that, despite some being caregivers for 40 years, this is a first. One stakeholder noted:

*I love that the "space and time" was given to hear the pain and to actually give quality "time and room" for this to happen. It's always business as usual with so much to do as social workers, so it's vital for caregivers to be given a safe space to process and freely vent/talk.*

In terms of changes, aside from the account of the programme working for a "real tough cookie", the examples given focus on the importance of te ao Māori concepts of belonging and connection (pepeha, contact with birth parents), illustrating the value of Kaupapa Māori approaches. These understandings come both from caregivers within the programme and from 'peers' and those in different locations.

### **Ngā Ripo change journey**

Taika's journey is that of a provider whose belief in the approach supports the growing understanding that what he and his team offer is valued by caregivers and in wider circles, including whānau. Although he appears confident in the approach, he journeys to a greater realisation of the Mauri Ora and Kotahitanga benefits of connecting caregivers by providing time and space for that to happen. The depth and breadth of impact beyond ripo kotahi was greater than expected. As the benefits of providing safe sharing spaces for caregivers became apparent, peer support and buy-in occurred as well as multiple changes in caregiver wellbeing and behaviour that reached to whānau at ripo rua. A key Te Ao Māori observation is the improved engagement and confidence of caregivers and their empowerment within a Kaupapa Māori framework, suggesting reach to ripo toru and whā.



## 2. Mana - Kōkiri Marae Health and Social Services and Tui Kereru: Lower Hutt

Mana is Māori and was directly involved in the programme.

*In the first cohort we delivered a set of pūrākau that we use throughout the programme and wrote our own karakia so that caregivers could take them home to use immediately in their own space. So karakia became a tool of self-mastery, of self-management, even for the children to self-manage. And maybe if you have 10 to 12 weeks of therapy they might be able to get behaviour change – but this is overnight stuff you know. Wairua is the fastest method for getting the kinds of change that whānau are looking for.*

*There's been huge development from the first cohort right through to now. I guess layers of that occur through the wānanga process and the way in which we facilitate the wānanga of laying down all our kawa and tikanga, using karakia and setting the mauri for all of that. This mātauranga for many is new, even Māori have never heard it before, yet it is introduced in such a simple way that they get it. What I've observed in terms of healing for Māori, is an awakening an oho mauri moment, of being proud of being Māori, feeling ripped off that they haven't had access to this before. Just all that mamae, all that identity damage but you know also all that reconnecting, to how beautiful our world is. So you see all the kare-ā-roto, you see all the tangi, we allow it, we support them.*

*And it's not just for Māori, non-Māori have also responded positively to this beautiful mātauranga that they didn't know existed either. It has never been presented in a way that gives them access to it. For non-Māori being able to recite a karakia, that actually means something, the depth the meaning of it in te reo Māori is another layer of healing of race relations, between Māori and non-Māori that we see occurring.*

*At the beginning there are often lots of questions. "Mmmm, is that going to do anything for me? Mātauranga Māori? Don't do that shit. Don't know what I'm here for. Over my head." Mere comes to mind from the first cohort. At first she was real sceptical but she actually became our major promoter and when we went around the site offices, she came and spoke strongly for the programme. An Oranga Tamariki staffer said "You need to take her with you wherever you go [chuckle] to promote the programme" because the transformation was so massive. Now she's signed up to do te reo classes and social work, but even before that she started going to the library and getting out Māori stories to read to her mokopuna. She took the tikanga home, took her kids to the library, chose the books and then taught them the messages in the pūrākau.*

*That type of skill development and the power of pūrākau adds to the power of wānanga, the power of the collective. Also, the idea that we're not the experts here, that everyone in the room brings experience of parenting, have lived experience that they share and contribute to the wānanga. That's the magic in the programme.*

### Changes and significance

Although most ranked this story highly, responses were mixed. While some felt the story did not cover trauma, others saw trauma addressed through dealing with colonisation, mamae, loss and reconnection to te ao Māori.

*It does talk about trauma, from the perspective of the impact of colonisation. [The story] is a good example of healing and decolonisation, and decolonisation being new to many Māori (and Pākehā).*



The use of pūrākau and karakia (particularly their co-creation between providers and caregivers) was seen by some as a distinctive and empowering action that contributed to constructive change.

*It illustrates the difference in approach that Kaupapa Māori providers take. Does show behaviour change - using karakia, going to the library, changing from not engaging with te ao Māori, to actively/confidently engaging with, and reconnecting her mokopuna with their culture.*

The anecdote of the turnaround in an initially sceptical caregiver was also seen as a strong illustration of change. The programme was seen as integrating clinical and Kaupapa Māori models, with te ao Māori described as a necessary learning for all caregivers.

*Te ao Māori should be mandatory for all caregivers, to have an insight is essential with our tamariki and whānau.*

### **Ngā Ripo change journey**

Mana's Te Ao Māori journey started from implementing a programme he knew had huge potential to seeing deep changes, trust and healing for Māori and Tauīwi. His increasing confidence in the value of the approach is evident as he describes a greater understanding of the depth and breadth of impacts for Māori and Tauīwi. Mana was excited by the transformative ability of mātauranga Māori and his observations of reconnection, increased pride and healing. Mana's enthusiasm is reflected in his descriptions of te ao Māori as "beautiful" and the "magic in the programme."

The foundations were laid in ripo kotahi, with shifts indicated at ripo rua, toru and whā, with the idea of healing race relations.

### **3. Mandy – Presbyterian Support & Te Ikaroa Social Services: Hawkes Bay**

Mandy is Pākehā and was directly involved in the programme. She is also an Oranga Tamariki caregiver.

*A caregiver I work with has a 14 year old in her care who has experienced extensive trauma when she was younger, before adoption. She was adopted at 18 months, but the parents couldn't cope. Her current parents have always been told to be accommodating because of problems with the lack of attachment. When she had meltdowns, the parents accommodated and accommodated instead of doing what we teach within the programme. We advocate firm boundaries because that makes the child feel safe, but with lots of aroha and support, because that is when our children blossom.*

*So when I did the assessment with her the caregivers said, "Nah this child needs to go to residential care." There's a lot of violence from the child and their son is living on the street because of the violence at home. They were constantly calling the police Armed Offenders Squad because of threats. She's standing there with knives in front of the parents. Everything from early morning to late afternoon was just struggle in that home. The police were building a record in order to show other agencies that this child needs to go to residential care.*

*With the programme the caregiver said, "I'm happy to attend and I will come. However, I don't need to have any support, I don't want to have any support because we've had it, we can't do it anymore." We are now in fifth session. In the third session the caregiver said, "Actually, maybe I would like some support", so I went into the home, I talked to the dad as well. We had a big discussion about where the behaviours of the child come from and we talked about brain*

*development, same as what we do within the programme. Both of them got a better understanding of where their child's behaviours came from. When you understand what is triggering kids, then you can deal with it differently.*

*So now they're open for support and we're working together on a weekly basis together and now they say actually, "Boarding school? Or maybe we keep her at home because I think we can manage" and that is after three weeks.*

### **Changes and significance**

The shift in this account is the caregiver moving from her expressed wish to place the child in residential care, which would have ended the placement, to accepting support and even beginning to see hope for continuity. One stakeholder put it this way:

*I love that they didn't want any support as it seemed pointless – had just found it too hard but then actually took the help up and had a huuuuge shift in understanding and willingness to pursue loving and caring.*

The story details the impact of trauma and how this plays out in extreme behaviours. A mix of course sessions and home support enabled the caregiver to see tamariki behaviour in a different light and then deal with difficult situations accordingly. As another stakeholder noted:

*[It] articulated the change in caregiver understanding of trauma, triggers, resulting behaviours.*

The way such programmes can contribute to stability of care is illustrated.

### **Ngā Ripo change journey**

The Mauri Ora and Kotahitanga journeys involve engaging with the caregiver to the point where she sees value in support and is able to apply crucial learnings, with positive outcomes for both the child and whānau. The successes reverberate from ripo kotahi to ripo rua, where the provider sees a difficult situation rapidly improving, reinforcing their confidence in their programme as valuable and achieving intended outcomes.

## **4. Hana - Shea Pita & Associates Ltd.: Waikato and Tāmaki Makaurau South**

Hana is Māori and was directly involved with the programme.

*I feel I could name something neat about every single group of caregivers we have worked with, something special to their journey. Whether it's something they've shared about their personal experience as a caregiver or something they've learned and grown from as a result of the programme they all teach us things. But I think one of our caregivers who does come to mind is probably the champion that we talked about that came to awahi our programme this year.*

*Arahia is actually raising her nephew's son jointly with her brother Hemi, but neither of them has children of their own. They share a home and the baby is still a toddler. Her story is different because she is moving from not having any tamariki or experience of that parenting space, to now becoming a mother and her brother becoming a father.*

*She completed the course last year and her brother did it this year so both of them within the household have done it which of course is what we've always encouraged, so that is fantastic. The baby is too young to do the tamariki programme, but I think their story of change, learning*

*and growing together over time has been something quite beautiful to follow. Hearing how much they are on the same page now and understanding what they feel they need to do.*

*Arahia said there had always been dynamics within the family and that the learning also enabled her to understand her whānau a bit better. We talked about understanding how the brain works, the impact of trauma, how we think, and automatic negative thinking. Hemi went "Oh a lot of it in our own whānau as well, so we get great learning out of this." So, the course seems to help to understand where others are at as well.*

### **Changes and significance**

The key change here was Arahia and Hemi both doing the course and uniting in caring for their nephew's child. At ripo kotahi they gained an understanding of trauma, attachment and behaviour. Arahia is described as a champion who values the programme highly, illustrated by her return to awhi the programme. One stakeholder summed it up this way:

*Illustrates provider being really invested in the caregiver, does cover trauma and the brain which is really important. Also has Kaupapa Māori perspective.*

While some felt the dimension of behavioural change was missing, other stakeholders saw changes that spread to the wider whānau:

*Demonstrated the learning and how this can be applied across whānau in terms of understanding whānau dynamics and development.*

Through these changes, the provider was able to build a wider appreciation of what the course could achieve as a tool for constructive change.

### **Ngā Ripo change journey**

Hana sees something special about each caregiver's journey and seems to appreciate that the programme is achieving above and beyond her expectations. The provider points to multiple successes and illustrates this with the story of a brother and sister, which she describes as being "quite beautiful to follow." Hana emphasises the way in which Arahia and Hemi understood trauma within a wider whānau context, suggesting Mauri Ora and Te Ao Māori journeys that spread to ripo toru by involving wider whānau.

## **5. Tami – Immerse Charitable Trust: Tāmaki Makaurau**

Tami is Māori and Pākehā. She was closely involved in the course. She has tamariki and is also a caregiver.

*I feel like we've been a lot more focused this year and we're really starting to see good results. I think it's because we are attending to what it is that the caregivers come in with initially. Some of social workers were going out there and returning saying, "I know this person really needs the programme." But it's like in any situation, the people that really need it may not necessarily want it and so therefore they weren't necessarily owning this and going, "Actually this could make a big difference." The structure of how we do our coaching now is a lot more focused and I've always found that you give them any more than an hour and they're going to start getting into territory we don't need to go to. We concentrate on one theme and two or three tools they can use through that month and work to keep them accountable for that.*

*But then we were surprised too because some caregivers are quite reserved when you meet them and you know, really they're thinking, "It's just another training." But when we work with them and they persist, we do see complete turnarounds by the time they've finished the course. We really have had some huge successes. Like one particular family that I know, when they first came in, they had a very difficult boy in their care and I didn't think that placement was going to last at all and I don't think they did either. But they were so diligent and we coached them all the way. They began to call up when they needed us, 'cos we offer that free service, and took advantage of what we had to offer. They really worked the learnings and tools provided. They really strutted it out and they had massive transformation with their child and within themselves to the point where they have become, I would say superstars, in terms of how well they parent.*

## **Changes and significance**

The provider changed their approach to better orient to the actual needs of caregivers and to provide a more focussed approach. The specific story provided demonstrates that commitment from both provider and caregivers, including ongoing coaching likely prevented a placement breakdown. Stakeholders approved:

*I love this as "movement in care" is further damaging to children and we need to get better at teaching and supporting carers to do the hard yards and not make them feel bad if they can't and were ill prepared. I love that this stopped another move in care! Woohoo!*

One criticism was that the story did not cover cultural connectedness. However, there was clear acknowledgement of the importance of persistence and continuity of support.

*This case flags on-going coaching as a key element. Not a one-off workshop, but on-going support.*

The story was also seen as highlighting how, despite initial caregiver misgivings, the programme is not "just another training."

## **Ngā Ripo change journey**

For Tami the journey was toward a more focused approach that resulted in increased caregiver trust of learnings at ripo kotahi, spreading to changes at ripo rua in the ways they work with their tamariki. The story moves from the effectiveness of the teachings and the commitment of both family and provider to turn a difficult situation around to the point where the caregivers were characterised as "superstars." Their Mauri Ora journey saw increased understanding of attachment and addressing trauma, along with seeking and receiving provider support, contributing to stability of placement.

## **Oranga Tamariki change stories**

This section contains Oranga Tamariki social worker stories from five different regions, in order of their final ranking.

### **1. Ruby**

Ruby is a Pākehā caregiver social worker and site champion from the Porirua Oranga Tamariki office in Pōneke.

*The course had already started when I came on board. One of our caregivers was on the course and she gave some awesome feedback on how it was going. Then we had a caregiver*

*morning tea and the programme facilitators came to give a little bit of a talk about the programme and another caregiver was able to give some feedback about how much she had benefited from it and everything.*

*The thing that really did work for my personal buy-in was that I went with the other supervisors to experience an actual workshop with the training facilitators and my take away comment is "Why aren't we actually delivering this to the birth families?" Because I think if families had access and understood the kaitiaki concepts, they might be able cope better and therefore fewer children would end up with Oranga Tamariki. Yeah so that was an 'aha' moment for me and I would give the programme two hundred percent, so I was really impressed by them.*

*As I saw it, caregivers were disconnected from their own kaupapa and Māori roots so I think they had a few revelations where they reconnected. Especially when the treasures came out and they were able to touch them and hold them and things started falling in place from their perspective. They were relating their own childhood experiences and maybe they thought "Yes and this is also what I'm now seeing in the child in my care." I think it was a mana enhancing, emotional journey, a holistic journey for many of the caregivers, particularly those who were opening up their thinking and I think it calmed them down in terms of "Yeah I can do this!"*

### **Changes and significance**

This account from Ruby reports change at multiple levels, from caregiver endorsements and personal approval to understanding the course as very powerful. Feedback included comments on both social worker and caregiver changes apparent in the story. "Personal buy-in" by the staff member was noted as a significant change:

*This story illustrates staff buying in to course after they got to experience the course for themselves.*

Aside from the changes she experienced, Ruby also expressed an opinion about the value of the work, suggesting that it could also be of significance for birth families. Another stakeholder elaborated on this point:

*This story flags that this service might be beneficial for birth parents, in the prevention space, supporting whānau to remain with whānau.*

The observation that caregiver experiences and the intergenerational nature of challenges "started falling into place" as a result of the programme's hands on approach is an important illustration of how changes were achieved.

### **Ngā Ripo change journey**

Ruby's journey from ripo kotahi, which she began knowing nothing about the Pōneke programme to seeing it as "mana enhancing" and potentially preventative is powerful. She reports observing a number of changes in caregivers, in particular, enhanced mana and confidence, reconnecting with whakapapa and applying learnings from their childhoods to the children in their care. Ruby's Te Ao Māori understandings encompass wider perspectives in the sense that she sees value for birth families, and the benefits of holistic approaches grounded in Māori concepts and reconnection.

## **2. Pippa**

Pippa is a Pākehā caregiver social worker from the Waitakere Oranga Tamariki office in Tāmaki.

*The programme provided a four-day training about trauma and how that works, so a lot of knowledge around that but then also participant caregivers got a lot of really clear messages that would help them with managing situations in the home in a positive way, in a really powerful way. So the child would know that the carer knew what they were doing and the child would start to feel, "Wow my carer is in charge," so they could relax.*

*'Cos what I find very powerful is that a lot of my whānau caregivers are grandmothers who parented their own children but they're a bit hesitant to learn, like "I don't want to go to class." The course has been able to engage these caregivers because they're so enthusiastic about it and the caregivers really get it because the course is not using classroom language. The way trauma is presented and explained they recognise it and some realise also that their own children experienced it, so there is a little bit of grieving and reflecting on that.*

*The course is supporting caregivers to see behind kids' behaviour, to start opening up to think about the effects of trauma and give them little things that they use that work to create structure in the home. One is a Māori grandmother, where lots has gone on with her own children and now she is looking after three mokopuna. I asked her, "What do you do with the training at home?" so she gave me an example. One grandchild was playing with a doll when the younger one came to talk with the doll and straight away got upset, trying to pull the doll away. She told me she would usually just have growled and said "Give the doll to your little sister, you have to share" but this time she said, "Oh come here" to the older girl and gave her a cuddle. The child cried but that's all she said to her in the moment and then when things were calm again, she talked a little bit about sharing. So, she was using the technique of observing the child and tending to the emotional need, the really direct need with the cuddle and later talking about sharing.*

### **Changes and significance**

Stakeholders rated this story highly because it showed evidence of a course that related strongly about trauma and providing caregivers with behaviour management tools. They also liked the example of behaviour change in tamariki provided via the anecdote:

*This case showed a big change in how the grandmother was working with the child.*

Buy-in by the social worker and her recognition of intergenerational trauma was also observed and valued by the stakeholders:

*A highlight is the ability to recognise and respond to trauma both internally for [caregiver] and externally for tamariki/mokopuna.*

There was acknowledgement of the provider's ability to engage those hesitant to participate and to broaden their ideas and approaches to trauma and healing.

### **Ngā Ripo change journey**

Pippa's Mauri Ora journey involves learning about the course content and approach and being able to recognise its practical application in the home. She clearly sees the value of the course for the caregivers she works with. She reported observing a number of Kotahitanga and Te Ao Māori changes and benefits for caregivers, moving from reluctance to place themselves in this environment as they began ripo kotahi, to positive engagement and applying learnings with tamariki. Her acknowledgement of intergenerational dimensions of trauma, link her insights to the broader social conditions at ripo whā.



### 3. Tammy

Tammy is a Tauīwi caregiver social worker from the Oranga Tamariki office in Taupō.

*I'd only just come on board recently and I didn't know the caregivers so I went to visit. I sat down with them, introduced myself and just chatted but I was actually really quite horrified about the experiences that they'd had with OT. Some said that they didn't feel safe to ask for support and a couple felt that if they said they weren't coping with the children in their care, they would have been taken away. So I said, "You've got to tell me what's not working so I can make it better, 'cos if you don't tell me what's wrong I can't work to fix it." I've had some great feedback about how much more supported and included they feel and they're the ones that have networked, so now have their own little group going on down there which is awesome.*

*So yeah the programme has been a really good opportunity for some of our caregivers especially some of our more isolated people. They've built up really good relationships and they now have coffee together once a week and can talk together about what's going on with the children in their care. That's been really positive for them in that there actually are three or four different lots of caregivers that have now met and are still meeting and supporting each other. I've also had feedback that some of our caregivers decided that it was time for them to do something for themselves. So they got some others to mind their kids and they just came together for kai, while the children went off on supervised activities. So they actually had like time-out. I think this is great. I'm thinking of a grandmother who's got four of her mokopuna, what a relief for her! So yeah that side of it was really good, very positive.*

*It's caregiver week this week, so on Friday we've got a huge thing going on. It's slightly smaller 'cos it was a bit last minute, so we're going to the Baths and that's for kaitiaki, Oranga Tamariki and all the caregivers. We're gonna pay for it all, between us, so we actually get to meet each other and also the staff, so you know it's not so scary walking into that environment, it's much safer and more familiar.*

#### **Changes and significance**

The key changes highlighted in this story are the shifts in relationships with the Oranga Tamariki social worker and her buy-in to the programme along with the connections made with and between caregivers.

*It illustrates how the staff person got to know caregivers and built relationships with them, so they felt safe asking for support.*

The ways caregivers maintained relationships and had a greater sense of connection stood out for some stakeholders. Concerns were raised around caregivers not feeling safe asking for support from Oranga Tamariki. One noted that this was not as significant a story for them because what the story illustrated should be common practice and another felt the story did not demonstrate:

*...the key element of learning about trauma and changing behaviour.*

#### **Ngā Ripo change journey**

For Tammy, the journey begins with revelations about caregiver experiences with Oranga Tamariki, moving to strategies to greater engagement and improved relationships including supporting caregiver connections. Her account shows a momentum for change, seeking Kotahitanga in an approach that involves multiple groups in providing community-level support for caregivers. Tammy was able to engage with the opportunities presented by the programme, indicating potential

impacts at ripo whā through facilitating more positive relationships with social workers and Oranga Tamariki. The caregiver networking activities were seen as contributing to a number of changes and benefits for caregivers including increased support, sharing and learning (Mauri Ora) and reduced isolation and increased engagement with a caregiving community (Kotahitanga). There are indications that these activities have a level of independence and potential sustainability beyond the programme in terms of caregivers taking the initiative to organise their own activities.

#### 4. Maka

Maka is a Māori site manager from the Oranga Tamariki office in Waikato.

*Some caregivers had done their own support group and some had connected because the tamariki in their care were acquaintances. So there was the realisation, "Oh my god they're going to the same school." So, there's a bit of that relationship stuff going on already! Yes, there's a few unintended positive consequences that's coming out of it.*

*People are calling saying that they really, really enjoyed the programme, that it should be for all caregivers. They have said it has "Helped me understand my tamariki better" and also they've applied the learnings in different ways. The one that sticks with me the most is the Taiuiwi caregiver who said actually when she first moved in here she was a minority ethnicity. Because of her identity, the programme resonated with her 'cos she is a caregiver, so she's not a whānau caregiver, she's a general caregiver but she looks after a lot of Māori tamariki. She spoke about having felt very supported when she had to learn how to work in that space. By the time she got through the programme she just felt at home. Yeah, so it's a programme that crosses, you know regardless of your ethnicity although it's theoretically Kaupapa Māori space, it's well pitched to reach a lot of other cultures too.*

#### **Changes and significance**

Key changes in this story are around the positivity expressed by course participants, the self-driven networking of caregiving families and the inclusiveness of the programme for Taiuiwi.

*It is important and vital that our non-kin caregivers who come from all ethnic groups are educated and informed about our culture especially if they are going to be caring for mokopuna Māori.*

Although stakeholders saw the importance of Taiuiwi caregivers learning how to support tamariki Māori, some did not see this as being about significant changes:

*Agree that supporting caregivers to support tamariki Māori cultural connectedness was an interesting finding, but doesn't show behaviour change I am looking for.*

Other comments focused on the observation that the story did not show change among Oranga Tamariki staff.

#### **Ngā Ripo change journey**

Maka's journey is from hearing about the programme and, in particular, how effective it was for Taiuiwi, to seeing it as crossing all cultures. The story describes Mauri Ora and Kotahitanga through caregivers developing their own support groups and suggests "a few unintended positive consequences" including informal connections being made. There are Mauri Ora gains reported in terms of caregiver understanding, knowledge and application and Kotahitanga is evident in an

increased sense of inclusion. The changes one Tauīwi caregiver, in particular, reported is used to support the understanding that the programme is effective for all cultures.

## 5. Mary

Mary is a caregiver supervisor from the Hastings Oranga Tamariki office in Heretaunga.

*I went to the programme myself but I guess the little bit of information I have now is more sort of anecdotal because I have spoken to caregivers who have been through the programme. There's been some massive successes with the programme particularly because of the home coaching with some of our caregivers last year and it's really solidified their commitment to children who are non-kin. I have a lot of concerns for the skill level of some of our caregivers who have been around for quite a long time, so we take every opportunity to have training.*

*The skill level and knowledge of the course leaders is more than our caregiver social workers and their willingness to make time to do intense work to upskill the social workers is invaluable. We were actually able to work a bit together with two particular caregivers on the programme last year and share some information around some real concerns we had for those particular caregivers and their situation. Actually in one case the child left her care because she just couldn't manage which just shows how much work people need and how the in-home coaching over a long period of time is actually necessary.*

### Changes and significance

Stakeholders worked to highlight the importance of in-home training and the reciprocal relationships between caregiver social workers and the in-home coaches of the provider.

*In-home coaching...is critical to better social work practice.*

Several of our stakeholders expressed concern with the observation around social worker skills.

*The comment that refers to the skill level and knowledge of the course leaders is more than the caregiver social workers, is concerning. [If] the training wasn't available what supports would be put in place for the caregiver?*

Feedback raised a number of concerns around some of the story content, particularly around commitment to non-kin tamariki. This centred on two particular areas – concerns about caring for non-kin rather than having whānau placements (though whānau placements are not always available), and that caregivers should already be committed. Discussion also covered how home coaching over a long period of time is necessary, suggesting the need for support for longer periods than the programmes were scheduled to run.

### Ngā Ripo change journey

Mary heard about and reports positive Mauri Ora experiences of the course. Raising concerns about caregiver skills she expresses the realisation that course leaders have the needed skills and that they were willing to share these with social workers. She gained a greater understanding of the sustained support needed and attributes in-home coaching, in particular, with helping caregiver child commitment. While there was a perceived gap in caregiver capabilities in the story and a case of placement breakdown, this is not necessarily perceived as a negative outcome; it reinforces her understanding for the need for home coaching.

# SECTION TWO:

## KEY OPERATIONAL FINDINGS

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The research found considerable need for support for caregivers but also surfaced concerns with pre-existing relationships with Oranga Tamariki. Although the programmes were able to address some of the caregivers needs, wider systems change is required to provide consistent *practical, emotional, and advocacy support to the caregiver* (Care Standard 62:5b).

The following section discusses key findings related to programme procurement and contracting, delivery and implementation, organisational culture, dealing with Māori approaches, measurement and values, collaboration and relationships, programme design, networks and supports, and critical programme elements.

The issues raised here are relevant to Ngā Ripo particularly in terms of the role Oranga Tamariki can play in supporting providers and caregiving whānau. The Ngā Ripo Relational Model conceptualises ways key stakeholders could work together to address some of these issues and develop partnerships and equitable working relationships.

### Oranga Tamariki relationships and organisational culture affected programme engagement

#### External relationships need to be nurtured

All work Oranga Tamariki does impacts on the relational system within which it exists. The pilots were not isolated programmes but sit within whānau, hapū, iwi and other communities, and within context of caregivers' whole relationship with Oranga Tamariki. There are contributions that key partners make in this space, particularly relationships with providers, iwi and mana whenua, but also community organisations. To move forward more positively, there is a need to earn and build trust in the context of distrust so that caregiver 'training' and other activities occur within more supportive environments, systems; working with iwi.

#### For most caregivers the pilot programme was well overdue

The pilot training was vitally important to caregivers as they had very limited or no options for training and development. Only some caregivers were in a position to express what they wanted from training, depending on whether or not they had an existing and/or current relationship with their caregiver social worker and if the topic came up. With the exception of Puāwai, who discussed this in their pre-recruitment practice, there was no recorded account of direct collaboration with caregivers about what they wanted from the training prior to programme commencement.

#### Caregivers' relationships with social workers varied

Caregiver experiences ranged from excellent social worker relationships with regular contact, to unsatisfactory interactions and little or no contact; in some cases, for over a year. However, many caregivers acknowledged that their social workers worked in an unsupportive, overloaded system and their focus was not on caregivers.

*Frontline social workers let's face it, are focused on the immediate risk and the immediate needs of that young person, not the ongoing training side for the caregiver. (Waikato, Oranga Tamariki)*

Everyday practices such as communication, restrictions around clothes shopping, social worker inflexibility and placement decisions all seemed to merge into the understanding that Oranga Tamariki held control, caregivers were not adequately respected or valued, and tamariki needs were not centred.

### **Caregiver relationships with their social worker affected programme recruitment and uptake**

All Oranga Tamariki sites were clear that existing relationships between caregiver social workers and caregivers had a significant impact on recruitment and caregiver uptake. Factors impacting on these relationships included caregiver social workers being new to their role, a lack of pilot site caregiver social workers and excessive caseloads.

*Referrals were haphazard in the way that they came through. They hadn't confirmed with the people that they were putting their names forward... This is a good programme but you begin to wonder when Oranga Tamariki do not give due respect to the programme or the caregivers that they refer without talking to them... it comes back to the respect we should be showing for these amazing caregivers... they're the ones that should be the priority. (Heretaunga, provider)*

This quote illustrates the strong theme, detailed in the caregiver journeys, of caregivers being undervalued by Oranga Tamariki.

### **Caregivers need to feel respected and valued by Oranga Tamariki**

A key issue for caregivers was the sense of frustration, anger and lack of validation they felt in their dealings with Oranga Tamariki. This had negative impacts on their wellbeing and sense of self and is likely to detract from their role as caregivers and their engagement with Oranga Tamariki.

Caregivers became strengthened through participation in the programmes, leading to a greater sense of worth and a resolve to speak out against practices and treatments they felt were unfair. For some, this meant they had the courage to be more honest with social workers about their struggles, resulting from a small shift in their sense of power in these interactions.

There is the potential for the programmes to have a limited role in shifting relationships between Oranga Tamariki and caregivers

Social workers were aware of the value of specific pilot programmes and broadly interested in their impacts and the implications for Oranga Tamariki. Perceptions of the role of social workers and caregivers underwent some shifts, particularly through social worker engagement with, and support for, the programmes. The programmes effected not only the way caregivers looked at their roles, but also how some social workers engaged with caregivers and viewed the value of training and supports.

### **Improving relationships requires systems change**

Shifting negative perceptions and experiences caregivers and tamariki bring with them, needs wider systemic change. Ngā Ripo relational model (pg. 24) provides a description of the relationships in which caregivers and tamariki sit, and are affected, and a basis for understanding how change at

higher levels of the system may impact on their experience. Systemic change will also alter the environments within which caregiving and non-whānau placements occur, leading to further impacts. This involves examining power dynamics, culture, values, norms, assumptions and the resulting approaches and practices; a culture and system shift.

## Contracting processes did not facilitate (Māori) innovation

### Programme innovation was welcomed but capability to deal with Māori models was a barrier

The Request for Proposals (RfP), despite using words such as 'whānau' and 'tamariki', rarely used the word Māori, but instead a primary element was that programmes would be 'culturally responsive and appropriate' (page 5). Oranga Tamariki also sought to see and understand how applicants addressed the desirable programme elements of provider experience, content on challenging behaviour, trauma, attachment, healthy relationship development, developmental theory and age and developmental stage understandings. The final desirable element of interest was whether the 'programme uses Māori models of engagement' (page 5). Although somewhat prescriptive and expressing no explicit invitation for Kaupapa Māori approaches, the RfP stated 'innovations in all aspects of programme design are welcomed' (page 6).

The resulting pilot programmes were a significant departure from standard contracts Oranga Tamariki contract managers were typically faced with. Clarifying contracting pathways and dealing with non-standard contracting issues caused uncertainty and delay.

The two key areas were issues around Māori ownership and models, and resourcing providers to deliver assistance for caregivers to attend training. Issues around Māori models included a lack of understanding about evidence concerning the effectiveness of Māori approaches and therapeutic models.

### More preparation and support was needed

The absence of support negotiating these areas meant individual staff in affected regions had to step up and provide leadership for others. One provider describes difficulties they encountered in trying to address their concerns about Māori ownership.

*They weren't really open to discussing some of the clauses so I wanted to talk to them about the importance of Māori ownership, of Māori information and Māori models and... their legal team was quite rigid in terms of the clause. (Waikato, provider)*

Ways were found to address these, as an Oranga Tamariki staff member explains:

*The [staff member responsible] came to me and asked about the I.P. clause... So I framed it up, but I actually had to have a discussion with [provider name]. What I factored in there was the Berne Convention - they had indigenous knowledge that belonged to them and how that would work. So, I had known that since that clause was put in there's been other services that they've looked at and they used the clause as a starting point. I did [it] to actually expand it nationally. It was a learning curve 'cos we don't do that - but anyway we got there. (Rotorua, Oranga Tamariki).*

### Support varied across Oranga Tamariki sites

Inconsistent practice and communication by Oranga Tamariki included some providers being resourced by Oranga Tamariki to offer support with childcare and transport costs and/or supporting



resources, while others were not. Providers unable to offer such support to their caregivers, either did not know this was an option or were told by Oranga Tamariki that this support was not available. Recruitment was affected and providers and caregivers felt supports such as childcare and transport costs should be available for all caregivers so they could attend training.

*The thing is we were saying, "well these caregivers have children in their care. It would be a massive impact on our service to try and cater for these children." That hadn't been thought through. (Rotorua, Oranga Tamariki)*

## Providers put in additional resources

The ad hoc manner in which additional supports and resources were made available often resulted in the provider picking up the shortfall to ensure caregivers and whānau were not disadvantaged. There were other costs also not typically recognised in contracting. Providers noted that implementing Kaupapa Māori approaches involves holistic support practices and resourcing.

*[The Oranga Tamariki] framework doesn't resource the holistic nature that is required for the impact and effectiveness of the mātauranga Māori approach and a Kaupapa Māori approach and so there's the limitations right there in their framework. (Pōneke, provider)*

Concern about the sustainability of programmes from providers who were operating over and above contract specifications was also raised by Oranga Tamariki site staff.

*You need to consider this I think...when you're marae based. National [Office] never, ever had a benchmark and had never, ever looked at what it would cost to run any marae based...hireage, cleaning, kai, kaumātua. (Whakatāne, Oranga Tamariki)*

Providing supports such as childcare and travel costs enabled caregivers to attend training where the financial burden of covering such costs would have otherwise been prohibitive to their attendance. Future contracting for training programmes should therefore include adequate and equitable resourcing to facilitate training attendance. Provision of equitable resourcing is crucial to sustainability and the successful delivery of training.

## Oranga Tamariki needs capacity in dealing with te ao Māori approaches...

Organisational readiness for non-standard procurement and contracting processes is required. Oranga Tamariki should improve the capability of contract staff and develop guidance around how to address issues of Māori ownership and information in contract negotiations. Oranga Tamariki contract managers who encountered non-standard issues with these training pilots could document and feedback to contract teams. The processes and solutions adopted to overcome these issues will ensure the opportunity for organisational learning is not lost and future negotiations run more smoothly. This capacity needs to be embedded in Oranga Tamariki as a core skill as part of the organisation's Treaty responsibilities.

## ...but also needs to explore devolving its responsibilities

Consideration should also be given as to the most appropriate way of contracting programmes to support caregiving whānau. Kaupapa Māori approaches were highly valued and effective contracting and evaluating of these approaches needs specific knowledge. Capability issues were evident in the contracting, implementation and evaluation processes and different ways of contracting could result from a different relational model. As devolving practices and greater partnership opportunities are explored, Māori organisations and iwi, who have greater capability and credibility in contracting in this area, could take on resourced leadership roles.

## Measures and judgements of value were narrow

### Continuous quality improvement mechanisms were requested and appropriate measures are required

All Oranga Tamariki sites requested continuous quality improvement, communication, and feedback loops. This would enable monitoring of any organisational responsibilities (such as referrals), early detection of barriers to implementation, and resolution of issues in a timely manner.

Pilot programmes used varying internal evaluative methods ranging from basic (feedback forms) to multiple methods (psychosocial, video, self-report scale and reflection notes). This enabled providers to gather feedback on how well the needs of caregivers were being met, and where changes could be made to improve programme outcomes.

### Providers expressed concerns about how the programmes were valued and measured

Consistent with the issues raised in relation to Oranga Tamariki capability to deal with Māori models, the parameters of the Oranga Tamariki approach were seen by some providers as incompatible with Kaupapa Māori approaches to working constructively with caregivers.

*So I think the [Oranga Tamariki] model of funding is measured by training ...the current framework looks at the measurement of the education not of the experience and what is required for that education to be fully embedded in the caregiver practice. That's evaluated afterwards but we've considered it in the preparation and planning, so we're having the kaitiaki as part of embedding the mātauranga, it's the caregiving, the childcare stuff, is imbedded in the experience that the caregivers receive and that's all the holistic nature. (Pōneke, provider)*

These measurements were seen as devaluing and disadvantaging Māori approaches.

### There were limitations in the logic model and other measures initially considered central

A number of assumptions, norms and practices were evident in what was seen as valued by Oranga Tamariki. These included a narrow framing of what could constitute trauma, and little consideration of whakapapa and the value of connections to birth parents and whānau. The initial logic model contained a relatively narrow set of desired outcomes that did not fully reflect the outcomes sought by the providers, particularly those that took Kaupapa Māori approaches. Future development of services such as the TDCW programmes should adopt a partnered approach which includes collaborative expression of the underlying logic and outcomes that are being sought.

### The programmes have strong contributions to make in building evidence, particularly in relation to Kaupapa Māori approaches

All providers had a clear appreciation of the theory, tools, delivery, learnings and support, which resulted in numerous outcomes, including those anticipated by the logic model. However, the providers used varying forms of evidence in programme development and implementation. This included mātauranga Māori and understandings of the importance of connections, belonging and identity to caregiver and tamariki wellbeing.

As pilots, the programmes contributed to learning about the application and relevance of evidence in this context, as well as contributing to the development of knowledge through practice. This was an opportunity to take what is known to work in te ao Māori, and build evidence about the effectiveness of these approaches that innovate through their grounding in te ao Māori.

The programmes demonstrated theories, practices and outcomes that resulted in the development of Ngā Ripo, a new logic model

The research provides a basis for developing a more expansive logic model that links the programme elements to outcomes. The data identified outcomes included in the initial logic model as well as more diverse and Kaupapa Māori-based short, medium, and long-term measures. Using this data, Ngā Ripo was developed as a logic model grounded in the theory, practice and outcomes detailed in Section One (see Figure 1, pg. 22).

## Collaboration, communication and relationships are critical to programme development

### Oranga Tamariki regional site staff requested a collaborative approach to the development of regional training programmes for caregivers

Across Oranga Tamariki regional sites, staff requested a review of procurement and contract processes to allow for their collaboration with Oranga Tamariki National Office, including input into provider selection, programme design, contract development, and the logistics of implementation.

Collaborative practices could:

- draw upon the local knowledge of frontline staff
- prevent or address barriers to implementation earlier
- ensure clarity of roles and responsibilities within a region, and across sites
- ensure clarity around responsibility for socialisation of training programme

### Procurement pathways should be defined and socialised before contracting begins

All Providers emphasised a lack of organisational clarity around the procurement pathway for their training programmes. This resulted in difficulties with contract turnaround times, and delayed contract start dates. Some providers who initiated the pilot prior to contract signing experienced a strain on resources.

### The implementation process was seen as confusing and inconsistent

There were difficulties implementing the training pilots due to a lack of engagement by National Office. By not engaging with regional sites, National Office did not access local knowledge about current and historical issues that could affect delivery and there was no collective plan for the programmes.

*We had to engage with social workers onsite with caregivers, multiple layers of engagement and we were talking about things we didn't really know what they were going to be doing and then we had the unfortunate experience of having the initial person who ... we were engaging with who also didn't know what [they were] really doing. There was all this confusion about the way forward, so each site had different possible ideas about the way to promote it within site to the caregivers as opposed to a joint regional approach to how we do it which would probably be better and obviously [have] a localised flavour to it. (Pōneke, Oranga Tamariki)*

Poor engagement with regional sites also left expectations about responsibilities open to misinterpretation, affecting the quality of the relationship between sites and the provider.

*I think it comes back to relationships - whakawhanaunga and the history that we've had for the last twenty-five years unfortunately still affects us today... We had their expectation versus our intent. Getting around the table with the right people and everyone being really clear with where we*

*were at. I think we tussled with that for a while which affected relationships. It didn't affect the implementation of the mahi or the pilot but it definitely affected relationships and the trust.*  
(Taupō, provider)

Subsequent procurement of caregiver training and development programmes should include engagement and clear understandings between National Office, regional sites and providers about what level of collaboration can be expected with realistic and negotiated timeframes.

Providers expressed concerns about the lack of feedback or guidance when adjusting and re-submitting their applications

### **Revisions to applications were also confusing.**

*We had to do it twice and the second one we trimmed it down because we had no idea why the proposal wasn't approved. There was no real feedback indicating why we were not approved in the first round 'cos no one was approved for this area. All the other areas they were approved but we weren't.* (Pōneke, provider)

### **Collaborative practices were vital to successful relationships between providers and Oranga Tamariki regional staff**

Working collaboratively improved communication, transparency and accountability, helping build and strengthen trust between providers and Oranga Tamariki staff. Examples of collaborative practice included:

- Providers consulting with Oranga Tamariki staff on programme content prior to roll out
- Oranga Tamariki and providers meeting frequently and when needed
- Oranga Tamariki and providers addressing needs as they arose
- Providers addressing/acknowledging Oranga Tamariki feedback (e.g. changing pilot logistics)
- Oranga Tamariki and providers following up on actions/accountabilities
- Providers supported to socialise the pilot internally to Oranga Tamariki staff
- Providers supported and resourced to provide additional training to Oranga Tamariki staff when needed
- A provider offering in-home programme registration

These processes and practices were perceived as inadequately resourced at times and future consideration should be given to the development of collaborative practice.

### **Collaboration, engagement and partnership at a regional level is requested**

Consistent communication and practice were seen as important in establishing trust, overcoming barriers and supporting equitable resourcing. Having clear and consistent communication lines was seen by providers as an important factor in establishing trust, when navigating expectations, solving problems and optimising opportunities. Effective communication between provider and Oranga Tamariki staff helped to build and strengthen trust. This trust was maintained when feedback was received and issues attended to in a timely manner. In instances where contradictory information was communicated, assumptions were made, trust was affected, and working relationships deteriorated.

## Clear roles and responsibilities are vital to smooth implementation

Across pilot programmes, providers and Oranga Tamariki staff noted inconsistencies and uncertainty in Oranga Tamariki practice regarding the responsibility for training programme recruitment and socialisation.

### Providers and Oranga Tamariki staff spoke of uncertainty around roles and responsibilities which affected recruitment

For some providers, trust was strained and/or broke down when they perceived conflicting information, lack of clarity around responsibilities, assumptions being made and unactioned feedback.

Clarity should be given around responsibility for recruitment. One Provider suggested recruitment could have been more easily managed if it was co-ordinated by one Oranga Tamariki staff member.

### Referral and recruitment dependencies and responsibilities should be considered and addressed earlier

Difficulties with referral and recruitment processes were experienced across all sites. Recruitment processes were generally reported as fragmented. Difficulties encountered included:

- lack of defined referral and recruitment processes and responsibilities
- strict eligibility criteria
- logistical barriers (e.g., childcare, transport, time commitment)
- poor relationship between caregivers and caregiver social workers affecting socialisation and uptake of programmes
- caregiver personal expectations (e.g., of not being valued or not having experienced support by Oranga Tamariki before; initially not seeing the value in a te ao Māori approach)
- local Oranga Tamariki programme promotion (e.g., staff not being aware of the programmes to be able to inform and refer caregivers on to the TDCW pilot)

Frustrations were expressed by one provider, who was asked to run an additional course in another location; inadequate recruitment processes were described as challenging and limiting.

*At first we received twenty one referrals which was quite a lot from both [Oranga Tamariki branch] offices but communicating with a lead [person] to actually coordinate and manage that space was very, very challenging so I was actually having to communicate with social workers directly to try and help them understand the programme and follow the recruitment process so we weren't going in too cold basically. We don't like to go in really cold...our caregivers become our whānau - they get quite suspicious and it's just not a nice way to start that relationship and open up that opportunity. So I think that was a real barrier for us.*  
(Waikato, provider)

### Matching eligibility criteria for referrals was made difficult because of strict criteria and outdated caregiver data

Most Oranga Tamariki sites indicated the original criteria for caregivers to enrol in the training programmes were too strict during the first few months of operation. This affected the providers' ability to achieve minimum recruitment targets.

The selection of caregivers using existing data systems to match eligibility criteria highlighted outdated information stored within those data systems. Some cases that did not initially meet eligibility criteria according to information on data systems, did in fact meet criteria when caregivers were approached in person for current information.

Caregiver information systems should be kept up to date by social workers and future recruitment efforts should draw on additional information, including local knowledge of caregivers and tamariki in their care.

### **Providers and Oranga Tamariki staff developed solutions to improve recruitment**

Despite initial barriers to successful referral and recruitment pathways, providers and Oranga Tamariki staff were committed to the successful delivery of the training programmes. In some instances, barriers were overcome by adjusting or improving communication, transparency, flexibility and recruitment processes as well as the provision of additional support and resources. Specific measures included:

- providing training sessions to Oranga Tamariki social workers to improve awareness and knowledge about the programme
- site champions/pre-course contact (as discussed above)
- creation of information packs
- mail drops with information about programmes
- offering in-home recruitment
- adjusting eligibility criteria

### **Socialisation of training programmes with Oranga Tamariki regional staff is essential to their success**

Providers and Oranga Tamariki regional staff emphasised the importance of socialising the pilot with Oranga Tamariki staff. Buy-in from both management and frontline staff was essential to overcoming implementation barriers.

*If you can't work together it's no use putting a contract out there and [if] the supervisors or the frontline staff [don't] know much about it we wouldn't have got much traction. We actually need buy-in and that's why going forward with contracts is that we actually need to be working...closer. So from our point it was the socialisation, the connections...If you don't have that it can take a year to get it off the ground whereas if you have buy-in from the supervisors and staff, "Hey look this is a real benefit for the caregivers and you could actually help" even if it's a phone call saying, "Hey look we've just heard about something are you interested?" That makes the world of difference to the outcomes. If I was to approach it again I would go to the Oranga Tamariki frontline staff and say that. "That's the gold here." (Waikato, Oranga Tamariki)*

### **Improving Oranga Tamariki staff knowledge of the training programmes is an important aspect of socialising the training programmes as it affects recruitment**

The level of promotion and advocacy implemented to socialise the programmes within Oranga Tamariki affected Oranga Tamariki staff understandings of the pilot. Social workers' knowledge of the programme was described as inconsistent across sites.

*There's different sort of knowledge areas for some social workers will know a lot more about it, our frontline social workers who probably may know it exists but don't know heavily so there's like soft medium and hard touches everywhere in terms of the knowledge of the programme*



*and we want to get to a space where everybody is familiar with the programme, what it is and what it isn't. Again it's part of a journey in terms of how we socialise it moving forward – (Waikato Oranga Tamariki)*

*We had to get the numbers...the sites were supposed to do a lot of the promotion. The OT sites weren't doing the promotional mahi. They weren't really coming to the party to be able to promote the programme...And then they say they had no (recruits)...It put us on the back foot in terms of starting on time...our first cohort was what eight?...it really came down to the OT offices was their buy-in and the criteria. (Pōneke, provider)*

The successful socialisation of programmes both within Oranga Tamariki, and by Oranga Tamariki staff, improved recruitment and on-going support for both providers and caregivers.

Having Oranga Tamariki staff attend training was seen as an important mechanism for staff buy-in, potentially leading to improvements in the number of caregiver referrals and recruitment to training programmes. However, some participants noted that staff presence could inhibit caregivers' openness.

*So staff are allowed to go but they're not counted as a number... Yeah so that's what's been agreed to now, but...it's gonna just not give that freedom for caregivers to be able to express anything with having staff there. (Rotorua, Oranga Tamariki)*

## **Programme training for Oranga Tamariki staff builds staff capability and can improve relationships with caregivers**

Providers and Oranga Tamariki staff saw programme training for staff as a vehicle to build staff capability. Across Oranga Tamariki sites, staff requested either independent trauma and attachment training and/or pilot programme training. They indicated this approach would complement caregiver learnings and practices by giving staff and caregivers a shared language and understanding in relation to the provision of on-going support.

## **Site champions played an important role socialising training programmes**

One regional office appointed a site champion who acted as a point of contact and promoted the programme to Oranga Tamariki staff and caregivers. Site champions were viewed as fulfilling an important role which required them to be approachable and responsive (giving answers, accessing resources and support) and as having positions of influence and power that could make things happen. Site champions also played an important role promoting the programme to caregivers.

*When Matua Rautia began I was in Upper Hutt and then in Upper Hutt I was their site champion for this and then I was the site champion in Porirua. So my role was to find and identify caregivers encourage them to take up the sixteen week programme based on the initial criteria that [head office] had given us, where placements were, potentially placements [that] had broken down at least two times. (Pōneke, Oranga Tamariki)*

## **Design is more than just training**

### **Te ao Māori was an important part of programme design**

The design of the programmes was critical to engagement, learning and creating positive change. With the exception of one programme, which was based in clinical science, the programmes used Kaupapa Māori approaches or sought to provide a Māori focus/lens. These approaches were grounded in Māori theories, concepts and practices that included karakia and tikanga and were

seen as creating safe and nurturing spaces for caregivers. All providers utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by kaimahi/facilitators, guest speakers and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the workshop/wānanga.

Oranga Tamariki staff were generally supportive of Kaupapa Māori approaches and/or Māori content; however, there were indications that some understood the meaning and value more fully than others. The clinically-based programme understood that Māori worldviews, concepts, and ways of engagement needed to be included and developed.

*We decided well that we'll just host all of the day ones of training on a local marae and we would make sure that all people coming on with us had that experience. Whether it was for the first time for our [Oranga Tamariki] caregivers to have been a part of the delivery on the marae on that day. Around Sir Mason Durie's Te Whare Tapa Whā - Mauri Ora framework. We were talking yesterday and we want to see those principles of Te Whare Tapa Whā that are connection, that alliance of those things. Go deeper and contextualised so people going through the pilot have not just had exposure to [the programme] they've had exposure to immersion experiences our bicultural heritage and a framework around Māori wellbeing. It's holistic compared to Western viewpoints. We definitely want to develop that. (Tāmaki, provider)*

### **Kaupapa Māori approaches were beneficial and relevant for all**

Some Māori and Tauwi caregivers were unsure how Kaupapa Māori approaches would work for them and it took time for them to realise the full value. However, most caregivers embraced Kaupapa Māori approaches, leading to a greater understanding of the value of te ao Māori and what this means for tamariki in their care. As a result, Kaupapa Māori was beneficial for caregivers and tamariki, as well as Oranga Tamariki staff and relevant to all cultures.

*It's not just for Māori...non-Māori have responded to this beautiful mātauranga that they didn't know existed. Either it has never been put to them in this way and that they have access to it. For non-Māori being able to recite a karakia that actually means something; they know the depth, the meaning of it in te reo Māori - you know another layer of healing of race relations really between Māori and non-Māori. Even our Māori that are Christians you know confronted with this mātauranga and this spiritual worldview that they don't necessarily share - you know they feel like "Oh if I do open up to this worldview what do I do with this?" The intention of our training is to help them safely deconstruct that resistance or understanding all that fear of this knowledge in their world and what they can do with it. How they can see it as a dialect of the same spiritual aroha, so wairua is very much intentionally facilitated. (Pōneke, provider)*

*I loved in the course they do a mihi, do waiata, karakia and I absolutely love the whakataukī. It felt very natural the way that they weaved it through...I never felt uncomfortable at any stage or felt out of depth. Where I didn't know...what they were talking about or what was going on...they were really good at explaining it in English for non-Māori who were in the group. (Māori caregiver, Waikato)*

The skills of provider staff were seen as a potential resource for Oranga Tamariki learnings and social workers commented positively on the ways in which diverse ethnicities were able to relate to and learn from te ao Māori approaches. This is of particular significance given the number of tamariki Māori placed with Tauwi caregivers.

## Caregiver development is more than being given tools

Caregivers, providers and Oranga Tamariki staff noted that caregivers often needed to learn about who they are. The importance of making time and space for caregivers to feel appreciated, undertake identity work, accept and look after themselves (most evident in the te ao Māori based programmes) as well as build relationships with other caregivers, was widely valued. These activities led to positive changes for caregivers and tamariki and broke down feelings of caregiver isolation and invisibility.

Caregivers who were supported emotionally, physically and spiritually were in a better position to not only explore their own identity but that of tamariki in their care. Kaupapa Māori programmes, in particular, provided the support and understandings of the importance of exploring whānau, hapū and iwi connections of tamariki. This also led to caregivers making connections with the birth parents of tamariki and actively encouraging engagement.

## Caregivers discovered explicit behaviour management tools were not necessarily needed to help manage tamariki behaviour

Oranga Tamariki staff from various sites involved in the training programmes requested training content include both theoretical and practical behaviour management tools. Where practical behaviour management tools were not part of the training approach, Oranga Tamariki staff had initially expressed concern.

*I think training of caregivers needs a balance of both probably and if you just get all the theory and no tools then that's going to be disappointing to them. (Pōneke, Oranga Tamariki)*

However, caregivers, providers, and Oranga Tamariki staff noted that caregiver development is more than being given tools, and that tools can be thought of as a very broad concept, including pūrākau and karakia (see Section One). Caregivers found that learning about themselves, their values, identity, colonisation and tikanga, led to changes in their own whānau culture and engagement. This, in turn, became a broader pathway to addressing tamariki behaviour, among other outcomes.

*I have to say they [caregivers] were quite excited about the insight they learned about themselves of who they are rather than, 'here you go these are the tools you go'... it was more getting to know themselves and their own resilience and then working with that to manage situations with the children. I thought that was really great. (Waikato, Oranga Tamariki)*

Caregivers who attended a training programme that did not deliver behaviour management tools in the expected western way came to value Māori approaches as highly effective.

*"We're here for the day and we're learning and we're putting tools in our kete to be able to help us in the future and it was the best day. I looked forward to it every time I went 'cos I knew that I just had that bit of huhhhhhh moment. (Maori, Pōneke)*

*With karakia and pūrākau we trust they [caregivers] are experts in their own lives. We invite them to come up with what is good in their home following these principles and they create their own actions in their own space. Which is different to telling them what they should be doing. (Pōneke, provider)*

## A decolonising approach within Kaupapa Māori programmes enables awareness of the effects of colonisation and historical trauma on self, tamariki and whānau

While all the programmes dealt with trauma and attachment there were distinct differences in approaches. Western approaches were seen as valuable, but caregivers found that a decolonising approach made them aware of broader social and political contexts, including the effects of colonisation and historical trauma.

*For me the full immersion tikanga Māori was fantastic... I even think we could have gone a bit deeper into the intergenerational trauma. There was a lot more to unwrap. I liked the way that peoples' beliefs were respected, not imposing - this is how you should think. (Pākehā caregiver, Pōneke)*

The RfP description of trauma is focused on abuse and neglect. However, when attachment and trauma approaches were encompassed within te ao Māori, historical, intergenerational and ongoing trauma were explored, providing a deep and personal way for caregivers to understand trauma.

## Caregiver social networks support and connect caregivers

Across the training programmes, caregiver social networks developed in different ways; either organically among caregivers, or through providers facilitating connections and/or Oranga Tamariki caregiver social workers, depending on their capacity.

*Caregivers wanted to develop support networks amongst themselves and come in talking to the next group about their experiences; they wanted to be supported by each other after the programme. (Heretaunga, provider)*

*It's been a really good opportunity for some of our more isolated caregivers they have networked. They've built up really good relationships and they now have coffee together once a week and...and can talk about what's going on with their children in their care. There actually is three four different lots of caregivers in Turangi that have now met and are now still meeting and supporting each other. I've also had feedback from some of our caregivers [who] said it was time for them to do something for them...and they just came together for kai. The children went off - all activities provided and they actually had time for themselves, time-out. Especially when you've got a grandmother who's got four mokopuna. (Taupō, Oranga Tamariki)*

## Additional modalities of training supports were offered to enhance programme effectiveness

Availability of additional training modalities allowed for a more tailored service to better meet the needs of individual caregivers. The uptake of these additional modalities varied across sites and within training cohorts.

Modalities included:

- 24-hour phone support
- online resources
- communication and reflections
- in-home mentoring/coaching
- complementary resources
- facilitation of support groups and social media platforms

Caregivers, providers, and Oranga Tamariki staff felt the main strengths of the optional modalities were their availability and on an 'as-required basis', sometimes beyond the time-frame of the pilot. Providers highlighted that establishing caregiver needs and wants was based on a case-by-case approach that allowed further consideration and determination of a more tailored service.

## Innovative approaches brought about change

### Holistic, participatory delivery was critical to success

The ways programmes were implemented, built trust and provided a safe space for caregivers to come together, along with specific methods of delivery were critical to programme success. Caregiver sharing and reflection supported learnings and change. Pathways from personal reflection and realisation to seeing tamariki differently, to applying learnings were evident in all programmes. In particular, sharing stories provided an emotional and spiritual aspect that allowed caregivers to connect in ways that went beyond words on paper or learning tools.

*And that's been the greatest transformation for [caregivers] and benefit for them is that they have had time and space to share their stories. If anything that I have observed to be most beneficial it has been that, they have had time to sit, share their pain, share their healing, share their stories and have that time for them. (Whakatāne, provider)*

Stories were personal, relational, reflective, accessible and were easy to recall. Caregivers experienced emotional and spiritual connections and felt narrative-style learning was critical to successfully implementing changes at home.

### Understandings of trauma led to changes with tamariki

Understandings of trauma, both western and te ao Māori approaches, led to greater understandings of trauma; for the te ao Māori approaches this included understandings of historical trauma. This resulted in shifts in how caregivers saw and engaged with tamariki. Te ao Māori approaches also enabled caregivers to see themselves, their wider whānau, birth parents and societal contexts in a different light. In their interactions with tamariki, caregivers no longer saw tamariki and their behaviour as 'naughty'. This facilitated the development of responses that supported positive tamariki behaviours and more relaxed whānau dynamics.

*A number of caregivers implemented the karakia...and the behavioural changes in the tamariki when they started teaching it to the tamariki...I got to witness it myself to hear it and then to see it is yeah amazing that child's behaviour just completely go from jumping out the window and throwing things to sitting laughing and being really well behaved all within a twenty minute span. (Pōneke, provider)*

As a result of understandings of historical and intergenerational trauma caregivers could recognise triggers and explore intergenerational histories within their own whānau and as members of the community.

### Caregivers understood the value of, and acted on, tamariki whakapapa connections

Caregiver confidence led to improved relationships and trust between caregivers, tamariki and whānau. Caregivers reported shifting from blaming Māori and mothers in particular, to critical analysis, understanding and empathy. Caregivers spoke of increased understanding about the importance of knowing their own whakapapa as well as tamariki whakapapa and identity, alongside

the need to support and nurture these connections and tamariki sense of belonging. This changed their engagement with birth parents, with tamariki and with whakapapa connections.

### **Kaimahi who are approachable and good communicators are critical to programme success**

Kaimahi who were seen as responsive and approachable with good communication skills and expertise, were valued. Additionally, facilitators who were caregivers themselves were considered “relatable” and able to provide personal experiences that resonated with participating caregivers.

*She'd been through [the programme] herself as a caregiver then she came through as a facilitator. She's got three siblings... she's excellent she just gets it. You need to have unconditional positive regard for our caregivers because they do an amazing job...that's how you need to be facilitating that there's no judgments. (Heretaunga, Oranga Tamariki)*

### **Greater benefits were seen for caregivers who had the most contact with their training programme**

Across training programmes, it was reported that the greater the contact time, engagement and connection between caregivers and the programme (facilitators/kaimahi), the greater the benefit for caregivers. Positive outcomes mentioned included:

- caregiver uptake and attendance
- application of tools
- new knowledge and skills gained
- uptake of additional services (i.e. advocacy, phone services and respite care pathways)
- maximum numbers of graduates

### **In-home mentoring improved programme participation and helped learnings transfer to the home**

In-home coaching and mentoring was a valuable additional modality of training supports. Providers who offered these services said it was an important aspect of their support service because it increased participation in the programme and aided transference of skills and learnings to the home environment.

*It's a great, great programme ... you see the confidence in caregivers when looking after their children. With a lot of caregivers that come in you can see that there's blocked care that they don't want to do it anymore because they're stressed to the max and they haven't had support in place and then during the programme and the coaching it lifts them up and they do see the light at the end of the tunnel and they do feel like, “yes we're getting somewhere” and that is what keeps us going aye. (Heretaunga, provider)*

In-home mentoring allows for whānau support, in particular being able to talk to biological children who might be considerably affected by placements.

*What I've noticed is the coaching element [has] allowed a holistic view of the caregiver whānau. We've always been worried about biological children of the caregivers and how they manage. Because the way that you parent a child who has attachment trauma issues might be slightly different to how you parent a kid that doesn't. So when a child living in a home and is seeing somebody being treated differently or getting away with stuff in their view how do you manage those dynamics? That is something that breaks placements down. So having somebody going into the home with them and the facilitator has been able to actually talk with the biological*



*children as well about what's going on in a child-centred way - which is really somewhere where we wanted to go with the programme. But you don't always have the time to extend it out so I'd be really stoked to see that happening so they can give hands-on encouragement, guidance and support to caregivers in the moment. (Heretaunga, Oranga Tamariki)*

## **Establishing and maintaining connections with other caregivers was beneficial for caregivers and tamariki**

Caregiver social networks were important for caregivers to receive support and experience connection. The networks extended to tamariki, who became part of a community of care and support. These relationships were important and maintained after the programme ended.

*It's been a really good opportunity for some of our more isolated caregivers they have networked. They've built up really good relationships and they now have coffee together once a week and...and can talk about what's going on with their children in their care. There actually is three four different lots of caregivers ... that have now met and are now still meeting and supporting each other. I've also had feedback from some of our caregivers [who] said it was time for them to do something for them...and they just came together for kai. The children went off - all activities provided and they actually had time for themselves, time-out. Especially when you've got a grandmother who's got four mokopuna. (Taupō, Oranga Tamariki)*

# DISCUSSION

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The changes described in Section One centre on caregivers, providers and social workers. Progress towards, and observations of, tamariki outcomes are also evident. These include more positive care environments, feeling understood and valued, greater connectedness to culture, whakapapa, community and peers (particularly through caregiver networks and supports), healthier relationships, improved mental health and progress towards healing. The caregiver stories are particularly valuable because they represent the experiences of the target audience of the pilots. Caregivers brought their frustrations and challenging experiences with them to the training. The resulting stories are heartfelt and often disturbing. They are rarely critical of the programmes, but tensions and distrust are evident in their engagement with the broader systems of Oranga Tamariki.

Caregivers appreciated the opportunity to come together and for their expertise to be acknowledged. Supported and facilitated by the programmes, it was clear caregivers faced inner challenges and reflections leading to changes and healing. If we consider the programmes as drops of water, this foundation was the first ripo, providing caregivers with confidence, new understandings and a sense of self that spread to interactions with tamariki, whānau, community networks and agencies, including Oranga Tamariki.

The inner journeys and subsequent changes with whānau were most apparent in the stories related to Kaupapa Māori and te ao Māori grounded programme delivery. Inner journeys were less evident in relation to delivery design that centred on clinical approaches. Another difference related to maintaining whānau connections (Care Standard 63). While every tamaiti is unique, so too is every caregiver and every whānau. Specific tools were useful, but these were learnt, understood and applied within each unique context.

Behaviour management tools were useful for challenging behaviour in the home, and supported attachment, but te ao Māori delivery approaches went further by supporting the maintenance of whānau connections. As they progressed through the course caregivers were able to apply learnings from their inner journey, to their whānau and caregiving situation. Through iterative and mutual learning, ngā ripo spread, with understandings and practices extending to wider whānau, community networking and supports, including increased connections to te ao Māori.

Validation of caregiver expertise, experiences and practices was described as important, motivating and encouraging. Following the training, many spoke of feeling valued for who they were and what they did. Key to these changes was the design and delivery of the programmes, providing safe and reflective spaces for caregivers. What is striking is that this was the first time these caregivers had come together, providing a pathway to learn from and be supported by, not only the programme but by each other. Given the multiple challenges caregivers face and the importance of their roles, the programmes provided critical support and learning opportunities.

As conceptualised by Ngā Ripo, broader influences and systems are important in supporting programme learnings and change. There are two areas in particular where Oranga Tamariki could contribute to better outcomes in relation to the logic model. The potential for *“mechanisms for social workers to implement learnings into practice standards”* (desired outcome for social workers) needs to be examined, particularly in relation to communication and tikanga processes. *“Caregivers feel valued through investment in their provision of care”* (desired outcome for caregivers) occurred in the sense that caregivers felt valued as a result of what they experienced and learnt on the

course. This did not translate to feeling valued by Oranga Tamariki and it was not the investment per se, but the journeys they went through that increased their sense of value. Oranga Tamariki could play a much greater role in centring whānau and approaching caregiving, whether kin or non-kin, as a partnership of equals.

Section Two highlighted issues around procurement, design and delivery, particularly in relation to te ao Māori and Kaupapa Māori approaches and ownership. As a Te Tiriti responsibility, Oranga Tamariki needs to develop core skills in supporting Māori ways of working and greater capacity to contract differently. However, consideration also needs to be given to other ways of working; for example, devolving some responsibilities and resources to other partners. Greater iwi involvement is one potential way forward.

In relation to the training programmes, there were challenges evident in how they were conceptualised, valued and measured, effecting procurement, implementation and support for delivery. Inconsistent understandings and communication led to variations in resourcing, practices and support across the sites. It was clear that Oranga Tamariki was an important stakeholder, not merely a funder, and national and local office levels of understanding and support affected delivery and caregiver engagement.

Kaupapa Māori approaches were beneficial and relevant for all. As described earlier, trust needed to be built in the context of distrust to enable caregivers to engage in more supportive environments and systems. The programmes were able to build trust, particularly by providing safe and reflective spaces for caregivers to share and learn from each other. The personal attributes of kaimahi and the ongoing support from kaimahi, coaches and other caregivers were key to the success of the programmes. Whānau were central, as the foundation for caregivers and tamariki, as a wider support network and as sites of connection and belonging, whether kin or non-kin.

The importance of focusing on whānau, including birth whānau, rather than individual caregivers and tamariki was evident in the programmes' conceptual and practical underpinnings. This was made even more evident in the stories of change and the caregiver journeys as they sought to address healing for themselves, their tamariki and their whānau. They emphasised the understandings, connections, trust and healing, conceptualised in Ngā Ripō, that rippled out from each programme to encompass personal, whānau, community and wider domains. The programmes are testament to the importance of valuing and supporting caregivers, particularly those who face challenging situations.

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# APPENDIX 1:

## INDIVIDUAL TRAINING PROGRAMME FINDINGS

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The following is a report on site by site findings that includes information from the interim report covering the Training and Development for Caregiving Whānau pilots. Stakeholder feedback (e.g., on Kaimahi) was restricted to the programme level, and is not comparable across programmes as stakeholders did not work across multiple programmes. As such, it is important to recognise that feedback for an individual programme sits within the Ngā Ripo relational history that a given provider may have with Oranga Tamariki and other stakeholders.

Pilot programme outcomes are listed with reference to the National Office logic model short- and medium-long-term outcomes (Appendix 3), and additional outcomes described in the Ngā Ripo conceptual model (pg. 22)

### Immerse Charitable Trust – Trust-Based Relational Intervention®

Immerse is a non-profit charitable organisation based in Tāmaki Makaurau. The Trust was founded by caregivers to provide inspiration, support and training specifically tailored to meet the unique needs of caregiving whānau. The approach is Trust-Based Relational Intervention® (TBRI®), an internationally evidenced model. The programme consisted of four training modules run over four weeks (one six-hour day).

#### The programme

The provider and Oranga Tamariki described the programme as a revolutionary approach providing excellent clinical, evidence-based theory and transferrable knowledge and skills for pilot participants. The provider and Oranga Tamariki staff described the TBRI® programme as having depth, rigour, evidence-based-practice and international scope. They mentioned the support from the TBRI® co-founder who presented to Oranga Tamariki staff. Stakeholders felt Immerse provided a high degree of comprehensive training, support and follow up.

The programme provided additional training modalities, which were tailored to better meet the needs of individual caregivers. These included:

- 24-hour phone support
- communication and reflections
- in-home mentoring/coaching
- complementary resources

Caregivers, providers, and Oranga Tamariki staff felt the main strengths of the optional modalities were their availability and on an as-required basis. Providers highlighted the need to individually tailor services to caregivers on a case-by-case basis.

Immerse suggested offering additional long-term support such as in-home coaching to caregivers who had asked for this support to continue after the programme ended. Coaching support was reported as invaluable by caregivers, Immerse and Oranga Tamariki.

Oranga Tamariki staff described the pilot provider as going over and above what was contractually required, exceeding their expectations of a training programme. Some Oranga Tamariki caregivers requested a transfer to become an Immerse caregiver, citing better caregiver remuneration rates, wrap-around support and training qualifications.

As with the other pilots, recruiting participants was difficult. Once criteria were relaxed, eligibility was less restricted.

Positive outcomes mentioned by stakeholders included: participant uptake and attendance; application of tools; new knowledge and skills; uptake of additional services (i.e. advocacy, phone services and respite care pathways) and; maximum numbers of graduates.

## Kaimahi

Stakeholders described the programme as having excellent programme management and facilitators who were professional, approachable and competent practitioners. Immerse staff were described by stakeholders as generous with their time and resources.

## Caregivers

The programme utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by facilitators and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the workshop. Sharing stories gave caregivers an increased sense of connection and confidence that was critical to successfully implementing changes at home. Facilitators who were caregivers provided personal experiences that resonated with caregivers.

The clinical based approach supported caregivers to change practices with tamariki and whānau and cope with daily challenges. This reduced frustration and enabled participants to feel capable as caregivers.

*One of the carers that was on the course with me she said that if she hadn't done Immerse training she probably would of taken to drugs and alcohol. She was just at her wits end 'cos she's got eight grandchildren... She's got ten kids of her own so she has finally gotten rid of them and now she's got grandchildren coming in. But Immerse actually snapped her out of it 'cos I check up on her quite regularly to ask "How are you coping?" And she's like "You're not going to believe this...my oldest one...he's got a gold star certificate from the principal today because of his attitude. His attitude!" (Māori caregiver, Tāmaki)*

*You just don't get to that angry point anymore. 'Cos you know how to deal with it...So he might be just sitting quietly on his device doing something and I'll just go in and sit there beside him put my arm around him and say..."Have I told you today how much I love you?...I'm sorry I was a bit ratty"...and he says "Oh it happens I get that way too don't I?" You learn how to regulate yourself. (Pākehā caregiver, Tāmaki)*

Caregiver social networks are important forums where caregivers receive support and experience connection. Immerse facilitated caregiver social networks by organising informal get togethers such as coffee groups.



After participating in the training, caregivers were able to:

- reflect on their own practices
- review styles of attachment
- understand impacts of trauma and use techniques to help tamariki to heal and thrive
- feel connected and a part of a caregiver community (see table below)

## Areas for development

Concerns raised about the programme centred on the lack of Māori knowledge and concepts about care, trauma and attachment. Stakeholders felt the programme had room for growth, as it did not include the historical and contemporary effects of colonisation, intergenerational trauma and/or Kaupapa Māori/Māori health models and approaches. Immerse discussed Māori worldviews and understandings as an area they would like to review and grow. They gave examples of introducing conceptual Māori models of health but said they needed support weaving this into TBRI®. This was supported by an Oranga Tamariki staff member who was aware that the programme was an overseas model and needed to be adapted.

*They've got a four-day training programme the first day being marae based and I think personally, because it's a model that comes from overseas trying to connect that to our people, our families, our children, we needed to have sort of the Kaupapa Māori element to it. (Tamaki, Oranga Tamariki)*

Stakeholders suggested that the programme could be offered nationally across all Oranga Tamariki sites. The provider recalled a brief discussion with the Oranga Tamariki national training manager about the possible development of national caregiver training.

Immerse offered training for Oranga Tamariki staff about the programme content to socialise the programme and upskill staff. They were willing to conduct more training if needed and saw this as an important part of gaining Oranga Tamariki staff buy-in and participant referrals. Questions about sustainability highlighted issues. It was noted that while the programme was excellent, it operated over and above contract specifications and resourcing. Examples of this included the provision of childcare support, a hardship grant (though small) and activities for tamariki. These costs were carried by the provider. This raised concerns as to whether this level of support or standard was advisable or sustainable.

Table 1: Immerse Charitable Trust outcomes from original logic model

Stakeholder	Short-term	Medium-long term
Caregivers	<ul style="list-style-type: none"> <li>• Feel acknowledged and valued</li> <li>• More confidence in caregiving skills</li> <li>• Better understanding of trauma and attachment</li> <li>• Changed response to challenging child behaviour</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Have established support groups</li> <li>• Whanaungatanga cohesion strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Feel empowered, informed, trained and practiced</li> <li>• Understanding trauma effective techniques to help tamariki to heal and thrive</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Use support groups to positively share learnings, experiences and emotions</li> </ul>

Additional outcomes	<ul style="list-style-type: none"> <li>Increased confidence in their own expertise as caregivers and experts in their own home</li> <li>Increased sense of caregiving community</li> <li>Implementing reflective practices (managing self to respond)</li> </ul>	<ul style="list-style-type: none"> <li>Became stronger in dealings with Oranga Tamariki social workers to overcome barriers</li> <li>Implementing reflective practices</li> </ul>
Providers	<ul style="list-style-type: none"> <li>Improved relationships with site/social workers and with caregiving whānau</li> </ul>	<ul style="list-style-type: none"> <li>Strong and trusted relationships with caregiving whānau and Oranga Tamariki</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>Increased understanding of caregiving context</li> <li>Increased advocacy practice with caregiving whānau</li> <li>Increased sense of caregiving community</li> </ul>	<ul style="list-style-type: none"> <li>On-going relationship, connection and advocacy with caregiving whānau</li> </ul>
Oranga Tamariki	<ul style="list-style-type: none"> <li>Understanding of training content</li> <li>Improved understanding and respect of whanaungatanga</li> <li>Improved relationship with caregiving whānau</li> </ul>	
Additional outcomes	<ul style="list-style-type: none"> <li>Increased understanding of caregivers' context</li> </ul>	

## Shea Pita & Associates Ltd – Puāwai

Puāwai is a programme developed and facilitated by Shea Pita and Associates (Shea Pita) in the Waikato and Tāmaki Makaurau South. The overarching intent of Puāwai is to provide training and development for caregiving whānau (carers and their children) to improve their collective health and wellbeing. Shea Pita describe Puāwai as a Kaupapa Māori based psychoeducation programme that braids the best of Māori and western science to achieve improved skills, knowledge and positive behavioural change for whānau. In addition to new learnings, caregivers are offered practical and tools that assist them to practice new skills at home.

The training was offered in multiple ways to enhance accessibility e.g. a five week, four hours per week programme, a ten week, two hours per week programme (evening and morning sessions) and a two-day intensive training.

### The programme

Puāwai offered opportunities for feedback and engagement with Oranga Tamariki related to programme content and logistics. Oranga Tamariki staff felt the Puāwai programme was exceptional. Stakeholders described the programme as Māori centred, incorporating a number of therapeutic evidence-based practice and tools with excellent support and advocacy components. There was a focus on building caregiver skills and competencies to care for themselves, in order to be better caregivers.

The programme was grounded in Kaupapa Māori approaches – Māori theories, concepts and practices that included pūrākau, karakia and tikanga. It was viewed by stakeholders as holistic.

As part of the programme, Puāwai offered in-home recruitment services, on-going in-home training, support and advocacy on an as-needed basis with overarching support for growing caregiver resilience using another model they designed called Manawaroa<sup>2</sup>

The programme provided additional training modalities, which were tailored to better meet the needs of individual caregivers. These included:

- in-home recruitment
- 24-hour phone support
- communication and reflections
- facilitation of support groups and social media platforms

Caregivers, providers, and Oranga Tamariki staff felt the main strengths of the optional modalities were their availability and on an as-required basis. Providers highlighted the need to individually tailor services to caregivers on a case-by-case approach. Coaching support was reported as invaluable for caregivers.

As with the other pilots, recruiting participants was difficult. Once criteria were relaxed, eligibility was less restricted. Socialisation of the pilot was supported with a regional mail-drop about the pilot programme and enrolment processes.

Positive outcomes mentioned included: participant uptake and attendance; application of tools; new knowledge and skills gained; uptake of additional services (i.e. advocacy, phone services and respite care pathways) and; maximum numbers of graduates.

## Kaimahi

Oranga Tamariki staff felt the facilitators were exceptional, passionate, approachable, skilled communicators and solution focused. Caregivers and Oranga Tamariki described Pūawai staff as generous with resources and time.

Oranga Tamariki staff were also described by the provider as approachable, supportive and focused on overcoming barriers. Oranga Tamariki staff supported a tamariki whānau member to attend training, which they reported had significant benefits for that whānau.

## Caregivers

Caregivers spoke positively about the practical tools they learnt to assist them at home with tamariki and whānau to support a safe, calm and nurturing environment.

*I liked it 'cos it was solution based. They'd tell you about a behaviour, what it may look like and add a solution. For example, like when they're revving, keep your voice calm, offer them a hug. Whereas before I always go "What the hell?" Also then diversion distraction. What was prominent for me was one of us has to be the adult aye. Like you're the adult, he's the child they're not going to learn. Informed response rather than just react. (Māori caregiver, Waikato)*

Initially, caregivers had wanted tools to manage tamariki behaviour but came to value other aspects of the programme.

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<sup>2</sup> Shea Pita shared components of Manawaroa as part of Puāwai delivery. Based on positive psychology, universal and Kaupapa Māori resilience research.

*More around when they attended the programme ... and whether there was any practical use of the actual learning from the programme that was the area that I was more interested. So yes, it was and many examples of how they managed to deal with the situation with the kids differently than they would have. That was helpful. I have to say they [caregivers] were quite excited about the insight they learned about themselves of who they are rather than, "here you go these are the tools you go"... it was more getting to know themselves and their own resilience and then working with that to manage situations with the children. I thought that was really great. (Waikato, Oranga Tamariki)*

Caregivers embraced Kaupapa Māori approaches. They were relevant to all cultures and beneficial for caregivers and tamariki, as well as for Oranga Tamariki staff.

*I loved in the course they do a mihi, do waiata, karakia and I absolutely love the whakataukī. It felt very natural the way that they weaved it through...I never felt uncomfortable at any stage or felt out of depth. Where I didn't know...what they were talking about or what was going on...they were really good at explaining it in English for non-Māori who were in the group. (Māori caregiver, Waikato)*

The programme utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by kaimahi/facilitators, guest speakers and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the workshop/wānanga. Caregivers described an increased sense of understanding, connection and confidence through the sharing of stories, information and experiences. Stories were personal, relational, reflective, had simple concepts, were easy to recall, and participants experienced emotional and spiritual connections. Caregivers felt narrative-style learning was critical to successfully implementing changes at home.

Caregiver social networks are important forums where caregivers receive support and experience connection. Pūawai caregiver social networks developed in different ways, organically amongst caregivers on the programme and through the provider facilitating connections.

After participating in the training, caregivers were able to:

- reflect on their own practices
- review styles of attachment
- understand impacts of trauma and use techniques to help tamariki to heal and thrive
- explore their identity and whakapapa; this supported them to find out their child's whakapapa
- recognise triggers and explore intergenerational histories within their own whānau and as members of the community (see table below)

## Areas for development

Pūawai provided training for Oranga Tamariki staff in the programme content to support the socialisation of the programme and to upskill staff. They were open to conducting more training when needed and saw this as an important part of gaining Oranga Tamariki staff buy-in and participant referrals.

The provider spoke about not only training caregivers but also supporting them to become facilitators if there was interest. They recruited one pilot participant who co-facilitated the fourth cohort. Eventually Shea Pita envisions growing the capability and capacity of caregivers to be facilitators, supporting them to become programme trainers.

Stakeholders stated that Puāwai offered an outstanding, wrap-around service, catering for caregiver needs and using a case-by-case approach. However, Oranga Tamariki staff questioned the sustainability of practice within the contract specifications and resources. Shea Pita were clear they are a new Māori organisation requiring support and advocacy to continue to offer unique, Kaupapa Māori based and innovative services that can continue to grow.

Table 2: Shea Pita & Associates outcomes from original logic model

Stakeholder	Short-term	Medium-long term
Caregivers	<ul style="list-style-type: none"> <li>• Feel acknowledged and valued</li> <li>• More confidence in caregiving skills</li> <li>• Better understanding of trauma and attachment</li> <li>• Changed response to challenging child behaviour</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Have established support groups</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Cultural connection improves and is shared with tamariki</li> </ul>	<ul style="list-style-type: none"> <li>• Feel empowered, informed, trained and practiced</li> <li>• Understanding trauma effective techniques to help tamariki to heal and thrive</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Cultural connection improves and is shared with tamariki</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Use support groups to positively share learnings, experiences and emotions</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased confidence in their own expertise as caregivers and experts in their own home</li> <li>• Increased sense of caregiving community</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Māori tools of engagement (Tikanga, Te Reo Māori, Karakia)</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Increased empathy and compassion of birth whānau</li> <li>• Increased knowledge of self-care</li> <li>• Increased understanding of whakapapa</li> </ul>	<ul style="list-style-type: none"> <li>• Became stronger in dealings with Oranga Tamariki social workers to overcome barriers</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Learnt skills to engage wider whānau in an effort to promote health and wellbeing</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Māori tools of engagement become an embedded whānau practice</li> <li>• Increased practices of self-care</li> <li>• Making whakapapa connections (both caregivers and tamariki)</li> <li>• Connecting tamariki to whakapapa – whānau, hapū and iwi</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Improved relationships with site/social workers and with caregiving whānau</li> </ul>	<ul style="list-style-type: none"> <li>• Strong and trusted relationships with caregiving whānau and Oranga Tamariki</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregiving context</li> <li>• Increased advocacy practice with caregiving whānau</li> <li>• Increased sense of caregiving community</li> </ul>	<ul style="list-style-type: none"> <li>• On-going relationship, connection and advocacy with caregiving whānau</li> </ul>
Oranga Tamariki	<ul style="list-style-type: none"> <li>• Understanding of training content</li> </ul>	

Additional outcomes	<ul style="list-style-type: none"> <li>Improved understanding and respect of whanaungatanga</li> <li>Improved relationships with caregiving whānau</li> <li>Increased understanding of caregivers' context</li> </ul>	
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## Presbyterian Support East Coast & Te Ikaroa Social Services – Poipoi Mokopuna

Poipoi Mokopuna was a developing programme that originated from The Fostering Security programme whose approach is grounded in western understandings of attachment, trauma, child development, social learning and attribution theory. This pilot site in Hawke's Bay is unique as it brought together Presbyterian Support East Coast and Te Ikaroa Social Services in a partnership to provide the pilot programme for Oranga Tamariki. The programme was offered as ten sessions, one morning per week for ten weeks.

Poipoi Mokopuna was designed to incorporate clinical practices into a mātauranga Māori framework. In partnership, the two NGOs were developing a marae conceptual model to guide and inform the integration of Kaupapa Māori into the programme content and practice.

### The programme

Oranga Tamariki staff described the programme as offering a highly comprehensive training and support package. Programme strengths included: engaging delivery with practical hands-on content; in-home mentoring/coaching activities and; the facilitation of a support group. The provider specifically mentioned an important programme session where an invited Oranga Tamariki staff member was available for caregivers to ask questions and receive advocacy support. The provider felt their collaborative approach to caregiver training can potentially be modelled nationally.

*It's a great, great programme ... you see the confidence in caregivers when looking after their children. With a lot of caregivers that come in you can see that there's blocked care that they don't want to do it anymore because they're stressed to the max and they haven't had support in place and then during the programme and the coaching it lifts them up and they do see the light at the end of the tunnel and they do feel like, "yes we're getting somewhere" and that is what keeps us going aye.(Heretaunga, provider)*

The programme provided additional training modalities, which were tailored to better meet the needs of individual caregivers. These included: in-home mentoring/coaching, communication and reflections.

In-home mentoring/coaching encompassed a holistic approach that allowed for the extension of support to the wider whānau, helping to address issues beyond the immediate care of tamariki.

*What I've noticed is the coaching element [has] allowed a holistic view of the caregiver whānau. We've always been worried about biological children of the caregivers and how they manage. Because the way that you parent a child who has attachment trauma issues might be slightly different to how you parent a kid that doesn't. So, when a child living in a home and is seeing somebody being treated differently or getting away with stuff in their view how do you manage those dynamics? That is something that breaks placements down. So, having somebody going*



*into the home with them and the facilitator has been able to actually talk with the biological children as well about what's going on in a child-centred way - which is really somewhere where we wanted to go with the programme. But you don't always have the time to extend it out so I'd be really stoked to see that happening so they can give hands-on encouragement, guidance and support to caregivers in the moment. (Heretaunga, Oranga Tamariki)*

Poipoi Mokopuna suggested offering additional long-term support such as in-home coaching to caregivers who had asked for this support to continue after the programme ended. In-home coaching support was reported as invaluable for caregivers.

Caregivers, providers, and Oranga Tamariki staff felt the main strengths of the optional modalities were their availability and on an as-required basis. Providers highlighted the need to individually tailor services to caregivers on a case-by-case approach.

Positive outcomes mentioned included: participant uptake and attendance; application of tools; new knowledge and skills gained; uptake of additional services (i.e. advocacy, phone services, respite care pathways) and; maximum numbers of graduates.

## Kaimahi

Stakeholders described the programme as having skilled, approachable, passionate and solution-focused facilitators. It was felt that programme facilitators complemented each other regarding comprehensive knowledge of te ao Māori, clinical expertise and personal caregiving experience.

## Caregivers

The programme utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by kaimahi/facilitators, guest speakers and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the workshop. Sharing stories gave caregivers an increased sense of connection and confidence that was critical to successfully implementing changes at home. Facilitators who were caregivers provided personal experiences that resonated with caregivers.

*Female 1: The course was good but I think I got more from talking to other parents than actually what was in the content. A good point to start conversations.*

*Female 4: I think you're right and even (facilitator) she fed back to us that she learnt from us as well [as] ideas. For example, labelling a child with disability oh no, no, no that's not what she believed but from my perspective you have to have a label. So, there's lots of pros about that so it was I think learning for everyone really. (Pākehā caregiver, Heretaunga)*

Caregiver social networks were important forums where caregivers receive support and experience connections. Poipoi Mokopuna caregiver social networks developed in different ways, both organically amongst caregivers themselves and through the provider facilitating connections.

After participating in the training, caregivers were able to:

- reflect on their own practices
- review styles of attachment
- understand impacts of trauma and use techniques to help tamariki to heal and thrive
- Feel connected and a part of a caregiver community (see table below)

## Areas for development

Both the provider and Oranga Tamariki recognised the value of the programme and its success over the years, but as a foundational programme felt it was limited when providing for caregivers dealing with complex long-term developmental attachment and trauma issues with their tamariki.

*It's not enough in and of itself for caregivers...it's not a quick fix intervention - you can't have quick fix interventions. We have clearly seen that ten sessions is a good starting point and a good framework towards caregivers ongoing long-term support and need. And Poipoi Mokopuna has added a Māori culture element which is giving individualised support and looking at things from a Kaupapa Māori perspective which is making it more accessible to a whole lot more people especially older nannies raising grandchildren, which is probably half of our participants over the last nine years. Poipoi Mokopuna has taken the programme [Fostering Securities] just a few steps further onto where we need to go to support caregivers better. (Heretaunga, Oranga Tamariki)*

The provider indicated a desire to incorporate more Kaupapa Māori approaches and practices into the programme and was encouraging facilitators to take that direction. One stakeholder indicated that there was still some way to go. The provider was clear about the tensions inherent in attempting to merge a clinical western model of trauma and attachment with a te ao Māori philosophy and practice. A further suggestion from Oranga Tamariki staff was to integrate some aspects of the 'Ways to Care' Oranga Tamariki training into the Poipoi Mokopuna programme.

Stakeholders stressed the need for the programme to benefit caregivers and to reduce placement breakdowns. They highlighted the importance of building support systems around the programme so caregivers in need would have on-going support, access to respite services and adequate resourcing.

**Table 3: Presbyterian Support East Coast & Te Ikaroa Social Services outcomes from original logic model**

Stakeholder	Short-term	Medium-long term
Caregivers	<ul style="list-style-type: none"> <li>• Feel acknowledged and valued</li> <li>• More confidence in caregiving skills</li> <li>• Better understanding of trauma and attachment</li> <li>• Changed response to challenging child behaviour</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Have established support groups</li> <li>• Whanaungatanga cohesion strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Feel empowered, informed, trained and practiced</li> <li>• Understanding trauma effective techniques to help tamariki to heal and thrive</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Use support groups to positively share learnings, experiences and emotions</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased confidence in their own expertise as caregivers and experts in their own home.</li> <li>• Increased sense of caregiving community</li> <li>• Implementing reflective practices (managing self to respond)</li> </ul>	<ul style="list-style-type: none"> <li>• Became stronger in dealings with Oranga Tamariki social workers to overcome barriers.</li> <li>• Implementing reflective practices (managing self to respond)</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Improved relationships with site/social workers and with caregiving whānau</li> </ul>	<ul style="list-style-type: none"> <li>• Strong and trusted relationships with caregiving whānau and Oranga Tamariki</li> </ul>

Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregiving context</li> <li>• Increased advocacy practice with caregiving whānau</li> <li>• Increased sense of caregiving community</li> </ul>	<ul style="list-style-type: none"> <li>• On-going relationship and connection with caregiving whānau</li> </ul>
Oranga Tamariki	<ul style="list-style-type: none"> <li>• Understanding of training content</li> <li>• Improved understanding and respect of whanaungatanga</li> <li>• Improved relationship with caregiving whānau</li> </ul>	
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregivers' context</li> </ul>	

## Te Korowai Aroha o Aotearoa – Mātua Whāngai

Mātua Whāngai, based in Whakatāne, is a Kaupapa Māori national training programme developed and facilitated by Te Korowai Aroha o Aotearoa, an indigenous education and training service, providing training opportunities nationally for over 30 years. Mātua Whāngai caregiver development wānanga focused on instilling Māori values, philosophies and theories into everyday practice when caring for tamariki Māori. The programme ran modules over five weeks (one six-hour day). Mātua Whāngai also offered additional courses that they ran independently.

### The programme

Stakeholders believed Mātua Whāngai provided a high degree of comprehensive training and support about the effects of colonisation and historical and intergenerational trauma using a decolonising approach.

The programme was grounded in Kaupapa Māori approaches – Māori theories, concepts and practices that included pūrākau, karakia and tikanga. Wānanga included whanaungatanga, whaakawātea, whakariterite, rapu ora and whakapūmautia.

The programme provided additional training modalities, which were tailored to better meet the needs of individual caregivers. These included:

- communication and reflections
- complementary resources
- additional educational training and development courses

Caregivers felt the main strengths of the optional modalities was the organisational support and advocacy provided.

As with the other pilots, recruiting participants was difficult. Once criteria were relaxed, eligibility was less restricted.

Positive outcomes included: participant uptake and attendance; application of tools; new knowledge and skills gained; and uptake of additional services (i.e. advocacy and respite care pathways).

## Kaimahi

Oranga Tamariki staff and the provider commended the facilitators' rapport, knowledge and skills, describing them as skilled communicators, reflective practitioners, knowledgeable in mātauranga Māori and accomplished at connecting with caregivers and whānau.

*It's always understanding first what maramatanga is for them [caregivers] and as a facilitator it's opening all of my senses. Watea any of my own whakaaro... be an empty vessel so to speak although you have to walk in as a facilitator full of this plan, charisma and energy...it's about these mātua whāngai. That is very, very important for me to gauge where our mātua whāngai are coming from. Ko watea te wairua ko watea te hinengaro. So they can start to fill the space with what is necessary because every wānanga has been very different. Not only because of the content but because of the people so yeah first and foremost it's establishing wānanga space that they understand that they come as a contributor. (Whakatāne, provider)*

## Caregivers

The programme was viewed as holistic and was embraced and well received by caregiver participants. Kaupapa Māori approaches were relevant to all cultures and beneficial for caregivers and tamariki, as well as for Oranga Tamariki staff.

Initially, caregivers wanted explicit tools to manage tamariki behaviour but came to value other aspects of the programme, dismissing their original concerns. They spoke favourably of the programme, particularly about the unexpected outcomes.

Some Māori and Tauīwi caregivers were unsure of how they would respond to Kaupapa Māori approaches. However, caregivers found that Kaupapa Māori and decolonising approaches made them aware of broader social and political contexts, including the effects of colonisation and historical trauma.

The programme enabled and encouraged caregivers to explore whakapapa. Caregivers spoke of increased understanding about the importance of knowing their own whakapapa as well as tamariki whakapapa and identity, alongside the need to support and nurture these connections and tamariki sense of belonging.

The programme utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by kaimahi/facilitators, guest speakers and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the wānanga. Caregivers described an increased sense of understanding, connection and confidence through the sharing of stories, information and experiences. Stories were personal, relational, reflective, had simple concepts, were easy to recall, and participants experienced emotional and spiritual connections. Caregivers felt narrative-style learning was critical to successfully implementing changes at home.

*You get to see the way that you are and how you're working with young people and you think oh my god that's not good. It's not horrible, everyone enjoys the course but you really start to self-reflect about your practices and what you're doing and you're the one that's starting to see oh my god. (Māori caregiver, Whakatāne)*

Caregiver confidence led to improved relationships and trust between caregivers, tamariki and whānau.

Caregiver social networks are important forums where caregivers receive support and experience connections. Mātua Whāngai caregiver social networks developed organically amongst caregivers themselves. Caregivers maintained connections with their training cohort to support one another.

After participating in the training, caregivers were able to:

- reflect on their own practices
- review styles of attachment
- explore their identity and whakapapa; this supported them to find out their child's whakapapa
- recognise triggers and explore intergenerational histories within their own whānau and as members of the community (see table below)

## Areas for development

Oranga Tamariki staff felt that the programme would benefit from improved implementation practices. Both Oranga Tamariki and the provider agreed socialisation of the programme could have been promoted and facilitated earlier. As with the other pilots, recruitment was an issue for Mātua Whāngai. The provider suggested recruitment could have been more easily managed if it had been coordinated by one Oranga Tamariki staff member. Mātua Whāngai also suggested making training compulsory for caregivers, increasing programme participation.

To increase participant numbers, the provider opened attendance to Oranga Tamariki staff. This concerned Oranga Tamariki staff as they felt their presence would encroach on the limited caregiver spaces and affect caregiver willingness to share openly and honestly. Mātua Whāngai also offered training for Oranga Tamariki staff about the programme content to socialise the programme and upskill staff. They were willing to conduct more training if needed and saw this as an important part of gaining Oranga Tamariki staff buy-in and participant referrals.

When reflecting on the programme content, Oranga Tamariki staff were concerned about the absence of explicit practical, behaviour management tools and techniques as this was something, they believed, caregivers wanted. However, caregivers dismissed concerns about the absence of explicit tools.

Based on caregiver feedback, Oranga Tamariki felt that they could not commit to a three-day wananga and reduced it to one day. Mātua Whāngai were concerned that this would reduce the effectiveness of the programme. As an organisation, Te Korowai Aroha o Aotearoa reflected on their practice, approach and programme and found the experience invaluable. The provider learnt they could reach their aims and quality of content in shorter timeframes and were looking forward to future development; particularly involving iwi.

Table 4: Te Korowai Aroha o Aotearoa outcomes from original logic model

Stakeholder	Short-term	Medium-long term
Caregivers	<ul style="list-style-type: none"> <li>• Feel acknowledged and valued</li> <li>• More confidence in caregiving skills</li> <li>• Better understanding of trauma and attachment</li> <li>• Changed response to challenging child behaviour</li> <li>• More 'therapeutic caregiving' practices</li> </ul>	<ul style="list-style-type: none"> <li>• Feel empowered, informed, trained and practiced</li> <li>• Understanding trauma effective techniques to help tamariki to heal and thrive</li> <li>• More 'therapeutic caregiving' practices</li> </ul>

Additional outcomes	<ul style="list-style-type: none"> <li>• Have established support groups</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Cultural connection improves and share with tamariki</li> <li>• Increased confidence in their own expertise as caregivers and experts in their own home</li> <li>• Increased sense of caregiving community</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Māori tools of engagement (Tikanga, Te Reo Māori, Karakia)</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Increased empathy and compassion of birth whānau</li> <li>• Increased knowledge of self-care</li> <li>• Increased understanding of whakapapa</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural connection improves and share with tamariki</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Use support groups to positively share learnings, experiences and emotions</li> <li>• Became stronger in dealings with Oranga Tamariki social workers to overcome barriers</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Learnt skills to engage wider whānau in an effort to promote health and wellbeing</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Māori tools of engagement become an embedded whānau practice</li> <li>• Increased practices of self-care</li> <li>• Making whakapapa connections (both caregivers and tamariki)</li> <li>• Connecting tamariki to whakapapa – whānau, hapū and iwi</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Improved relationships with some site/social workers and with caregiving whānau</li> </ul>	<ul style="list-style-type: none"> <li>• Strong and trusted relationships with caregiving whānau</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregiving context</li> <li>• Increased advocacy practice with caregiving whānau</li> <li>• Increased sense of caregiving community</li> </ul>	<ul style="list-style-type: none"> <li>• On-going relationship, connection and advocacy with caregiving whānau</li> </ul>
Oranga Tamariki	<ul style="list-style-type: none"> <li>• Understanding of training content</li> <li>• Improved relationship with caregiving whānau</li> </ul>	
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregivers' context</li> </ul>	

## Te Korowai Roopu Tautoko Social Services – Kaitiaki

Te Korowai is a Kaupapa Māori social service agency based in the Taupō-Turangi area. As well as offering the programme, Kaitiaki provided on going peer support and advocacy and tamariki of caregivers were able to attend the training. Te Korowai facilitated the Kaitiaki pilot programme in the form of structured, five-weekend wānanga. Each wānanga facilitated guest speaker(s) who covered different topic areas.



## The programme

The programme was grounded in Kaupapa Māori approaches – Māori theories, concepts and practices that included pūrākau, karakia and tikanga. They were viewed as holistic and were embraced and well received by caregivers. Kaupapa Māori approaches were relevant to all cultures and beneficial for caregivers and tamariki, as well as for Oranga Tamariki staff.

As with the other pilots, recruiting participants was difficult. Once criteria were relaxed, eligibility was less restricted.

## Kaimahi

Oranga Tamariki felt the facilitation and coordination of the programme needed to be improved. Facilitators' experience and skills were questioned, and concerns were expressed on multiple levels.

Oranga Tamariki staff felt caregivers were not getting the greatest benefit from the training due to inconsistencies in the facilitation and guest speaker structure of the pilot programme. Quality guest speakers were invited to present and facilitate; however, their practices varied from event to event. Oranga Tamariki staff would have preferred a learning culture of connection, integrated learning practices and facilitated reflections.

## Caregivers

The programme enabled and encouraged caregivers to explore whakapapa. Caregivers spoke of increased understanding about the importance of knowing their own whakapapa as well as tamariki whakapapa and identity, alongside the need to support and nurture these connections and tamariki sense of belonging.

*...now going to these wānanga and stuff it makes me want to dig deeper and start to know who I am properly. So that I can link these kids with their family as well. 'Cos all of them are distant from their family. But if I start doing me and find those right steps then I can help the kids do the same. (Pākehā/Māori caregiver, Taupō)*

The programme utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by kaimahi/facilitators, guest speakers and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the workshop/wānanga. Caregivers described an increased sense of understanding, connection and confidence through the sharing of stories, information and experiences. Stories were personal, relational, reflective, had simple concepts, were easy to recall, and participants experienced emotional and spiritual connections. Caregivers felt narrative-style learning was critical to successfully implementing changes at home.

Caregivers reported positive outcomes from the programme as a result of the connections they made.

*Female 1: The benefit of the training is that it brought us together. Actually, we care for children together.*

*Female 2: And we care about them.*

*Female 1: And we haven't really got to know each other until we're on a training. So it's provided an opportunity to get together. The speakers have been great and the organisation*

*has been great. But actually the value has been in building the relationships between the caregivers.*

*Female 2: And I guess we are building up that village where we will always watch them [tamariki in care]. We have a vested interest and hope for the best for them. All these kids still call you auntie 'hi auntie', 'hi bub are you all right?' Stuff like that just to make sure that someone cares.*

*Female 3: It does aye at least if something happens they know that they could go to you because you would care enough to do something about it. (Pākehā & Māori caregivers, Taupō)*

Caregiver confidence led to improved relationships and trust between caregivers, tamariki and whānau.

After participating in the training, caregivers were able to:

- reflect on their own practices
- review styles of attachment
- explore their identity and whakapapa; this supported them to find out their child's whakapapa
- recognise triggers and explore intergenerational histories within their own whānau and as members of the community (see table below)

## Areas for development

The relationship between the Oranga Tamariki site and the provider was strained. Both Oranga Tamariki and the provider felt communication and trust were affected when conflicting information was given, responsibilities were unclear, assumptions made and feedback was not actioned. The relationship between the Oranga Tamariki site and the provider broke down. Compromises were made on both sides to repair the relationship.

*I think it comes back to relationships - whakawhanaunga and the history that we've had for the last twenty-five years... there was a huge expectation for us to get things up and running prior to and so I think there was some teething problems. We had their expectation versus our intent. Getting around the table with the right people and everyone being really clear with where we were at. I think we tussled with that for a while which affected relationships. It didn't affect the implementation of the mahi or the pilot but it definitely affected relationships and the trust. (Taupō, provider)*

Historically, the relationship between the provider and Oranga Tamariki had been challenging because of major issues related to communication, transparency, collaboration and coordination. Oranga Tamariki and the provider were concerned that socialisation of the programme had not been well-managed. Oranga Tamariki felt the programme content, approach and logistics were not fully discussed with them before roll-out.

Te Korowai reflected on their practice, approach and programme alongside the relationship with Oranga Tamariki, regarding the processes as a great learning opportunity. Oranga Tamariki and Te Korowai envisioned a more collaborative approach where both organisations were supported and able to work together to deliver benefits to caregivers and tamariki.

Table 5: Te Korowai Roopu Tautoko Social Services outcomes from original logic model

Stakeholder	Short-term	Medium-long term
Caregivers	<ul style="list-style-type: none"> <li>• Feel acknowledged and valued</li> <li>• More confidence in caregiving skills</li> <li>• Better understanding of trauma and attachment</li> <li>• Changed response to challenging child behaviour</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Cultural connection improves and share with tamariki</li> </ul>	<ul style="list-style-type: none"> <li>• Feel empowered, informed, trained and practiced</li> <li>• Understanding trauma effective techniques to help tamariki to heal and thrive</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Cultural connection improves and share with tamariki</li> <li>• Whanaungatanga cohesion strengthened</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased confidence in their own expertise as caregivers and experts in their own home.</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Increased sense of caregiving community</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Increased empathy and compassion of birth whānau</li> <li>• Increased knowledge of self-care</li> <li>• Increased understanding of whakapapa</li> </ul>	<ul style="list-style-type: none"> <li>• Became stronger in dealings with Oranga Tamariki social workers to overcome barriers.</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Increased practices of self-care</li> </ul>
Providers	<ul style="list-style-type: none"> <li>• Improved relationships with some social workers and with caregiving whānau</li> </ul>	<ul style="list-style-type: none"> <li>• Strong and trusted relationships with caregiving whānau</li> </ul>
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregiving context</li> <li>• Increased advocacy practice with caregiving whānau</li> <li>• Increased sense of caregiving community</li> </ul>	<ul style="list-style-type: none"> <li>• On-going relationship, connection and advocacy with caregiving whānau</li> </ul>
Oranga Tamariki	<ul style="list-style-type: none"> <li>• Understanding of training content</li> <li>• Improved relationship with caregiving whānau</li> </ul>	
Additional outcomes	<ul style="list-style-type: none"> <li>• Increased understanding of caregivers' context</li> </ul>	

## Kōkiri Marae Health and Social Services & Tui Kereru – Matua Rautia

Matua Rautia is a Kaupapa Māori, mātauranga Māori programme. The programme was a partnership between Tui Kereru and supported by Kōkiri Marae Health and Social Services in Lower

Hutt. As well as offering the programme, Matua Rautia provided on-going in-home mentoring, support and advocacy and childcare services for caregivers attending the training. Kōkiri Marae provided and paid for childcare services. The programme is offered as 11 modules, over eight wānanga (two one-day training), as well as online learning.

## The programme

Oranga Tamariki staff described Matua Rautia as an engaging programme grounded in te ao Māori. A decolonising approach was utilised, which enabled awareness of the effects of colonisation and historical trauma on tamariki and whānau. The programme was described by the provider as revolutionary, enabling a range of whānau to benefit from te ao Māori. Kaupapa Māori approaches were grounded in Māori theories, concepts and practices that included karakia and tikanga. The programme was centred in practices of pūrākau.

*With karakia and pūrākau we trust they [caregivers] are experts in their own lives. We invite them to come up with what is good in their home following these principles and they create their own actions in their own space. Which is different to telling them what they should be doing. It is presenting them with pūrākau... we wrote our own karakia so that they could take it home and were able to use it immediately in their space. So all the tools are in those three lines of karakia which allowed them to take everything that they know in their home and work out what these things were for them... So if there's situations like behaviours going on they start using karakia to calm the children and they have said it is making change for them... So it becomes a tool of self-mastering, self-management even for the children to self-manage and this is overnight stuff you know... contrary to all psychological practice... Karakia can bring out all that mamae [pain] all that identity, reconnecting how beautiful our world is. You see all the kari-a-roto [emotions] all the tangi [crying]. (Pōneke, provider)*

Learnings and insights were communicated through deep emotions and spiritual connections that resonated with a range of caregivers.

*It's not just for Māori... non-Māori have responded to this beautiful mātauranga that they didn't know existed. Either it has never been put to them in this way and that they have access to it. For non-Māori being able to recite a karakia that actually means something; they know the depth, the meaning of it in te reo Māori - you know another layer of healing of race relations really between Māori and non-Māori. Even our Māori that are Christians you know confronted with this mātauranga and this spiritual worldview that they don't necessarily share - you know they feel like "Oh if I do open up to this worldview what do I do with this?" The intention of our training is to help them safely deconstruct that resistance or understanding all that fear of this knowledge in their world and what they can do with it. How they can see it as a dialect of the same spiritual aroha, so wairua is very much intentionally facilitated. (Pōneke, provider)*

The programme provided additional training modalities, which were tailored to better meet the needs of individual caregivers. These included

- online resources
- in-home mentoring
- complementary resources
- communication and reflections
- facilitation of support groups and social media platforms

Caregivers, providers and Oranga Tamariki staff felt the main strengths of the optional modalities were their availability and on an as-required basis. Providers highlighted the need to individually tailor services on a case-by-case basis.

Matua Rautia suggested offering additional long-term support such as in-home coaching to caregivers who had asked for this support to continue after the programme ended. In-home mentoring support was reported as invaluable for caregivers.

Positive outcomes included: participant uptake and attendance; application of tools; new knowledge and skills gained; uptake of additional services (i.e. advocacy, phone services and respite care pathways) and; maximum numbers of graduates.

## Kaimahi

Stakeholders described facilitators as passionate, skilled practitioners, and knowledgeable in te ao Māori, mātauranga Māori and psycho-social and cognitive practices.

The provider reported Oranga Tamariki's support as inconsistent across the sites. Some individuals were described as approachable, supportive and focused on overcoming any barriers. Others were referred to as difficult to communicate and work with.

## Caregivers

Initially, caregivers wanted explicit tools to manage tamariki behaviour but came to value other aspects of the programme, dismissing their original concerns. They spoke favourably of the programme, particularly about the unexpected outcomes.

The programme was viewed as holistic where Kaupapa Māori approaches were relevant to all cultures and beneficial for caregivers and tamariki, as well as for Oranga Tamariki staff.

Some Māori and Tauīwi caregivers were unsure of how they would respond to Kaupapa Māori approaches. However, caregivers found that Kaupapa Māori and decolonising approaches made them feel valued and aware of broader social and political contexts, including the effects of colonisation and historical trauma.

*For me the full immersion tikanga Māori was fantastic... I even think we could have gone a bit deeper into the intergenerational trauma. There was a lot more to unwrap. I liked the way that peoples' beliefs were respected, not imposing - this is how you should think. (Pākehā caregiver, Pōneke)*

*I was brought up Pākehā I had to learn my Māoritanga. On the course, I just felt totally valued, I just thought I had no value, where I was a nothing. So, coming to the course was like you are supposed to be here, you're not a lesser and now you have more in your kete to deliver to the children. So, I only got positive affirmations about my own background. (Māori caregiver, Pōneke)*

The programme enabled and encouraged caregivers to explore whakapapa. Caregivers spoke of increased understanding about the importance of knowing their own whakapapa as well as tamariki whakapapa and identity, alongside the need to support and nurture these connections and tamariki sense of belonging. Caregiver confidence led to improved relationships and trust between caregivers, tamariki and whānau.

The programme utilised aspects of narrative-learning processes where stories, observations, experiences and practices were shared by kaimahi/facilitators, guest speakers and caregivers. Stories were told to connect and relay skills and learnings specific to the module or theme of the workshop/wānanga. Caregivers described an increased sense of understanding, connection and confidence through the sharing of stories, information and experiences. Stories were personal, relational, reflective, had simple concepts, were easy to recall, and participants experienced emotional and spiritual connections. Caregivers felt narrative-style learning was critical to successfully implementing changes at home.

Caregiver social networks are important forums where caregivers receive support and experience connections. Matua Rautia caregiver social networks developed in different ways, organically amongst caregivers on the programme and through the provider facilitating connections.

After participating in the training, caregivers were able to:

- reflect on their own practices
- review styles of attachment
- understand impacts of trauma and use techniques to help tamariki to heal and thrive
- explore their identity and whakapapa; this supported them to find out their child's whakapapa
- Feel connected and a part of a caregiver community
- recognise triggers and explore intergenerational histories within their own whānau and as members of the community (see table below)

## Areas for development

Matua Rautia offered training for Oranga Tamariki staff about the programme content to socialise the programme and upskill staff. They were willing to conduct more training if needed and saw this as an important part of gaining Oranga Tamariki staff buy-in and participant referrals. As with the other pilots, recruiting participants was difficult. Once criteria were relaxed, eligibility was less restricted. The provider mentioned a case where a caregiver's older child was able to attend training, benefitting significantly from the experience.

The provider raised concerns about Oranga Tamariki's procurement and contracting processes. Kaupapa Māori approaches that include holistic support practices and resourcing are not typically captured or reflected in contracts. This resulted in the provider picking up the shortfall to ensure caregivers and whānau were not negatively affected.

During contract negotiations, Matua Rautia offered wrap-around training for caregivers, tamariki and tamariki whānau. They would like to consider this as an area for development in the future and the idea is supported by caregiver feedback. There have been offers from iwi and other Oranga Tamariki sites and Matua Rautia is looking forward to expanding their kaupapa regionally and nationally.

**Table 6: Kōkiri Marae Health and Social Services & Tui Kereru outcomes from original logic model**

Stakeholder	Short-term	Medium-long term
Caregivers	<ul style="list-style-type: none"> <li>• Feel acknowledged and valued</li> <li>• More confidence in caregiving skills</li> <li>• Better understanding of trauma and attachment</li> </ul>	<ul style="list-style-type: none"> <li>• Feel empowered, informed, trained and practiced</li> </ul>



Additional outcomes	<ul style="list-style-type: none"> <li>• Changed response to challenging child behaviour</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Have established support groups</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Cultural connection improves and share with tamariki</li> <li>• Increased confidence in their own expertise as caregivers and experts in their own home</li> <li>• Increased sense of caregiving community</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Māori tools of engagement (Tikanga, Te Reo Māori, Karakia)</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Increased empathy and compassion of birth whānau</li> <li>• Increased knowledge of self-care</li> <li>• Increased understanding of whakapapa</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding trauma effective techniques to help tamariki to heal and thrive</li> <li>• More 'therapeutic caregiving' practices</li> <li>• Cultural connection improves and share with tamariki</li> <li>• Whanaungatanga cohesion strengthened</li> <li>• Use support groups to positively share learnings, experiences and emotions</li> <li>• Became stronger in dealings with Oranga Tamariki social workers to overcome barriers</li> <li>• Implementing reflective practices (managing self to respond)</li> <li>• Learnt skills to engage wider whānau in an effort to promote health and wellbeing</li> <li>• Increased knowledge and awareness of Colonial systemic impacts and historical trauma</li> <li>• Māori tools of engagement become an embedded whānau practice</li> <li>• Increased practices of self-care</li> <li>• Making whakapapa connections (both caregivers and tamariki)</li> <li>• Connecting tamariki to whakapapa – whānau, hapū and iwi</li> </ul>
Providers  Additional outcomes	<ul style="list-style-type: none"> <li>• Improved relationships with some site/social workers and with caregiving whānau</li> <li>• Increased understanding of caregiving context</li> <li>• Increased advocacy practice with caregiving whānau</li> <li>• Increased sense of caregiving community</li> </ul>	<ul style="list-style-type: none"> <li>• Strong and trusted relationships with caregiving whānau and Oranga Tamariki</li> <li>• On-going relationship, connection and advocacy with caregiving whānau</li> </ul>
Oranga Tamariki  Additional outcomes	<ul style="list-style-type: none"> <li>• Understanding of training content</li> <li>• Improved understanding and respect of whanaungatanga</li> <li>• Improved relationship with caregiving whānau</li> <li>• Increased understanding of caregivers' context</li> </ul>	

# APPENDIX 2: METHODOLOGY

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## Introduction

Oranga Tamariki approached Te Rōpū Whāriki to conduct an evaluation of six training and development pilots for caregiving whānau across Aotearoa New Zealand, in partnership with Oranga Tamariki and the providers. The six pilot providers are located in Tāmaki Makaurau, Waikato, Whakatāne, Taupō, Hawkes Bay and Wellington.

Whāriki is a Māori research and evaluation group, a partner of SHORE and is part of the SHORE & Whāriki Research Centre, which is located within the College of Health at Massey University. Whāriki has a long history of community-based evaluation. They have well established governance and management systems and a long track record of working alongside communities and multiple stakeholders.

The team consisted of Kairangahau, Dr Teah Carlson (Ngāti Porou, Whānau ā Apanui), Professor Tim McCreanor (Pākehā), Dr Angela Moewaka Barnes (Te Kapotai, Ngāpuhi) and Professor Helen Moewaka Barnes (Te Kapotai, Ngāpuhi).

## Kaupapa Māori participatory approach

The research aimed to provide findings on the pilot and programme processes, with a particular focus on what can be learnt from the pilot and diverse programme designs for future application and development. The emphasis is on detailed qualitative accounts of experience, engagement/continuity and building quality relationships with participants.

The participatory research focus was on the provider staff and caregiving whānau journeys but we also gathered the views of Oranga Tamariki staff. The intention was to 'walk alongside' caregivers as they journeyed through the pilot programmes and associated support processes to provide opportunities for providers and caregivers to share their insights, reflect on experience and add to research analysis. This latter commitment in accordance with Kaupapa Māori research praxis, particularly the principle of 'aroha ki te tangata', (Smith 1999) built rapport, reduced barriers and enhanced the quality and depth of interview materials.

Data were recorded under the provisions of the Massey University Human Ethics Committee (MUHEC) protocols and Kaupapa Māori ethical practices (Moewaka Barnes et al 2009). Written consent was sought and obtained for all data collection, after which recordings were rendered into text, verbatim by a skilled Māori transcriber.

## Data collection

The emphasis was on detailed qualitative accounts of experience, engagement/continuity and building quality relationships with participants, through document reviews and interviews with pilot providers, caregiving whānau involved in the pilot, and Oranga Tamariki staff. Data were collected over four waves at all pilot sites. Change stories were selected for ranking and feedback processes, working with participants, providers and Oranga Tamariki staff. Data were qualitative and substantively kanohi kitea interview-based using a combination of individual caregiver whānau and focus group interviews.

## Participants

First engagement between researchers and participants was about whanaungatanga, followed by four waves of data collection over a 7-month period (February - August 2019). The waves helped shape the way (interview or focus group) we engaged and when.

Participants in the evaluation came from three stakeholder groups: caregivers (whānau and non-kin); providers of the caregiver training and development programme and; Oranga Tamariki staff directly and indirectly involved in the pilot.

Fifty-nine individual and focus group interviews were conducted with a total of 133 individual participants. Caregivers at each site ranged from 9 - 14 participants. Focus groups (wave 1) and initial individual (wave 2) interviews were all conducted face-to-face. Wave 3 individual interviews were conducted over the phone with caregiver's approval. Final focus groups (wave 4) were conducted face-to-face.

**Initial engagement:** Whakawhanaungatanga, relationship building, co-design, research processes and information gathering with pilot programme providers constituted the initial engagement at each site. Oranga Tamariki staff participated in whakawhanaungatanga at each site to introduce the research team to the pilot sites.

**Wave 1:** Focus group interviews with caregivers (1 per site); providers (1 per site); and Oranga Tamariki staff (1 per region).

**Wave 2:** Follow-up interviews with caregiver whānau (2 per site) recruited from Wave 1 focus group.

**Wave 3:** Follow-up interviews with caregiver whānau (2 per site) from Wave 2; and interviews with new caregiver whānau (2 per site).

**Wave 4:** Follow-up interviews with caregiver whānau from waves 2 and 3 (4 per site); and focus group interviews with caregivers (1 per site); and providers (1 per site); and Oranga Tamariki staff (1 per region).

Table 7: Caregiver participants in each interview wave, by site

Geographic area	Wave 1 (FG)	Wave 2	Wave 3	Wave 4 (FG)	Total
Tāmaki	4	2	*	3**	9
Waikato	2	2	2	2**	8
Whakatāne	4	2	2	3	11
Taupō	4	2	4	2	12
Heretaunga	5	2	4	3	14
Pōneke	5	2	4	3	14
Total participants					67
Total focus groups and individual interviews					40

\* There was not enough time in between waves 2 and 4 to conduct wave 3

\*\* 1 participant did not attend focus group in person – interviewed by phone.

Table 8: Provider participants in each focus group, by site

Geographic area	First Focus Group	Final Focus Group	Total
Tāmaki	4	6	10
Waikato	2	1	3
Whakatāne	2	-	2
Taupō	2	1	3
Heretaunga	5	3	8
Pōneke	6	3	9
Total participants			35
Total focus groups			11

Numbers of participants reflect organisational staff numbers. Tāmaki numbers increased as staff were able to attend final focus group.

Table 9: Oranga Tamariki staff participants in each focus group, by site

Geographic area	OT sites	First Focus Group	Total
Tāmaki	6	4	4
Waikato	4	5	5
Whakatāne	3	6*	6
Taupō	2	3	3
Heretaunga	2	5	6
Pōneke	4	7	7
Total participants			31
Total focus groups			7

\* Conducted two separate focus groups as some participants could not attend first focus group.

Oranga Tamariki staff were offered a final optional opportunity to provide comment; one staff member took up this option.

## Qualitative analysis

Data was analysed thematically (Braun and Clarke, 2006) to address the research questions yielding a rich diverse account of the patterns and particularities of running, participating in and learning from the pilot projects. Analysis looked at changes as staff, caregivers and whānau moved through the programme and exploring what supports these changes. Findings were also examined for congruence with the programme design, objectives, logic model in order to explore the pilot implementation and change journeys.

The 58 transcripts were read by research team members who worked with the data provided by the three participant groups separately to begin with, to ensure the variability and nuances of the ways in which the groups experienced the pilot programmes was preserved. Caregiver data were presented using Ngā Ripo, a conceptual approach described on page 22. Transcripts were also examined to draw out change stories described below.

### Most significant change story methods

*Most Significant Change Story* was originally developed to support organisational learning. It is able to focus on what is valued within a project by a range of stakeholders (Dart and Davies 2003). Change story methods provide narratives in participants' voices that illustrate change. A ranking

and discussion process allows selectors to describe what is important, what the stories demonstrate and what meanings they hold.

Stories of change were drawn from individual and focus group interviews with caregivers, Oranga Tamariki and provider staff. Researchers, including the researcher who carried out the interviews went through the transcripts to extract change stories. The individual stories were edited to clarify the narrative and provide a cohesive flow while ensuring that the speaker's voice was preserved. Some details were omitted to preserve anonymity. The research team collated the stories into three sets – caregivers (9 stories), providers (7 stories) and Oranga Tamariki staff (7 stories).

The research team and the Oranga Tamariki key research contact, individually read the change stories and ranked them in order of perceived significance, noting reactions and reasons for their rankings. They then came together to discuss each story and agree on a ranking.

The stories were then sent out for comment and ranking to participants (caregiver stories went to the caregivers, Provider stories went to Oranga Tamariki, Oranga Tamariki stories went to Providers and a separate session on each set was facilitated by Oranga Tamariki.

**Table 10: Most significant change responses**

Region	Caregiver	Provider	Oranga Tamariki
Tāmaki	1 feedback	1 organisation feedback	0
Waikato	1 feedback	1 organisation feedback	1 response no feedback
Whakatāne	1 feedback	0	1 feedback
Taupō	2 feedback	1 organisation feedback	1 feedback
Heretaunga	0	2 individual feedback	1 feedback
Pōneke	1 response no feedback	1 organisation feedback	1 feedback
			1 response no feedback

### ***Caregiver stories feedback***

Research team (4 people) and Oranga Tamariki key research contact

Oranga Tamariki National Office (6 people)

Six caregivers responded individually; one provided rankings but no comments.

- Most congruent rankings of the three sets of stories

### ***Oranga Tamariki stories feedback***

Research team (4 people) and Oranga Tamariki key research contact

Oranga Tamariki National Office (5 people)

Six responses were received from providers with four organisation responses and two individual responses.

### ***Provider stories feedback***

Research team (4 people) and Oranga Tamariki key research contact

Oranga Tamariki National Office (6 people)

Five Oranga Tamariki regional staff responded individually; one provided rankings but no comments.

- Least congruent rankings of the three sets of stories

## Determining ranking

Average rankings (the lower the average the higher the rank, 1 being the highest ranking), range and median were calculated then stories were ranked according to these. When rankings were similar this was relatively straightforward using the average.

When most gave similar rankings but there were outliers this shifted the average. Rankings were adjusted to take outliers into account. For example, two stories were ranked first and second when using the average only. The averages were very close, differing by 0.3. The story with the slightly lower average had a median of 3, receiving rankings of 1,2,2,3,3,3,4. The other story was ranked second using the average only but had rankings of 1,1,1,1,3,4,7 resulting in a median of 1; therefore it was ranked 1.

When rankings were determined the team looked at the stories in terms of comments on the rankings, story key messages and spread of programmes. As a result, three of the nine stories were removed from the caregiver selection; two had relatively low rankings and one, although highly ranked, was seen as having a similar change story to others in the set. The final set contained one story from each of the six programmes.

The two lowest ranking stories were removed from the sets of seven provider and seven Oranga Tamariki stories. The decision was based on feedback that gave lower rankings to these stories generally because the key change messages were perceived as being reflected in stories that had, overall, been ranked higher. Although each set does not contain a story from each programme, the two sets of provider and Oranga Tamariki stories cover all programmes.

## Comments on stories

All feedback was collated and comments were ordered at the end of each story covering *Meaning and Importance, Changes and significance* and *Ngā Ripo change journey*.

## Consent

All caregivers were given information sheets on the research process. This was also discussed verbally and opportunities given to ask any questions. Consent forms were then signed. Participants were informed that they had the right to remain anonymous in the focus group and interviews by informing the researcher before the interview and selecting a pseudonym; no participant took up this option. Participants were able to withdraw from the study up to one week after the interview and were also able to discuss material in the interviews that were not included as data by their request. At the time of the interviews the change story processes were discussed. Transcripts were supplied to participants on request and they were able to make changes at this point. Once the change stories were developed they were sent to the caregivers who were asked to review and make any changes they wished, prior to inclusion in the report. Pseudonyms were supplied.



Table 11: Additional data available, collected by programme provider

Providers	Additional Data	Source/Access
Immerse	Programme participant numbers (recruitment, participated, graduated, utilisation of support services). <ul style="list-style-type: none"> <li>• Parenting Sense of Competence Scale</li> <li>• BASC-3 Parenting Relationship Questionnaire</li> <li>• Strengths and Difficulties Questionnaire</li> </ul>	<ul style="list-style-type: none"> <li>• 6x TBRI research articles.</li> <li>• TBRI information pack, dvds and book.</li> <li>• Excel sheet on overview of data collected.</li> </ul>
Pūawai	Programme participant numbers (recruitment, participated, graduated, utilisation of support services). <ul style="list-style-type: none"> <li>• Individual Manawaroa Assessments (customised assessment tool)</li> <li>• Customised skills and knowledge surveys (RBA)</li> <li>• Cohen's Perceived Stress Survey</li> <li>• Snyder's Hope Survey to measure success</li> </ul>	<ul style="list-style-type: none"> <li>• Flyer and prog overview</li> <li>• Shared folder (restricted access)</li> </ul>
Poipoi mokopuna	Programme participant numbers (recruitment, participated, graduated, utilisation of support services). Pre and post programme measures: <ul style="list-style-type: none"> <li>• PRQ - Parent Relationship Questionnaires (BASC3)</li> <li>• Eyberg (Child Behaviour Inventory).</li> <li>• In-house programme evaluation form.</li> </ul>	<ul style="list-style-type: none"> <li>• Example prog eval form</li> <li>• Overall report on data and measures</li> <li>• Excel sheet on overview of Eyberg and PRQ data</li> </ul>
Mātua whāngai	Programme participant numbers (recruitment, participated, graduated, utilisation of support services). Pre and post programme measures: <ul style="list-style-type: none"> <li>• Post programme evaluation forms</li> <li>• Video feedback interview (only first rōpū)</li> </ul>	<ul style="list-style-type: none"> <li>• Prog brochure</li> </ul>
Kaitiaki	Programme participant numbers (recruitment, participated, graduated, utilisation of support services). Pre and post programme measures: <ul style="list-style-type: none"> <li>• Post programme evaluation forms</li> <li>• Video feedback interview</li> </ul>	<ul style="list-style-type: none"> <li>• Prog brochure</li> <li>• Pilot programme proposal</li> <li>• Word. Caregiver attendance list</li> </ul>
Matua Rautia	Programme participant numbers (recruitment, participated, graduated, utilisation of support services). Pre and post programme measures: <ul style="list-style-type: none"> <li>• Pre &amp; post programme evaluation forms</li> <li>• Video feedback interview</li> </ul>	

# APPENDIX 3: ORIGINAL LOGIC MODEL

## TRAINING AND DEVELOPMENT PILOTS FOR CAREGIVING WHĀNAU

### PROBLEM

Tamariki in care have often experienced trauma and can display behaviours that caregiving whānau find difficult to understand and manage effectively. Support and training for caregiving whānau does not adequately address trauma effects and the underlying causes of challenging behaviours. Caregiving whānau are not offered empowering techniques to help manage trauma and challenging behaviours. These contribute to placement breakdowns for tamariki in care.

### GOALS

Caregiving whānau are empowered through knowledge and practise of trauma-informed care, whanaungatanga, and whakapapa, supporting the provision of safe, stable, understanding, and loving homes for tamariki in care.

Tamariki in care are provided with safe, stable, and loving therapeutic care within their caregiving whānau placements, and are strengthened through whanaungatanga and knowledge of their whakapapa, supporting the process of healing and recovery.

