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Why Place Māori Children with Māori Caregivers?

A dissertation presented in partial fulfilment of the requirements for the degree of
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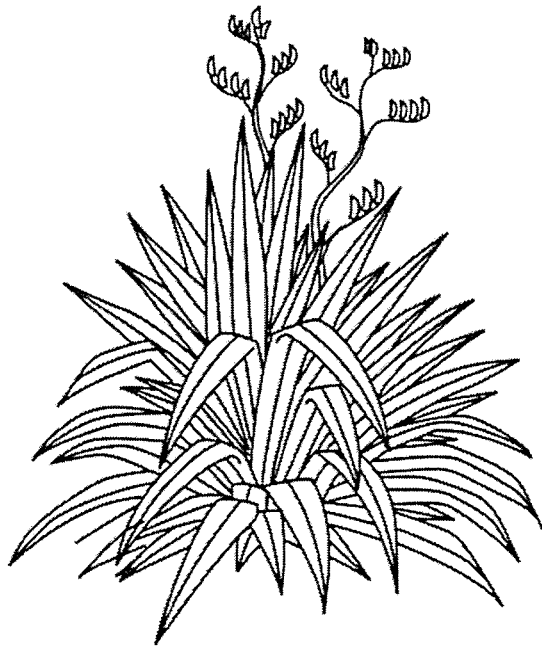
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WHAKATAUKI

Hutia te rito o te harakeke
Kei hea te komako, e ko
Kī mai ki ahau
He aha te mea nui o te ao
Maku e ki atu,
He tangata, he tangata, he tangata
(Te Meringaroto - Te Aupouri)

*'When the heart is torn from the flax bush,
where will the Bellbird sing?
You ask me what is the greatest thing on Earth,
My reply is, it is people, it is people, it is people.'*



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Kia mihi te mano tini kua wheturangitia, rātou te whakahorohia o ngā momo tikanga tiaki tamariki, hei whakamekemeke ngā kawekawe o ngā whānau mō naiane; nā te kī o Te Aupouri, 'He kopu puta tahi, he taurawhiri tātou. Whiringa-a-nuku, whiringa-a-rangi te whaita e!' Heoi, waiho ake rātou ki a rātou. Tātou ngā kanohi ora o rātou mā, ngā kaitautoko, ngā kaipūpuri o aua tikanga mō ngā whakatupuranga a heke mai nei.

Ngā mihi tuarua ki ōku kaumātua i awhi mai i te rangahau nei, ngā mihi mahana ki a kōrua. Ki ngā tokotoru, a Heni rātou ko Ripeka, ko Hana, he mihi aroha ki a koutou mō te kaha o koutou kōrero i puta mai i o koutou mahi hei tiaki tamariki i runga i te kaupapa o Mātua Whāngai i ngā tau kua hipa. Kei a koutou, te mana, te ihi o te rangahau i whai ake nei.

Ngā mihi hoki ki a Wheturangi Tapiata-Walsh, toku kaiwhakahaere kei te Whare Wananga o Massey me ōku whānau mō ō koutou tautoko, ō koutou manawanui ki ahau i te wā i mahi ai i te rangahau nei. Nā tō koutou wero, ka whakamāramatia ai ahau te nako e pā ana i te mahi nei.

No reira, tēnā anō koutou katoa.

ABSTRACT

Why place Māori children with Māori caregivers?

This qualitative study explores the concepts of customary care, recognising the Māori worldview and emphasising the value of placing Māori children with Māori caregivers. It examines the establishment of the Mātua Whāngai Programme in the context of the social/political issues of the 1980-1990s and the impact of legislation and reports on the placement of Māori children outside of whānau.

The participants in this study were three caregivers in the Mātua Whāngai Programme. They each had experience of customary care practice in their own whānau and who generalised this experience in the context of the Mātua Whāngai programme.

In this community, the Mātua Whāngai programme ran from 1985 to 1991. The study shows that when the programme was disestablished, not only did Māori children lose access to whānau whāngai (foster families), the community also lost tribal linkages, both locally and nationally, along with effective networks with other social and governmental agencies established by Mātua Whāngai within the Lower South Island.

WHY PLACE MĀORI CHILDREN WITH MĀORI CAREGIVERS

Chapter One: Introduction

In the 1970s and 1980s our statutory organisations, the Department of Social Welfare, the Department of Justice and the Department of Māori Affairs were criticised for not meeting the needs of Māori children and whānau. It was within this context that the Mātua Whāngai Programme was developed, which focused on providing care and support for Māori children, who were in need of care and protection or who came to notice as youth offenders.

This study traces the experience of three Māori caregivers, who worked in the Mātua Whāngai programme during the 1980s and 1990s in a Lower South Island community and adds to our understanding of the question: Why place Māori children with Māori caregivers? Their experience reveals that when the Māori community was empowered by social agencies to interpret and implement the Mātua Whāngai programme in partnership with other stakeholders, the outcome not only strengthened a child's relationship with its own whānau, hapū and iwi, it also strengthened relationships between tribal groups and other agencies in the wider community. These findings identify issues that were not discussed in the research literature and questions, policy and practice, which fails to take account of these findings.

Background to the study

My interest in this study was sparked by anecdotal comments made at a national and regional level by Māori women, who noted that an increasing number of Māori children were being placed outside their whānau with non-Māori caregivers.

The informants

Of the three participants in this study, two were of Kai Tahu descent and had lived in the local area for over forty years. Although living with their birth parents, both had experience of living with whāngai from within their extended whānau. The other participant was raised in her own takiwa in the North Island as whāngai to her maternal grandparents before moving to the South Island to work in the late 1960s.

Irrespective of the backgrounds of the whāngai or their connection to their tribal group, this research looks at the importance of a child's relationship with its own whānau hapū and iwi and the wider Māori community from the point of view of Mātua Whāngai caregivers. All of these caregivers have had experience of the customary practice of Mātua Whāngai from their childhood and have adapted this knowledge to the care arrangements of the Mātua Whāngai.

Structure of the Māori community

In this lower South Island community, the mana whenua are Kai Tahu, and the larger portion of the Māori population is drawn from matawaka rōpū from throughout the rest of New Zealand. The Mātua Whāngai programme operated within geographically located groups each with mana whenua and matawaka affiliations.

The Mātua Whāngai Programme in its historical context

The historical context of the Mātua Whāngai programme demonstrates a transition from customary care to contemporary whāngai care. By the beginning of the 20th Century, the Native Land Amendment Act 1909, required whāngai or 'Māori adoption' to be registered in the Māori Land Court to succeed to Māori land (Bradley, 1996b; McRae

& Nikora, 2006). However by the 1920s, Māori children in need of care and protection became the responsibility of the state via the statutory Child Welfare Officers of the Child Welfare Division in the Department of Education. The Māori Child Welfare Officers of the Native Affairs Department were established in 1945 and worked alongside the Child Welfare Officers to find placements for Māori children in foster care and adoption.

Subsequently between 1950 and 1980 through legislation and policies, an increasing number of Māori children were removed from their families because of care and protection issues and offending behaviour. The Hunn Report (1961), like the Royal Commission on Social Policy (1988), identified that Māori faced significant social and economic problems and that high numbers of Māori children were entering the welfare system. By 1972, when the Department of Social Welfare was established, a disproportionate number of Māori children were coming to notice. The introduction of the Children and Young Persons Act 1974, further alienated Māori children from their whānau, because under the Act, the child was considered in isolation of his/her whānau, hapū and iwi. As O'Reilly (1981) reported, 'Foster care' was the preferred option of care and Māori children under the guardianship and custody of the Director General of Social Welfare were placed with approved statutory caregivers rather than within their whānau.

However, political influences and recognition of Māori values and the principles of the Treaty of Waitangi led to the development of bi-cultural practices in many sectors of the New Zealand state services, including the social services. In 1983, the response of the Department of Social Welfare was to implement the Mātua Whāngai Programme. This initiative was supported by the Puao-te-ata-tu Report (1986) which emphasised the

importance of placing Māori children within whānau, hapū and iwi. In spite of this, the delivery of care services to Māori by the department failed to recognise the value of Māori customary care practices.

Although the implementation of the Children Young Persons and their Families Act of 1989 put the emphasis back on the child within the context of its whānau, it ceased to fund and support Mātua Whāngai Programmes. Instead, Māori children were to be placed with departmentally approved caregivers or in the care of Iwi Social Services before such services were established. The Act saw to the demise of Matua Whāngai nationally, although in spite a lack of funding or official support, the programme continued for a further two years in this community.

By 1991 when the Mātua Whāngai programme ceased, in the lower South Island there was nothing to replace it. If whanau did not take their mokopuna, Māori children were placed with non-Māori, statutory caregivers. In other areas, tribal authorities had established Charitable Trusts or Incorporated Societies to continue the care of their mokopuna.

Research methodology

Although a person of Tongan, Te Rarawa, Te Aupouri and Ngā Puhi descent, I have a lived and worked with the local Kai Tahu runanga and among mana whenua in the lower part of South Island for the past thirty five years. Throughout my life, as a child and an adult, I have lived and cared for whāngai of Tongan, Māori, Greek, Samoan and Pakeha descent. These experiences have informed my understanding of the participants' contribution to this study and shaped the research methodology. As a researcher of Māori

descent, a Kaupapa Māori methodology was adopted to ensure that the research methodology observed tikanga Māori and its findings would benefit Māori (Smith, 1999).

Structure of the research

Chapter Two reviews the literature on the Māori worldview and its influence in shaping the customary practice of whāngai with its obligations on whānau, hapū, and iwi. It also describes the legislation, socioeconomic, cultural and political events that shaped contemporary care arrangements for Māori.

Chapter Three describes the methodology and the collection of the information through the qualitative approach, which allowed the participants to tell their stories in depth and in their own way.

The findings in Chapter Four demonstrate how the Māori community responded to the Mātua Whāngai programme not only building up a child's connections with their own but how partnerships were strengthened with other stakeholders within the wider community.

The final chapter comments on the implications for current practice and offers some recommendations about the placement of Māori children with Māori caregivers.

Chapter Two: Literature Review

Introduction

A review of the literature shows a decreasing influence of Māori customary care practice in the twentieth century on New Zealand mainstream policies and practices for adoption and foster care. Yet a review of Māori literature over the same period shows the continuing use of Māori customary care practice (Rogers & Simpson, 1993). To understand Māori customary care practices, it is essential to understand the concepts of whānau and whāngai within a Māori world view.

Māori worldview and identity

Mead & Grove (2001, p.527) suggest that Māori have regard for both the intrinsic value of a human being and the contribution that each person makes to the wellbeing of the group. The whakatauki, 'He kura he tangata.' '*One human being is precious to another*', expresses the value Māori people place on themselves in relationship to one another.

Reverend Māori Marsden, of Ngati Kahu, Te Rarawa and Ngā Puhi descent, suggests that these core beliefs determine a person's social obligations and commitment to the whānau, hapū and iwi (Royal, 2005). This understanding of Māori identity is pivotal to Māori wellbeing and underpins the arguments in this study.

In the whakatauki; 'Hutia te rito o te harakeke...' the rito of the flax is likened to the child within the family. When one removes the rito from the harakeke, from the shelter of the outer leaves the rito stops growing and dies (Williams, 2004). Similarly, if a child is removed from the whānau, their development and knowledge of whānau is

stymied. Thus, being part of a whānau is central to Māori wellbeing. Durie (2003) argues that Māori identity is crucial to good health and wellbeing and suggests that Māori, who lose contact with their extended whānau, also lose contact with their language, their customs and their heritage. Similarly, (Bradley, 1995a) found that Māori in poverty, who were more likely to become isolated, lost their identity, their whakapapa, their reo, their cultural values and their spirituality. For them, changes to the traditional whānau structure affected their personal wellbeing by restricting their access to customary care.

Customary Care

In customary care within the extended whānau both sets of parents of a child have complementary roles (Bradley, 1996b; Metge, 1995). By maintaining these relationships, a child came to understand the obligations and commitments within the extended whānau, and knew their 'mātua tūturu, mātua toto' and the kinship links to their mātua whāngai (McRae & Nikora, 2006). In a traditional context, a child's foster parents would more than likely be the child's own grandparents.

Barlow (1991) describes the customary practice of matua whāngai as

...the traditional practice of Māori grandparents raising their own grandchildren, usually their eldest grandchild.

In the experiential evidence of Tom Smiler Junior, he recounts living with his paternal grandmother soon after he was born. He comments:

...The custom in those days was that the first born was adopted by the father's parents and the second-born by the mother's parents (1998, p.64).

This practice strengthened family relationships and allowed a child to gain an understanding of the language and tikanga of their tribal area. It was an effective means of cultural transmission.

Mead (1994) offers this perspective and presents a six stage analytical framework describing the process by which a child might become a tamaiti whāngai:

- (i) te take – *the cause*
- (ii) te whānaungatanga – *the relationship*
- (iii) te kimihanga i te whakapapa – *seeking identity*
- (iv) te mana whānau – *mana of the birth family*
- (v) te mana whāngai – *mana of the foster family*
- (vi) ngā mahi – *the deeds*

He suggests that there are many reasons why Māori children were placed in whāngai care:

- (i) he whare ngaro – *a lost house*
- (ii) he whakamahana i ngā here whānaungatanga – *warming kinship links*
- (iii) he wahine pukapuka – *barren woman*
- (iv) he waka pakaru – *broken canoe*

‘A lost house’ was described by Mead (1990) as a descent line, which has died out. He cited the example of Apanui Wepiha, a Ngati Awa leader and carver, who lived between 1862-1880. He had no issue, and then the chieftainship passed to his brother, Hoani, whose son Hurinui Apanui had no issue. So the Apanui line became a ‘whare ngaro’ but continued through the female line.

The concept of 'he waka pakaru' a broken canoe e.g. death of a parent/caregiver is illustrated by Katerina Maxwell's example:

...I te tau 1918 ka mate tāku māmā i te urutā. Kotahi marama taku pakeke, ka haria au taku pāpā ki taku tipuna, ki tana māmā. Ko ngā tāngata nāna au i whakatipu, ko Tipi Ropiha raua ko Auntie Rhoda, he tuahine tērā no taku pāpā. (Szasz, 1993a, p.86)... *In 1918 my mother died in the influenza epidemic. My father took me to my grandmother, his mother, Tipi Ropiha and my Auntie Rhoda, my father's sister, who raised me.*

There are many reasons for 'he whakamahana i ngā here whānaungatanga'-warming kinship links. Jean Maxwell (also known as Hera Hemoāta McCluthie) described how her maternal cousin took her as a whāngai:

...E ono marama tāku pakeke, ka haere mai te tuakana o tōku kōkā ina rā, he cousin, ko Merehana, ka tono ki aku mātua kia riro au hei tamaiti whāngai mā rāua ko tōna hoa tane, ko Hoani Tatere o Taupo.' (Szasz, 1993a, p.82)... *At six months my mother's older sister's child, a cousin, Merehana, asked my parents to allow her and her husband, Hoani Tatere of Taupo, to take me as their whāngai.*

In Tuahine Hauraki's case, she was one of thirteen children, and had never married:

...Nā aku tuākana, i homai hei hoa mōku, Nā hei miraka kau māku' (Szasz, 1993b, p.37). '... *My older sisters sent children to keep me company and milk the cows.*

Metge (1995, p.225) pointed out that a couple without issue, he wahine pukapuka, a barren woman would look for an 'atawhai or whāngai' with the intention of giving that child a family name that would otherwise be lost. Tahiti Rangiihu (Szasz, 1993b, p.168), openly acknowledged she had 'no issue' only whāngai whom she legally adopted.

The prevalence of whāngai within Māori families in the early 1900s was illustrated in Szasz's interviews with sixty-six kuia, who were foundation members of

the Māori Women's Welfare League (Rogers & Simpson, 1993). The majority of these women recounted personal experiences of whāngai. In some cases, they were raised as whāngai, in others they had whāngai living in their homes. Some of these women later took on whāngai from their own whānau as in customary care or non-whānau members through the contemporary care arrangements of adoption or foster care through the Department of Social Welfare.

Adoption and Foster Care

The care arrangements of Adoption and Foster care differ, but their pathways have shared some common elements. Historically, Māori Customary practice was sometimes called 'Māori adoption' and was recognised under the earlier Adoption Act 1881 (Bradley, 1996b). The Adoption Act 1895, which replaced the earlier Act, gave all citizens the capacity to adopt children by court order, however Māori already had contact with the court system, because they had to register their whāngai with the Māori Land Court to succeed to Māori Land (New Zealand Law Commission, 2001, p.127). Yet in 1901, the Native Land Claims Amendment Act prohibited the customary practice of whāngai (McRae & Nikora, 2006).

Māori adoptions were always open, because the whāngai system was largely within whānau, and the child knew their birth parent and their relationship with the 'mātua whāngai'. However, economic changes and Māori migration to the cities transformed the traditional whānau structure. When the Adoption Act changed in 1955, the closed adoption process enabled the adoption of Māori children out-of-whānau therefore severing ties, sometimes permanently, from their birth family and Māori cultural values. It also allowed Māori to adopt non-Māori children.

Whilst non-Māori adoptions applications were heard in the Magistrate Court, Māori adoptions continued to be heard in the Māori Land Court until the Adoption Amendment Act 1962. Although the Māori attitude to adoption varied, some Māori like, Eileen Ngahere legally adopted three children from within whānau and Tahiti Rangiihu had four whāngai, whom she adopted '*so nobody would take them away*' (Szasz, 1993b, p.168)

Just as the adoption process differed to customary care so too was the foster care process. It was a formal care arrangement mandated by legislation in respect of children requiring care and protection from abuse and neglect. Foster care did not acknowledge the importance of Māori whānau in the care of Māori children. The difference between the state and Māori perspectives on the placement of Māori children within their whānau is illustrated by Anne Delamere, a Māori Welfare Officer of the Department of Māori Affairs. She observed Māori dissatisfaction about the placement of Māori children in state care, when she reported Māori saw the Department of Māori Affairs as 'Te Tari tango tamariki – *the Department that took away children*' (Bradley, 1994), because Māori whānau had no say in the decision to place Māori children.

By the late 1970's, fostercare was described as 'substitute care' and in many cases became the preferred option of care. Devine, (1981) points out that children were removed from their natural families because the state promised a better form of care.

The Department of Social Welfare gave this definition of foster care as:

...the care of the children, who must live away from home for a period, because of family breakdown, illness, desertion, neglect or other cause. (O'Reilly, 1981, p.2)

A Māori solution

With the urbanisation of Māori families, the whānau networks, which involved extended whānau and the wider community, became difficult to sustain. Metge (1995, p.22) suggests that: ‘...migration was associated with diminished knowledge and interest in tikanga Māori on the part of individuals and families.’

Thus the traditional pattern of care arrangements necessitated a change because of the lack of whānau available to share the care of the child.

Subsequently in the three decades, 1960 to 1989, the state focused on the Māori deficit model:

- (i) the increasing number of Māori tamariki entering the welfare system,
- (ii) Māori offending,
- (iii) educational underachievement,
- (iv) Māori mortality,
- (v) inadequate housing, and
- (vi) increasing unemployment (Department of Social Welfare, 1986)

Concerned about these social issues, Māori proactively sought to find Māori solutions to address these issues in education, health, justice and welfare services. At the national Hui Whakatauirā in 1981, Māori kaumātua and communities looked to their cultural traditions for a remedy in the area of care and protection and thus supported the introduction of the Mātua Whāngai Programme. This was aimed at facilitating the return of children back in their own communities, to their whānau, hapū or iwi. The

Departments of Social Welfare and Māori Affairs established a Mātua Whāngai pilot in 1983, followed by a Department of Justice programme for young Māori offenders.

Metge (1995, p.295) reported that Mātua Whāngai had been designed on traditional whakapapa based whānau, but because urbanisation had weakened the whānau links, this resulted in the acceptance of 'kaupapa based whānau' such as Mātua Whāngai. Accordingly, the structure of the Mātua Whāngai Programme was based on the tribal structures of Rōpū-a-iwi and Taura Here Rōpū.

Rōpū-a-iwi were established in tribal areas, and mandated to:

- (i) manage the Mātua Whāngai kaupapa,
- (ii) establish tribal registers,
- (iii) process whānau applications, and
- (iv) maintain a register of placements and monitor the quality of care.

(Department of Social Welfare, 1986)

In the large urban areas, the tasks were more complex (Metge, 1995). Taura Here Rōpū linked Māori children living away from their tribal area:

- (i) back to their home marae or tribal area,
- (ii) networked with tribal whānau in their area
- (iii) co-ordinated local programmes,
- (iv) liaised with public servants and the whānau, and
- (v) fed back to the Rōpū-a-iwi.

But Taura Here Rōpū grew faster than the Rōpū-a-iwi and the lack of tribal infrastructure was a concern. Bradley (1994, 1996a) reported that the tribal authorities did not have the infrastructure to manage or deliver the Mātua Whāngai Programme.

Despite the Puao-te-ata-tu Report (1986) supporting the Mātua Whāngai programme and the return of Māori children to their whānau, hapū and iwi, lack of funding remained an issue. They recommended more funding for tribal rōpū to support board payments for preventative, non-statutory placements and other costs for children and payment for Mātua Whāngai volunteers. Funding from the Department of Social Welfare, Department of Justice and Department of the Māori Affairs was given to the Mātua Whāngai Secretariat to distribute through tribal authorities to their Mātua Whāngai Committees, however, it was inadequate. Walker (2001) commented on the difference in the funding of Māori children in the custody or guardianship of the Director General of Social Welfare compared to Māori children in Mātua Whāngai care.

Nonetheless for a brief period, Mātua Whāngai was the preferred option for providing care for Māori children in need of care and protection. The alternative was a care placement with the Department of Social Welfare. When the Department reported that social workers considered Mātua Whāngai an optional extra (Department of Social Welfare, 1989), they attempted to remedy this shortcoming by supporting the development of a social work practice based on Māori whānau decision making, 'Whakapakari Whānau' (1986).

In 1989, whakapakari whānau, family decision making, became part of the new legislation the Children, Young Persons and their Families Act (CYPF Act, 1989).

Pakura (2005) described the historical context of the CYPF Act, as a time when Māori children were placed in the care of non-whānau care or institutions and their cultural needs were not met. She emphasised the cultural importance of placing children with whānau, hapū or iwi, the significance of whānau participation in decision-making and their roles as participants in the Family Group Conference process.

However, Māori children were placed outside their whānau, hapū or iwi in spite of Social Welfare's acknowledgement of their Treaty of Waitangi obligations to 'whānau and whānaungatanga' through care policies.

Placement Issues

The lack of appropriate placements and services for Māori children was identified by the Human Rights Commission in 1992. They looked at Māori and non-Māori children in statutory and non-statutory residential care from the perspective of their family caregiver (mother, aunt, etc) and the staff in the residence. This study found that in spite of the legislative changes in the Children, Young Persons and their Families Act 1989, social work practice had not supported the return of Māori children to Māori whānau according to the principles of the Act. Section 13 of the legislation, states that:

...the primary role in caring for the child or young person was with the whānau and that wherever possible a child or young person's whānau, hapū, iwi and family group should participate in the decision making for the young person.

The Human Rights Commission recommended that iwi have control of their own funding, resources and decision making and advocated that the children be placed in Kaupapa Māori homes within the child's tribal area and that adequate funding for placements be provided to their whānau.

Bradley (1996a, p.3) presented the view that; 'Though the legislation has been changed and in existence for seven years, it is debatable whether services to Māori have significantly improved.'

He found that only two Iwi Social Services had been established in seven years and that the money earmarked for iwi social service development, after the Mātua Whāngai Programme was discontinued, was channelled into mainstream services and funded the placement of Māori children in stranger placements.

Regrettably there is little literature on whāngai care after the disestablishment of the Mātua Whāngai Programme, other than anecdotal information and information from the participants in this study. In the lower South Island the Matua Whāngai Programme was completely disestablished by 1991.

Other relevant studies

Other studies acknowledge the role of kinship caregivers and the benefits to the child. Their findings support the customary concept of maintaining contact with whānau, maintaining relationships and the reunification of a child with their family.

Smith (1999) acknowledges the importance of the Māori perspective of keeping children within their whānau and the importance of the child's culture. She concluded that the best possible links with the birth family help children develop a sense of identity, and understanding of their cultural and family heritage and facilitates re-unification if possible. Worrall (1997) conducted a study of five Pakeha caregiver families and fourteen children in kinship and foster care. She noted that a child's contact with his or her parents was more likely to lead to reunification and their return home.

Coote (2008) found that three of the five participants in her study were placed with whānau for a brief period and reuniting the children with their family was low priority. The dislocation from family made it more difficult for the young people to re-establish their links and relationships to their whānau. The social network and support of their whānau was not there.

Australian studies give their perspective on out-of-family placements, which raised similar placement issues to the Māori situation. McHugh (2003) highlighted the Aboriginal (and Torres Strait Islander) and Child Placement Principle 'to place aboriginal children with kin-caregivers'. She acknowledges that most indigenous children were placed in non-kin placements because of the unavailability of kin family placements, inadequate funding and poor planning, which contributed to placement breakdowns and indigenous children being placed out-of- family.

Dodson, an indigenous Australian, addressed issues raised in the National Inquiry of Aboriginal Legal Services, Western Australia (1999, p.8). He argues that the removal of indigenous children in the past 'the stolen generations' seem to be continuing and at a disproportionate rate. Consultations on placements were also conducted too late in decision making process or were inadequate and ineffective. He also points out that the State did not acknowledge the values or worldviews of the Aboriginal children and their families and argues for resources to allow children to be raised within their family. Some of his criticisms echo those reported in relation to Māori children (Bradley, 1995a; Durie, 2003).

Social work practice

Although the legislation and the Matua Whāngai Programme aimed to ensure that the Māori worldview and customary care concepts were present in social work practice, further policy was devised to sharpen departmental focus on Māori. They developed 'Te Pounamu – manaaki tamariki, manaaki whānau' (Child Youth and Family, 2001) which supports the care arrangement of Māori children. It emphasizes safe placements within whānau care and supports the placement of Māori children within their culture, recognizing the core Māori beliefs and acknowledging the importance of access to whānau, hapū and iwi to secure the Māori child's identity. It also supports the placement of Māori children within their own culture. Although intended to find better placements there were still issues.

Whilst the social work practice of appropriate placements for Māori children is an issue in all areas of social work, Connolly (2006) outlines a practice framework for Child Youth and Family Service, which contains conceptual maps to guide interventions in child welfare, and tools for social work practitioners. She describes the philosophical perspectives, which underpin the principles of the work as 'child centred, family led and culturally responsive, and strength and evidence based practice'. The cultural response focuses on building alliances with communities and supporting the cultural context of family. This tool encourages social workers to assess and work with the child within their whānau and cultural context.

Alongside this framework is a need to acknowledge the importance of communication and dialogue with a focus on understanding Māori concepts. Pohatu

(2003) argues that the constructs of 'Te Ao Māori' and the recognition of the cultural markers could progress a dialogue with Māori to achieve and to guide more appropriate Māori social work practice. From my perspective this would lead to better placement outcomes for Māori children in statutory care.

Conclusion

This chapter explored the concepts of Māori whānau and Māori customary care arrangements, and the transition of the care arrangements through historical and social changes, which saw some Māori children placed in out-of-whānau prior to Mātua Whāngai and the CYPF Act 1989 to placements within whānau, hapū and iwi.

The literature review corroborates the importance of the Māori worldview on identity, via the knowledge of ones whānau, hapū and iwi, role and obligations within that group. It also recognises the contribution of legislation and policies in the move away from customary practice of whāngai to placing children in state care away from their whānau and then the trend back to acknowledging the cultural context of the child in a contemporary practice of whāngai.

In the next chapter, Kaupapa Māori and the qualitative approach has been used to gather information through interviews with former Mātua Whāngai caregivers about their experiences within the Mātua Whāngai Whānau, Māori community and other networks.

Chapter Three: Methodology

Introduction

This study explores the experiences of three Māori caregivers, whose voices were examined through a qualitative methodology, which has Māori as the centre (Durie, 2003, p.2-3) and recognises that Māori have a unique worldview (Ratima, 2003). The concept of whānau within this worldview determines the obligations within whānau and extended whānau, to spouses, partners and their whānau, whilst in the western paradigm, family commitments and obligations are usually limited to the nuclear family.

In this study Kaupapa Māori allows the ‘whakawhiti kōrero’ with the participants in exploring customary care within their whānau relationships, the relationships of the participants and whāngai in contemporary care, and the relationship of ‘te reo me ona tikanga’ within the context of Mātua Whāngai practice as well as the relationship between the participants and the researcher.

The participants’ demonstrate their understanding of the relationships of tuakana to teina, their roles, responsibilities and obligations indicating that ‘Māori have a way of organising knowledge (Jahnke & Taiapa, 1999, p.42). Despite the Māori view not fitting easily into a western paradigm (ontological perspective), the participants described historical events, whānau experiences of whānaungatanga, hui, korero, waiata and the influences on their relationships and their whāngai (epistemological perspective).

Kaupapa Māori

For this reason Kaupapa Māori methodology was employed to facilitate access and explain the premise upon which the participants operate. Although Kaupapa Māori

research challenges research on Māori, which occurred in the past and positions a Māori worldview as central to understanding the importance of Māori relationships, to this researcher it was the most appropriate methodology to progress this study. pepeha

Although Kaupapa Māori principles vary between disciplines and studies, there are common elements. Walker, Eketone, & Gibbs (2006) describe these principles; Tino Rangatiratanga, Social Justice, Māori Worldview, Te reo, and Whānau. Ruwhiu (1995) identified some similar principles and some different principles to the previous authors. His were; Whakapapa, Te reo, Tikanga Māori, Rangatiratanga and Whānau. In this study the principles I have chosen are placed in a sequence, which moves from the traditional knowledge of Māori to the contemporary issues; 'Taonga tuku iho' (which includes te reo and Māori worldview), whānau, 'tino rangitiratanga' and social justice. These tenets of Kaupapa Māori Research support my stance in this study.

(i) 'Taonga tuku iho'- Gifts from the tupuna (ancestors) of te reo, tikanga, Matauranga Māori. These are located in whānau, hapū and iwi knowledge of people, and events, pakiwaitara, waiata, whakatauki or pepeha, books and other mediums:

E kore au e ngaro, te kākano i ruia mai i Rangiatea. ...*I shall never be lost: the seed which was sown from Rangiatea.* (Mead & Grove, 2001, p.30)

This whakatauki captures the interconnectedness of the spiritual to the physical and signifies the importance of whānau and the strength of whānau ties. Through out the study the participants were supported and encouraged to respond in either English or Māori, and to utilise any mediums, which they felt comfortable with.

(ii) The principle of 'whānau' recognizes the significance of relationships within whānau, the whāngai and their whānau, hapū, iwi, sometimes described as the 'Pa

harakeke' (Williams, 2004). The participants described their knowledge of their whānau connections, and the importance of linking their whāngai back to their whānau, hapū and iwi through the 'Taura Here Rōpū' to their tribal areas or hapū and iwi relations in the lower South Island:

Kia ū ki tou kāwai tupuna, kia mātauria au, i ahu mai koe i hea, e ānga ana koe kohea... *Trace your ancestral stem, so that it may be known where you come from and in which direction you are going.* (Metge, 1995)

(iii) 'Tino rangatiratanga' promotes the importance of Māori determining outcomes for themselves, as opposed to allowing others to dictate a course of action without recognising the Māori worldview. The kaupapa of Mātua Whāngai Programme was clearly aimed at 'self determination', which the participants strongly supported. This interview offered them an opportunity to tell their story, one which they felt had not been told.

(iv) The principle of 'Social Justice' recognises the injustices - effects of urbanisation on Māori, the disconnection from the traditional family structure and the realities of the loss of these connections/relationships/obligations on Māori. The voices of the participants are clear about the importance of whānau and support of whāngai, particularly if they had no knowledge of whānau, hapū and iwi:

Ko te uri o pani. *One who has no relatives or friends is without power or influence.* (Mead & Grove, 2001, p.161)

Māori Researcher

The Kaupapa Māori approach allowed me as a Māori researcher, to seek the mentorship of kaumātua and the use of Māori tikanga and processes was essential. Irwin

(Smith, 1999, p.184) suggests that this mentorship is culturally safe and relevant and appropriate whilst satisfying the rigors of research.

Although this study is not iwi based I consulted two kaumatua. Before commencing this study, I consulted firstly my Te Rarawa kaumātua to discuss the kaupapa as a potential study. Because I have no whakapapa links to Kai Tahu and have lived in the lower South Island for many years I sought the support of a Kai Tahu kaumātua, upoko of the local rūnanga, whose late wife was a whānaunga from Te Rarawa.

Because relationships are important, my entry into the participants' lives was facilitated by my personal and professional and community relationships.

Participant Selection

The participants were selected at local hui and other meetings and offered the opportunity to be in the study. They were purposefully selected (Maykut & Morehouse, 1994, p.45), which:

...increases the likelihood that variability common in any social phenomenon will be represented in the data, in contrast to random sampling which tries to achieve variation though the uses of random selection and a large sample size.

They were former Māori Mātua Whāngai caregivers, who were trained and worked under Mātua Whāngai and cared mostly for Māori children, who were not related to them.

Whilst, it was intended that the study include male Māori caregivers by the time interviews commenced they were unavailable. Three female participants were

interviewed, two of Kai Tahu descent and one of Ngati Porou descent and all had lived in the research area for over forty years. These participants were interviewed individually.

Interview Schedule

This qualitative approach used exploration and discovery through questions, which allowed the participants to tell their stories in their own words, to reflect back on 'ngā taonga tuku iho'. Out of respect for the kuia, I discussed translating the questions into the Kai Tahu and Ngati Porou dialects. They decided the questions should be in English and they would use 'te reo' when they wished to expand on a concept not readily explained in English.

Thus a semi-structured interview schedule was developed. There were three areas to be explored 1) being a Mātua Whāngai caregiver, 2) the relationships, supports and advantages in that role, 3) the benefits and losses of the discontinuance of Mātua Whāngai.

Open ended questions (Appendix 5) were used and designed 'to reveal what is important' (Maykut & Morehouse, 1994). As the interviews progressed probing questions were also used. Patton (1990) claims that the probe or follow-up question is an interview tool that enables the interviewer to search more deeply into the interviewees' responses.

The Interview Process

Interviews were conducted 'Kanohi ki te kanohi'. It allowed me, to use a process, which was mindful of 'tikanga and the significance of te reo'.

The process for interviewing the participants involved:

1. Making an appointment by phone to visit and discuss the study.

2. Making a home visit, and giving them the information sheet (Appendix 2) about the project, and making an appointment for an interview of approximately one and a half hours, at a date, time and venue convenient to them.
3. Meeting for the interview and observing tikanga. Although support people were invited, they did not attend. We discussed the information sheet and the aims of the project, their rights as participants and the research process. Confidentiality (Appendix 3) was offered to the participants advising them that either their first name or a pseudonym would be used in the report. They consented to the disclosure of their name and their location (Appendix 4).
4. Interviewing/collecting the information on tape and transcribing the interviews. A copy was presented to them at a further meeting to ask if they had further questions and to make amendments.
5. However this did not allow me to make verbatim quotes, so a further meeting was held. Where I presented them a draft of the collated information and gathered their comments and amendments, clarifying any discrepancies in the transcript.

Data Analysis

The qualitative method offers a holistic approach to the study and allows the researcher to make considered judgement on the meaning of the data. It allowed me to listen to the voices of the participants, their words of anguish and anger at the loss of the Mātua Whāngai programme, their understanding of their strong relationship between the

Mātua Whāngai caregivers, the loss of potential support for Māori whāngai and caregivers, and the lack of co-ordination of a transition period between Mātua Whāngai, the Department of Social Welfare and Iwi Social Services.

The analysis of the transcripts involved identifying basic themes and patterns. The coding was based on key words, or sentences, similar whakaaro/thoughts (Appendix 5).

Ethical Issues

My Ethics Application was reviewed and approved by a Massey University peer review process or committee (Appendix 1). The key ethical issues relate to the management of my insider status, confidentiality and the perceived conflicts of interest and the protection of the researcher and participants. The issues relate to my status as a member of the Māori community and a former supervisor of the Matua Whāngai Programme with the Department of Social Welfare between 1987-1989 and previous experience as a caregiver for the Department of Social Welfare in the 1980s. Although these gave me insights into some of the issues described by the participants, the access to these participants had potential for coercion; however this was not an issue. I clearly stated that my role was as a researcher and this study is part of my Masters of Social Work (Applied), and likely to help increase the body of knowledge on Māori placements and to improve social work practise within a statutory agency.

Conclusion

The Māori framework used in the research design, the interview process, the collection and analysis of the data allowed the use of Māori knowledge, which provided the context of customary care and the adaptation to a contemporary care system. The

findings of these interviews in conjunction with the literature will be analysed in the next chapter.

Chapter Four: Results and Analysis

Before undertaking this research, the assumption was that placing Māori children in Māori families would be of benefit to the child. However, as the interviews unfolded, it became clear that the benefits were also shared by the wider community.

The patterns of relationships and the knowledge of customary care acquired by the participants from their whānau of origin were generalised into the contemporary care arrangements of the Mātua Whāngai Programme. As a new whānau group with no bloodline formed around a common kaupapa (Metge, 1995), they argued the importance of transferring and rebuilding those patterns of relationships for their whāngai.

The Literature Review identified the benefits for the child, but did not discuss the benefits to the community. However through the voices of the participants, they asked who would have linked the whāngai back to their whānau, hapū, iwi, community and the social structures, if they as Mātua Whāngai caregivers had not looked after them. From their perspective placing the Māori child with Mātua Whāngai was an opportunity to make a link and build up relationships between Tangata Whenua, Matawaka and other community groups and departments such as Police, Justice and Social Welfare. Mātua Whāngai was therefore the focal point for a range of Māori services.

Influence of Whānau Experiences

Ultimately the participants acknowledged that their whānau experiences influenced their own decision to become Mātua Whāngai caregivers. Subsequently, through their understanding of Māori whānau structure within their own whakapapa, and their relationship to a bloodline whāngai (Bradley, 1994; Durie, 2003; Metge, 1995) they

demonstrated that their whāngai experiences were similar to the experiences of the examples in the literature (Ihimaera, 1998; Metge, 1995; Rogers & Simpson, 1993).

Hana from Kai Tahu lived at the kaik¹, papa kāinga, and was raised by her community - her grandparents, aunts and uncles and extended whānau members. She grew up within a network of relationships responsible for her shared care, and shared resources.

The concept of shared care allowed a family member to step in when the link was broken, e.g. on the death of a parent. Hana described that when her eldest paternal uncle was killed in the Second World War, her taua and pua took on the care of their mokopuna. The two little boys were automatically taken as whāngai by her grandparents.

Ripeka of Kai Tahu descent described the shared care between her father and her taua after her mother died. Her father also raised his younger sister, Ripeka's aunt who later became a mother figure to Ripeka. Ripeka's father as the older sibling became responsible for his younger sibling, illustrating the role and obligations between tuakana/teina members of a whānau. Hence Ripeka concluded that she knew about whāngai from birth because there were always whāngai in her household.

On the other hand Heni of Ngati Porou descent was raised by her grandparents from a baby, following the traditional concept of mātua whāngai, of grandparents taking on a child with a view to the future care of them in their old age but also as an opportunity for the transmission of knowledge from grandparents to the whāngai.

¹ *Kaik* is local Kai Tahu dialect for kāinga. The final vowel may be dropped in traditional Kai Tahu words.

Mātua Whāngai Relationships

The participants adapted their patterns of relationships and absorbed people into the Mātua Whāngai structure by generalizing their whānau experiences into their own networks and experiences. Whilst Worrall (1996) points out the importance of support in sustaining care, whether it was food, clothing or other resources from whānau, extended whānau, friends, neighbours or work colleagues, she also notes that this network of support helped the caregiver withstand crisis and maintain their caregiver role. Walker (2001) reports that the Mātua Whāngai whānau ensured that there was support for the caregiver, the children and for other extended whānau.

Similarly the participants acknowledged the importance of relationship building within and external to the Mātua Whāngai whānau group by ensuring that new members were supported by the older members. They stated that the supports for the Mātua Whāngai caregivers were mainly from their own whānau, other Mātua Whāngai caregivers and their whānau, community, the local police, courts, other social service agencies and Social Welfare Mātua Whāngai workers. Hana stated:

'It was the fact that we belonged to a structure, albeit fragile, that we shared as much, we had huge mealtimes. Whenever we were going to go anywhere it was like putting an army together to move and it felt safe rather than being an isolated caregiver, whose only connection to the community is via Department of Social Welfare. We felt like we were a part of a movement, a growing movement'.

They supported the local Mātua Whāngai structure which comprised kuia/taua, Mātua Whāngai caregivers, whānau and community members and attended the monthly whānau committee. They also maintained a relationship with the local Mātua Whāngai

Executive Committee, which managed the funding and reported back to the Tribal Authority and the Mātua Whāngai Secretariat.

Outside the whānau group, their relationship with the police started with one policeman and progressed through the other police sections into a functional way of managing young Māori at the police station, who were released into Mātua Whāngai care.

Other professional relationships developed in many other sectors. The participants had a close relationship with the Mātua Whāngai workers of Social Welfare and Māori Affairs, who were described as understanding tikanga and the Mātua Whāngai kaupapa, which made their relationships easier. As Heni put it:

‘Ka whakamāmā ngā korero’ ‘The conversations were easier’.

From Hana’s perspective there was value in being identified as Mātua Whāngai:

‘We just knew that when we identified ourselves as Mātua Whāngai, that our reputation was acknowledged’.

Linking Whānau, Hapū, Iwi

The three participants, acknowledged their own tribal affiliations and utilised their knowledge of the Matawaka connections to link their whāngai to their whānau.

The participants had accountabilities to the Mātua Whāngai Executive and Tribal Authorities and at a local level the participants started the process of linking back to the tribal area from the first contact with the whāngai or Mātua Whāngai worker. The participants not only developed relationships with Matawaka, they were proactive in establishing the links of the whāngai. Their first question was ‘Nō whea koe? This

question was significant in establishing the whāngai's links and providing an understanding of whānau, hapū and iwi relationships and obligations and Māori identity (Durie, 2003; Royal, 2005).

Hana described Mātua Whāngai whānau being similar to the Māori Women's Welfare League because their membership spread across the tribal boundaries. They acknowledged their interactions with Kai Tahu and other tribal groups through members of Taura Here Rōpu and Matawaka (Department of Social Welfare, 1986). On the other hand, Walker (2001) reported that the lack of resources did not always allow the Mātua Whāngai caregivers to access whānau outside of the lower South Island.

The Mātua Whāngai policy advocated that Māori children would be linked back to their tribal rōpu. This was easier for Kai Tahu children in the lower South Island, who were already in their tribal area but Māori children who lived away from their home base e.g. Te Rarawa in the far north were networked back to the Te Rarawa Trust Board by the Mātua Whāngai workers or other Māori groups through to their Taura Here Rōpū or Matawaka members (Department of Social Welfare, 1986). This was not always easy or required some further work by the Mātua Whāngai worker.

Ripeka reported that her whāngai came from every tribal group, whilst Hana stated she ensured that her whāngai were connected with the appropriate tribal representative:

'We linked them up with the appropriate tribal group where possible....There was Sam with Kahungunu and then we had the Tainui people, and so we would just let them know.'

If tribal links were not found locally the Mātua Whāngai workers utilised their networks with other Mātua Whāngai workers around the country. Whilst the workers primary role was to monitor the caregiving programme and provide support for the caregivers, they also set up Tribal registers and linked Māori children back to their tribal rūpū. This was only possible through the positive relationships between the Mātua Whāngai caregivers, workers and their support system.

Re-Building and Return to Whānau

The participants fostered and rebuilt the relationship in different ways. The concept of whānau within the Māori structure was important to the participants. They recognised the need to rebuild and return children to their whānau and supported the kaupapa of Mātua Whāngai where whānau took responsibility for their own whānaunga.

Hana looked for a means of keeping the whāngai in contact with their whānau:

'The best thing that I could do, was to talk about their family as though they were a natural part of that child's life. The children saw their whānau as the most important thing in their lives, because having been told from a range of sources about their family, they became often angry or embarrassed, mostly embarrassed and ashamed of their mum and dad or their family, or being Māori'.

Heni explained her reason for taking one whāngai. The social worker told her if she did not take the whāngai, he would be placed in the Boy's Home. She remonstrated that it was not the Māori way and that the whāngai was not from Ngati Porou but from Tuwharetoa, her maternal grandfather's iwi, thereby acknowledging an obligation to take care of that child.

In this case knowing one's whakapapa was critical and made it easier for Heni to work with this child. The ensuing obligations also brought with it a range of behaviours

because the kuia was older. Heni showed the appropriate respect to the whāngai's kuia by offering her a solution to care for her grandchild.

In the context of social work practice prior to the Children, Young Persons and their Families Act 1989, professionals made the decisions for the child without consultation with the family and subsequently either contact with family or return of the children to family was not standard practice (Devine, 1981; Human Rights Commission, 1992). Contact with the whānau supported Worrall's (1997) view that contact with family was more likely to lead to reunification with family.

The participants gave the whāngai the opportunity to return to their whānau. Ripeka stated that:

'The beauty of Mātua Whāngai was working with the whole whānau and not just with the child. We were building these kids to go back into the families. They would be returned back to their own families'.

Heni encouraged regular contact between her whāngai and his whānau until it was time to return home. She acknowledged the whānau pride in the achievements of the whāngai. They had meals together and they went to collect kai moana together. Heni also suggested that everyone was responsible for raising that child that 'nā tātou katoa tēnei tamaiti'...this is our child'.

All the participants referred to ongoing contact by phone or visits with their whāngai after they returned home. This was indicative of the nurturing and modelling of positive behaviours by the caregivers and those relationships continued.

Ripeka explained that her whāngai acknowledged her and her husband as 'mum and dad, and the whāngai mokopuna/grandchildren call them 'taua and poua'.

Hana stated that her whāngai turn up and her obligations continue:

'...every now and again' but now they've grown up and got children of their own. For me it will be forever really'.

Thus maintaining contact with whānau, hapū and iwi was necessary in supporting the whāngai to return to their families and maintaining contact after they had left their caregivers:

Advantages and Loss of Mātua Whāngai Programme

The Mātua Whāngai Programme strengthened the relationship or whakawhānaungatanga between the caregivers and the Māori workers. Heni commented that there was a shared understanding of Māori concepts:

'Mōhio rātou ki ngā kupu 'whakawhānautanga, whānaungatanga, manaakitanga, āwhinatia, mōhio rātou ki ngā tikanga' ...(They understood the concept of relationships, kinships, supporting and helping).

She also referred to the strength and diversity of tribal backgrounds of the Māori workers through the sharing of knowledge and resources with the Mātua Whāngai whānau.

Hana believed that having the Mātua Whāngai workers in the Department

'...gave us some confidence that nobody would swoop in over the top with a statutory role, and undo what we were doing. We just felt we had some ability to be defended internally'.

Bradley (1994) pointed out Mātua Whāngai was initially set up to provide alternative care for Māori children but had to be refocused because the extended whānau, in spite of their 'aroha and manaaki' were not in a position to care for their tamariki, or

mokopuna', and their tribal authority did not have the infra structure to cater for these mokopuna.

However the Mātua Whāngai Programme was withdrawn with the introduction of the CYPF Act 1989 because legislators and DSW optimistically believed that the Iwi Social Services would take over the work of Mātua Whāngai. However there was no transition plan and as Bradley (1994) pointed out, there was a lack of Iwi services. According to anecdotal information this was due in part to the complex approval standards to be an Iwi Social Service and issues of transferring or seconding staff and other resourcing issues. However in the lower South Island, there was no fan fare or options, there was no Iwi Social Service. The Mātua Whāngai Programme just ceased operation in 1991. Ripeka, a Mātua Whāngai caregiver and Mātua Whāngai worker was given one weeks notice that Mātua Whāngai social workers would no longer service Mātua Whāngai whānau.

Whether one was overly optimistic or naive, the participants expressed the loss of Mātua Whāngai in many ways. Hana commented:

'There was this real sense of belonging to something that was going to better our whānau. Mātua Whāngai is the only thing that sticks in my puku. The other things come and go, things change, but that to me was an unnecessary slap in the face'.

She observed that the Mātua Whāngai caregivers were exhausted, overworked and under resourced, but they believed in the potential of the next generation. They would step up and allow the older Mātua Whāngai caregivers to step aside and the younger generation would become the caregivers:

'Other people would have come up, and been fresher to take on children and that they (older Mātua Whāngai caregivers) would then take on supportive roles'.

The participants sensed that once they lost the Mātua Whāngai workers, the Māori children would no longer be supported by the department. The relationships and access to the whānau, the hapū and the iwi was not readily available. The network built up by the Mātua Whāngai whānau caregivers was lost and the support of other professionals and their networks evaporated.

Ripeka bemoaned the loss of the Mātua Whāngai whānau groups, the network of Māori caregivers, who understood the concepts of 'manaakitanga, and āwhinatanga', the Mātua Whāngai networks throughout Aotearoa New Zealand and the ready access to Māori caregivers and potential Māori foster parents, who were now reluctant to work as statutory caregivers without a cohesive Māori support group.

Heni identified the loss of Mātua Whāngai as a loss for the children:

'...ki ngā taonga, ngā mokopuna, ngā tikanga o ō mātou tīpuna, te reo, te reo rangatira'... ('the gifts, the children, the ways of the old people, the language, the language of our leaders').

Thus the Children, Young Persons and their Families Act 1989 was a two-edged sword. On the one hand it recognised whānau, hapū and iwi and brought in the whānau decision making process 'Whakapakari Whānau', whilst on the other side it ushered in the demise of Mātua Whāngai, and the establishment of Iwi Social Services. Bradley (1996) pointed out that seven years after the legislation only two Iwi Social Services had been established. For those still delivering Mātua Whāngai services no funding was available for Māori children to be placed with their whānau, hapū or iwi.

Conclusion

The participants understood the Māori whānau structure but as Hana put it, her first contact with the concept of the nuclear family was when the hospitality of her whānau was not reciprocated by her Pakeha friend's family. The participants built on their understanding of these relationships which supported that the child is the lynch pin of the whānau and the iwi as described in the whakatauki, 'Hutia te rito o te harakeke...' and that Mātua Whāngai caregivers had a key role in providing the whāngai, the shelter by providing care and linking them to whānau, hapū and iwi and provided a positive role model within the whāngai's cultural context (Keddell, 2007).

When the Mātua Whāngai Programme ceased, it signalled the withdrawal of supports and the end of the relationships not only between tamariki and their whānau but also those relationships built up with the police, the courts, Social Welfare, Justice, Māori Affairs and the local Māori Community. Relationships between the Tangata Whenua, Taura Here Rōpū and Matawaka groups also diminished and relationships with the police, courts, social services reverted to 'shoulder tapping' good hearted Māori, usually a kaumātua, to assist with their work, with little recognition or mandate from the Māori community, or koha to those kaumātua. No one was mandated to provide the previously cohesive service. There was no longer the common goal to provide care for Māori children.

Chapter Five: Discussion and Conclusion

The three Mātua Whāngai caregivers' reflections of their personal experiences of customary care arrangements informed their role in the contemporary care of whāngai in the 1980s. It is from this perspective that the research question 'Why place Māori children with Māori caregivers?' was answered. They had had a longstanding relationship with the Department of Social Welfare and became key drivers of Mātua Whāngai. Within that context they demonstrated how they interpreted and implemented the Mātua Whāngai Programme in partnership with other stakeholders, not only strengthening relations with the whāngai and their whānau but also with other stakeholders.

Literature review

Whilst the literature on foster care focuses on the benefits to the children, there is a paucity of literature on Māori care arrangements and the transition from customary care to contemporary care. Nonetheless the literature review confirms that the Māori pattern of child care was based on kinship connections. It substantiates that customary practice and shared care of the child was and remains the collective responsibility of the whānau, hapū and iwi (Metge, 1995, p.148). To corroborate this view actual experiences of customary care arrangements were noted in accounts by kaumatua and other Māori (Ihimaera, 1998; McRae & Nikora, 2006; Metge, 1995; Rogers & Simpson, 1993), confirming that Māori relationships and access to whānau knowledge is pivotal in the development of a child's Māori identity and wellbeing (Bradley, 1995b; Durie, 2003; Royal, 2005).

However the changes in the traditional Māori family structure and the loss of identity restricted the access to customary care and Māori children in need of care and protection came into statutory care. This is apparent through the contribution of various historical and social

events and legislative changes, which led to the development of the Mātua Whāngai Programme. A programme mandated to provide opportunities for Māori children in statutory care to be cared for by their whānau, extended whānau or other Māori caregivers. Even though Mātua Whāngai operated between 1983 to 1991, only Walker (2001) looked at the implementation of the Mātua Whāngai Programme.

Methodology

As a qualitative study, it was important to capture the participants' information as caregivers in the context of 'te ao Māori', their whakapapa, and connections to mana whenua or matawaka through a Māori approach. This approach allowed the setting up and collection of data through semi-structured interviews and analysis data with respect to Māori tikanga and focused on the principles of Kaupapa Māori research of 'taonga tuku iho, whānau, tino rangatiratanga, and social justice'.

Gathering the information in Māori and English was manageable but took a little longer than anticipated. On the first reading of each transcript, it appeared that the participant's response to each question was spread throughout their narrative rather than being confined to their response to that question. In order to ensure that each participant's voice was reported accurately, rather than being the researcher's reconstruction, it was necessary to conduct a series of follow-up interviews.

My knowledge as an insider – a Māori, a former caregiver and Supervisor of Mātua Whāngai (1987-1989) alleviated some of the pressures of working in two languages and language idioms and eased the discussion on Mātua Whāngai.

Relationships - The Findings

Although the literature review focuses largely on the benefit to the child, the findings not only acknowledge the benefits to the whāngai, but also emphasises the benefits to the Māori community - to Matawaka, Mana Whenua, Kōhanga Reo, Kapa haka, Te Hou Ora, and other stakeholders such as Social Welfare, Police, Probation and the courts in the Lower South Island (Walker, 2001). Consequently the loss of Mātua Whāngai was to have a detrimental affect on all connected with the programme.

All three participants independently identified that the disestablishment of the Mātua Whāngai Programme as the 'worst day of their lives' and that it was an indictment on social work practice, a personal loss, 'a slap in the face'. They articulated that the greatest loss was to the children, because there was less access to Māori placements and no support for the Māori caregivers.

As the whakatauki 'Hutia te rito o te harakeke ...' asserts that if one pulls out the 'rito o te harakeke' the plant dies, similarly if the child is taken out of the family, the child is lost without its whānau. Consequently the loss of a liaison person/group between Mana Whenua, Taura Here Rōpū, Matawaka and their role in linking the Māori children back to their home marae or tribal area was made more difficult and complex. The immediate result was Māori children were again mainstreamed, and the Department of Social Welfare became responsible for finding placements for Māori children through a haphazard process of linking them to whānau, hapū and iwi.

In spite of the CYPF Act 1989 and the principle of espousing the return of children to whānau, hapū and iwi, the participants noted that no resources were made available to facilitate the link back to whānau, hapū or iwi, especially if Māori children were outside their tribal areas. The additional loss of local and national networks resulted in weakening or extinguishing of

relationships with the government departments, which had no identified Māori body with a focus on at-risk Māori children and young persons to turn to.

Future Research

Whilst the literature review revealed a gap in information on Māori care, the findings identify issues for further study. This study is but the beginning of the journey in exploring the care of Māori children in statutory care. The following are potentials for future studies

- a comparative study of Māori and non-Māori care
- placement breakdowns for Māori children
- a longitudinal study of Māori children in care
- the voices of Māori children in care or Mātua Whāngai care
- the placement of Māori children with non Māori whānau
- the placement of Māori children in whānau/kinship care
- the community contribution to whāngai care
- linking Māori children displaced from their tribal connections.

Conclusion

This study demonstrated that the Māori child was supported by the Mātua Whāngai whānau and when placed with Māori caregivers they had access to a range of networks within the whānau, hapū and iwi. The participants advocated that if the Māori children did not have whānau or extended whānau available, that Māori children should be placed with Māori caregivers. This way they remained linked to whānau and would have support of not only the Māori community but also other community stakeholders.

Although there was a lack of research literature on the care of Māori children, it was helpful to access accounts in te reo by Māori women whose experience of customary care

practice provided the context for this study. The realisation of the extent to which experience of customary care had shaped the participant's lives helped me realise how much my own involvement in fostering and my career choice in social work and the Mātua Whāngai programme was influenced by my childhood experiences. In both cases, our childhood experiences were crucial in shaping our contribution in building support networks not only for the Māori children in our care but also amongst other caregivers within Māori community and with other government and social agencies.

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GLOSSARY

- ao Māori**, *Māori world view*
aroha, *love*
atawhai, *foster, nurture (Northland dialect)*
āwhinatanga, *helping*
hapū, *subtribe*
harakeke, *flax*
hui, *meeting, gathering*
iwi, *tribe*
Kahungunu, *East coast tribe in North Island*
kai moana, *sea food*
Kai Tahu, *South Island tribe*
kanohi ki te kanohi, *face to face*
kapa haka, *cultural performance group*
kaumatua, *Māori elder*
kaupapa, *reason*
kaupapa Māori, *Māori focus/ Māori base*
Kōhanga Reo, *total immersion Māori Language preschool*
kuia, *old lady*
mahi, *deed, work*
mana whānau, *power/influence of biological family*
mana whāngai, *power/influence of foster family*
mana whenua, *power/influence of local tribe*
manaaki, *look after*
manaaki tamariki, *look after/care for children*
manaaki whānau, *look after the family*
manaakitanga, *caring, looking after*
matatau i te reo, *fluent in the language*
mātauranga Māori, *Māori knowledge*
matawaka rūpū, *tribal groups with no kin links to local tribe*
mātua toto, *biological family*
mātua tūturu, *biological family*
mātua whāngai, *customary practice of grandparents raising own grandchildren*
Mātua Whāngai, *Departments of Social Welfare, Justice and Māori Affairs programme to divert Māori children from institutional care*
mokopuna, *grandchildren*
mokopuna whāngai, *foster grandchildren*
nā tātou katoa tēnei tamaiti, *this is our child*
Ngā Puhi, *Northland tribe*
ngā taonga tuku iho, *treasures/gifts handed down from the ancestors*
Ngāti Awa, *Central North Island tribe*
Ngāti Kahu, *East coast Northland tribe*
Ngāti Porou, *Central East Coast North Island tribe*
pā harakeke, *community of people*
pākehā, *person of predominantly European descent*
pakiwaitara, *story*
pepeha, *a saying or proverb from a specific area*
poua, *Grandfather (Kai Tahu dialect)*
pounamu, *greenstone*
Puao-te-ata-tū, *Daybreak report on Māori perspectives for the Department of Social Welfare*
reo, *language*
reo me ōna tikanga, *Māori language and customs*
rito, *central shoot of the flax plant*
Rōpū-a-iwi, *Tribal authority*
rūnanga/rūnaka, *assembly of a tribal group/ Kai Tahu dialect*
take, *cause, reason*
takiwā, *area, place*
tamariki, *children*
taonga tuku iho, *gifts handed down from ancestors*
tari, *department*
taua, *grandmother (Kai Tahu dialect)*
Taua Here Rōpū, *tribal members living outside their tribal area*
Te Hou Ora, *Māori focused activity club*
Te Rarawa, *a Northland tribe*
teina, *younger sibling*
tikanga, *custom, principle, obligation*
tino rangatiratanga, *self determination*
tuakana, *older sibling*
upoko, *leader of Kai Tahu runaka*
wahine pukapuka, *barren woman*
waiata, *song*
waka pakaru, *broken canoe*
whakaaro, *thought*
whakamahana i nga here whānaungatanga, *warming kinship links*
whakapakari whānau, *family decision making*
whakapapa, *genology*
whakatauki, *proverb*
whakawhiti kōrero, *discuss, exchange views*
whānau, *family*
whānaungatanga, *relationship*
whāngai, *foster child*
whare ngaro, *lost house*

APPENDICES

1. Ethics Application and Screening Questions
2. Information Sheet for Participants
3. Confidentiality Agreement
4. Participant Consent Form
5. Interview Questions

SWSP 179.895 Human Ethics Panel 2008

Please send this original (1) plus (3) copies to your supervisor (when it has been approved for submission). The application should be double-sided and stapled. Use language that is free of jargon and is comprehensible to all.

APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN PARTICIPANTS**179.895 MSW (Applied) students**

1	Full Name of Student Applicant	Mary (Mere) Avril Montgomery
	Telephone	[REDACTED]
	Email Address	[REDACTED]
	Postal Address	[REDACTED]
	Employer (if applicable)	Ministry of Social Development
2	Full Name of Supervisor	Wheturangi Walsh-Tapiata
	School / Department	Health and Social Services, Palmerston North
	Telephone	06 3569099 Extension 2830
	Email Address	k.walsh@massey.ac.nz
3	Project Title	An Exploration of the placement of Maori children with Maori caregivers
4	Research Question	Why place Maori children with Maori caregivers?
5	Aims	<i>What are the aims of the research? Use action statements e.g. To investigate, to explore, to examine. (Do not write outcomes).</i> <ul style="list-style-type: none">• To explore Maatua Whangai policies and practices, which directed Maori children be placed with Maori caregivers between 1980-1990 and implications for current and future policy in this area.

6 **Background**

This project is an opportunity to look at foster care of Maori children, by Maori caregivers. In some instances the caregivers may be related, but in many instances they are not related. The research considers the decade of Maori development (1980-1990) and takes stock of the developments during this period of time. The influence of these policies and practices will be considered in the current environment of caregiving by interviewing 3 or 4 Matua Whangai caregivers. Consideration of changes that may have occurred over this time will be discussed with a view to looking at recommendations for caregiving of Maori tamariki in the future

The interviewer's interest in this project is derived from personal and professional experience of caregiving for both whanau whangai and Maori and non-Maori foster children. However it is the continuing practice of placing Maori children outside of Maori kin group or Maori caregivers that prompts the question 'Why place Maori children with Maori caregivers'.

7 **Summary of Project** *(no more than 200 words in lay language- note the background of the project is outlined in question 6)*

The project examines a Maori perspective on 'whangai' and the western concept of fostering/ caregiving. It explores the development and disestablishment of the statutory caregiving programme Matua Whangai, which emphasized the return of Maori children to whanau, hapu or iwi, and the contribution of the Children, Young Persons and their Families Act, 1989, the Family Group Conference Process, the establishment of 'Iwi Social Services' and other policies and practices of the caregiving services will be reviewed

The research methodology involves interviews with three or four Matua Whangai caregivers, who cared for Maori children. An analysis on the data and a set of recommendations will also be presented.

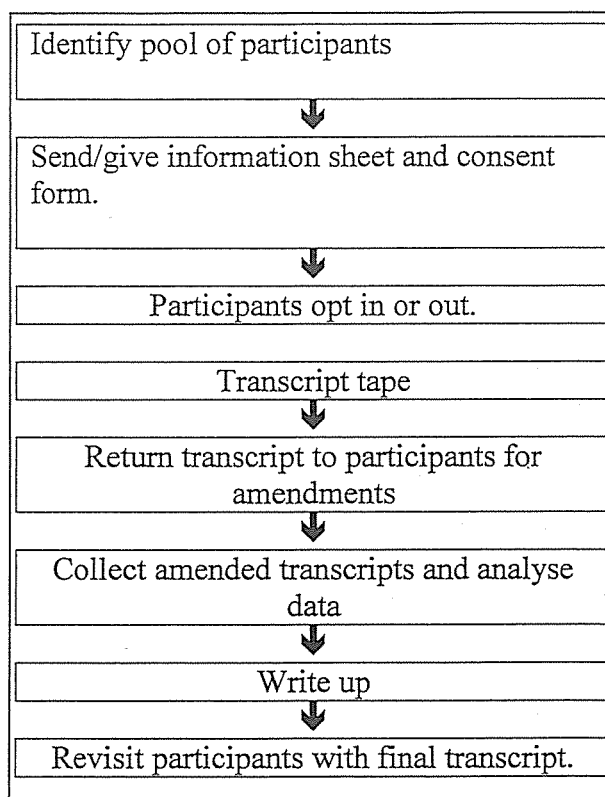
(Note All the information provided in the application is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all.) Answer the question: what is the project about?

SECTION B: PROJECT INFORMATION)

Project Details

8 **Outline research procedures to be used, including approach/procedures for collecting data. Use a flow chart. Focus on research design.**

Write up list of open ended questions. Brainstorm possible participants - Contact the participants, - arrange time to have conversation with participants – take out the information sheet and consent form– set an interview time – collect in consent form – conduct interview – transcribe tape – return edited transcripts to participants for addition or deletion. Undertake analysis of data by using themes. Write up project and revisit participant with final copy.



-
- 9 **Where will the project be conducted? (Region/town)**
Southern part of the south island
-
- 10 **What research experience do you have? (*Focus on research experience not work experience. Identify research projects you have completed- if none, write none*)**
None other than research required for MSWa
-
- 11 **Participants: Describe the intended participants.**
Former Maori caregivers of 1980-90s.
-
- 12 **How many participants will be involved? Why was this number selected?**
Three or Four. This is a manageable number for the methodology that will be used for this research. There are limited numbers of Maori caregivers that would have been in this role during this historical period
-
- 13 **How will participants be identified and recruited?**
-

Participants will be drawn from a small group of Maori caregivers. Many still keep in contact through a range of Maori community activities. Given my knowledge of Maori social services in the area-participants will be asked if they wish to participate at hui. The first 3 or 4 participants who fit the criteria will be used.

- 14 **Do you plan to advertise for participants?** No If yes, attach a copy of the advertisement.

No

- 15 **Does the project require the permission of an organisation?** Yes No

If yes, attach a copy of request letters e.g. to Boards of Trustees/Principal, CEO.)

No because they are no longer caregivers with an institution.

- 16 **Who will make the initial approach to participants?** (*You or an intermediary*)

The researcher

- 17 **Describe the criteria used to select participants from a pool of potential participants.** (*Participants will need to know how and why they were selected.*)

Participants are Maori

1. Previous Maori caregivers
2. Caregivers during the period 1980-1990
3. Caregivers in the Southern South Island
4. Actively involved in the Maori community.

- 18 **How much time will participants need to commit to the project?** (*Include pre-interview, interview, reading data, completing questionnaire.*)

Four to Five hours of which -

one hour to explain project and interview process;

one to two hours -interview with participant with or without support group;

one hour -return of transcript and discussion of amendments;

one hour - return with final copy of project.

- 19 **Data Collection: Does the project involve the use of participant questionnaires?** If yes, attach a copy of the questionnaire.

Yes ☐ No ☒

Describe how the questionnaire will be distributed and collected (and by whom)

- 20 **Does the project involve the use of focus groups?**

Yes ☐ No ☒

If yes a copy of the Confidentiality Agreement for the focus group should be attached.

- 21 **Does the project include the use of participant interviews?**

Yes ☒ No ☐

If yes, attach a copy of the Interview Questions.

- 22 **Does the project involve audio-taping?**

Yes ☒ No ☐

Ensure there is explicit consent on the Consent Form.

- 23 **State what will happen to the tapes at the conclusion of the project?** (*Will they be wiped, returned, archived?*)

Tapes will be returned to the participants after the examination of the research report.

- 24 If someone other than the researcher is transcribing tapes, state who this will be and include a Transcriber's Confidentiality Agreement.
No - Not Applicable.

SECTION C: BENEFITS /RISK OF HARM TO PARTICIPANTS

- 25 What are the benefits of the project to the participants? (*Be realistic. Frequently there are none in a student exercise.*)
Knowledge that someone has collected their information, they're not forgotten, their work was valued, that their experiences are being written within a research project
- 26 What discomfort or other risk are participants likely to experience?
Apprehension, fatigue.
- 27 Describe the strategies the researcher will use to deal with any situations identified in Q 26.
Interviews can be held with family members/support persons available if needed, I will check out at the beginning of session if there are likely to be any interruptions/ reasons for not proceeding that day.
Interview questions can be left with Information sheet and participants will be able to edit the draft script of the interview and report
NB The participants may be elderly.
The interviewer will stop the interview if participant looks tired and give them a rest.
- 28 What are the risks of harm to a) the researcher and b) any other persons, groups, organisations?
None anticipated.
- 29 How do you propose managing the risks of harm?
Not applicable
- 30 Is ethnicity data being collected as part of the project? Yes ☒ No ☐
All of those interviewed will be Maori and the focus of the research is to look specifically at Maori interpretations of the research question.
- 31 What is the age range of participants?
Fifty to seventy. (50-70)

SECTION D: INFORMED AND VOLUNTARY CONSENT

- 32 By whom and how will information about the research be given to participants? (*prior to their participation.*)
Information will be delivered by the researcher.
- 33 Will consent to participate be given in writing? (Attach copies of the consent form)
Yes
- 34 Will participants include persons who are vulnerable or whose capacity to give informed consent may be compromised? Yes ☐ No ☒
If yes, describe the consent process.

35 Will participants be proficient in English? Yes ☒ No ☐

If not, attach copies of translated Information sheets and Consent Forms.

SECTION E: Privacy / Confidentiality Issues

36 Will information about participants be obtained from third parties? Yes ☐ No ☒

If yes, describe how and from whom.

37 Will any identifiable information on the participants be given to third parties? Yes ☐ No ☒

If yes, describe how.

38 Will the participants be anonymous? Yes ☐ No ☒

39 Will confidentiality be offered? (Explain) Yes ☒ No ☐
The researcher will check with the participants and confidentiality will be offered to them. However it may be that they wish to be identified. Those that do, their first names will be used and those that don't will be given a first name pseudonym.

40 Will the participant's identity be disclosed in publication of the research or in your report? Yes ☐ No ☒

41 Will an institution to which participants belong be named? Yes ☐ No ☒

If yes, include a letter to the institution.

42 Where will the data (tapes & transcripts) & consent forms will be safely stored during the research?

Data will be on the interviewer's computer with a secure password at the researcher's home.

43 Who will have access to the data/consent forms?

Researcher and supervisor

44 How will the data/consent forms be protected from unauthorised access?

The computer will have a password access to data. Data/consent forms will be stored in a locked cupboard in researcher's home

45 Who will be responsible for disposal of the data/consent forms and when will this occur?

The researcher will be responsible for the disposal of the data and consent form

- 46 Will the participants be given the option of having data/tapes returned to them? (If yes, include on the Consent Form) Yes ☒ No ☐
- 47 How will information resulting from the project be shared with participants? *For example: will a summary of the findings be sent to participants?*
A copy of the findings will be delivered in person by the researcher to the participant.

SECTION F: DECEPTION

- 48 Is deception involved at any stage of the project? If so, justify the procedures.
No

SECTION G: CONFLICT OF INTEREST

- 49 Is the project to be funded in any way from external sources? Yes ☐ No ☒
i) If yes, state source.
ii) Is there a Conflict of Interest?
- 50 Is there any professional or other relationship between the researcher and participants? The researcher and the participants are members of the Maori community. Yes ☒ No ☐
- 51 Describe the relationship and how resulting conflict of interest will be dealt with.
Between 1987-89, this researcher worked for the Department of Social Welfare and was potentially known to some of the participants. The researcher is an active part of the Maori community and partakes in marae activities, in which the participants are involved from time to time at various local, regional or national hui on a range of kaupapa Maori issues. It will be important to identify that for the purposes of this research I will be a researcher.

SECTION H: COMPENSATION TO PARTICIPANTS

- 52 Will any payments or other compensation be given to participants? Yes ☐ No ☒
If yes, describe what, why and how.
Koha may well be given to participants in the form of kai.

SECTION I: TREATY OF WAITANGI

- 53 Does the research impact on Māori persons as Maori? Yes ☒ No ☐
If yes, Describe how. It may raise issues within the Maori community re: lack of maori caregivers, resources or other activities for Maori tamariki/children.
- 54 Are Maori the primary focus of the project? Yes ☒ No ☐
If yes, complete section I, if no proceed to Question 59.
- 55 Is the researcher competent in te reo Maori and tikanga Maori? Yes ☒ No ☐
If no, outline the processes in place for the provision of cultural advice.
- 56 Identify the group(s) with whom consultation has taken place or is planned and describe the consultation process.

Individual members of a Kai Tahu Runanga, and Maori Women's Welfare League.

57 Describe any ongoing involvement the group consulted has in the project.

None

58 How will information resulting from the project be shared with the group consulted?

I am actively involved in these groups, who are aware of my studies and this research project. They have asked for feedback at hui once the project is completed.

SECTION J: SOCIAL AND CULTURAL SENSITIVITY

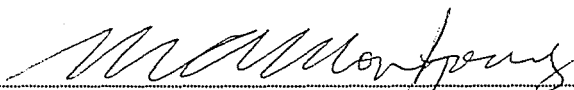
59 Are there any aspects of the project, which might raise specific cultural issues? Outline them here. Unsure

Yes	No	X
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DECLARATION FOR THE MSW (Applied) STUDENT APPLICANT

I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and understand my obligations and the rights of the participants. I agree to undertake the research as set out in this application.

Student's
Signature



Date:

DECLARATION FOR THE SUPERVISOR (for MSW (Applied))

I have assisted the 179.799 student in the ethical analysis of this project. As supervisor of this research I will ensure that the research is carried out according to the Code of Ethical Conduct for the Research, Teaching and Evaluations involving Human Participants.

Supervisor's
Signature

Date:

List of attachments: check

- Information sheet(s)
- Consent Forms (indicate how many)
- Confidentiality Agreement (*for persons other than researcher/participant who may have access to data*)
- Advertisement
- Questionnaire or Interview Schedule
- Letter requesting access to an institution

Have you attached a Screening Questionnaire?

Yes

a) (available on Webct)

b) Have all documents been proofread?

Yes

c) Have you noted which documents need to be copied on to Massey University letterhead?

Yes

You need to engage with your supervisor in the preparation of this Ethics application. When your supervisor has approved the final draft, send the original and 3 copies to your supervisor for signing and submitting to the Paper Co-ordinator by 24th APRIL.

SCREENING QUESTIONNAIRE TO DETERMINE THE APPROVAL PROCEDURE

**For MSW (Applied) students – complete and attach to your Ethics
application**

Part A and Part B of this questionnaire must both be completed

Part A

The statements below are being used to determine the risk of your project causing physical or psychological harm to participants and whether the nature of the harm is minimal and no more than is normally encountered in daily life. The degree of risk will then be used to determine the appropriate approval procedure.

Does your Project involve any of the following?

(All questions must be answered. Please circle either YES or NO for each question)

Risk of Harm

1. Situations in which the researcher may be at risk of harm.	YES <input type="radio"/> NO <input checked="" type="radio"/>
2 Use of questionnaire or interview, whether or not it is anonymous which might reasonably be expected to cause discomfort, embarrassment, or psychological or spiritual harm to the participants.	YES <input type="radio"/> NO <input checked="" type="radio"/>
3. Processes that are potentially disadvantageous to a person or group, such as the collection of information which may expose the person/group to discrimination.	YES <input type="radio"/> NO <input checked="" type="radio"/>
4. Collection of information of illegal behaviour(s) gained during the research which could place the participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships.	YES <input type="radio"/> NO <input checked="" type="radio"/>
5. Any form of physically invasive procedure on volunteer participants, such as the collection of blood, body fluid or tissue samples, exercise regimes or physical examination.	YES <input type="radio"/> NO <input checked="" type="radio"/>
6. The administration of any form of drug, medicine (other than in the course of standard medical procedure), placebo.	YES <input type="radio"/> NO <input checked="" type="radio"/>
7. Physical pain, beyond mild discomfort.	YES <input type="radio"/> NO <input checked="" type="radio"/>
8. The intentional recruitment of participants who are staff or students of Massey University. (Note: this question does not apply to evaluations as specified in No. 18 or anonymous questionnaires).	YES <input type="radio"/> NO <input checked="" type="radio"/> Does not apply
9. Any Massey University teaching which involves the participation of Massey University students for the demonstration of procedures or phenomena which have a potential for harm.	YES <input type="radio"/> NO <input checked="" type="radio"/>

Informed and Voluntary Consent

10. The use of oral consent of participants rather than written consent.	YES <input checked="" type="radio"/> NO
11. Participants who are unable to give informed consent.	YES <input checked="" type="radio"/> NO
12. Research on your own students/pupils.	YES <input checked="" type="radio"/> NO
13. The participation of children (seven (7) years old or younger).	YES <input checked="" type="radio"/> NO
14. The participation of children under sixteen (16) years old where parental consent is not being sought.	YES <input checked="" type="radio"/> NO
15. Participants who are in a dependent situation, such as people with a disability, or residents of a hospital, nursing home or prison or patients highly dependent on medical care.	YES <input checked="" type="radio"/> NO
16. Participants who are vulnerable (e.g. the elderly, prisoners, persons who have suffered abuse, persons who are not competent in English, new immigrants).	YES <input checked="" type="radio"/> NO
17. The use of previously collected information or biological samples for which there was no explicit consent for this research.	YES <input checked="" type="radio"/> NO
Privacy/Confidentiality Issue	
18. Any evaluation of Massey University services or organisational practices where information of a personal nature may be collected and where participants may be identified.	YES <input checked="" type="radio"/> NO
Deception	
19. Deception of the participants, including concealment and covert observations.	YES <input checked="" type="radio"/> NO
Conflict of Interest	
20. Conflict of interest situation for the researcher (e.g. teacher/researcher, treatment provider/researcher, employer/researcher).	YES <input checked="" type="radio"/> NO
Compensation to Participants	
21. Payments or other financial inducements (other than reasonable reimbursement of travel expenses or time) to participants.	YES <input checked="" type="radio"/> NO

Procedural

22. A requirement by an outside organisation (e.g. a funding organisation or a journal in which you wish to publish) for Massey University Human Ethics Committee approval.	YES <input checked="" type="radio"/> NO
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Part B

The statements below are being used to determine if your project requires ethical approval of a Massey University Campus Human Ethics Committee and a Regional Health and Disability Ethics Committee.

Does your Project involve any of the following?

(All questions must be answered. Please circle either YES or NO for each question)

23. The use of District Health Board staff or facilities, or supported directly or indirectly in full or in part by District Health Board funds.	YES <input checked="" type="radio"/> NO
24. Participants who are patients/clients of, or health information about an identifiable individual held by, an organisation providing health services (for example, general practice, physiotherapy, occupational therapy, sports medicine), disability services, or institutionalised care.	YES <input checked="" type="radio"/> NO
25. Requirement for ethical approval to access health or disability information about an identifiable individual held by the Ministry of Health, or held by any public or private organisation whether or not that organisation is related to health.	YES <input checked="" type="radio"/> NO
26. A clinical trial which: requires the approval of the Standing Committee on Therapeutic Trials; requires the approval of the Gene Technology Advisory Committee; is sponsored by and/or for the benefit of the manufacturer or supplier of a drug or device.	YES <input checked="" type="radio"/> NO
27. Research in categories 23-26 involving New Zealand agencies, researchers or funds and undertaken outside New Zealand.	YES <input checked="" type="radio"/> NO

Determine the type of approval procedure to be used:

If you answer **YES** to any of the questions 1 – 21 (Part A) and **NO** to all questions in Part B, prepare a SSPSW application available on webct.

If you answer YES to any of the questions 22 – 26 (Part B) consult your supervisor about your project.

If you answer NO to all of the questions, prepare a SSPSW application available on webct.



Massey University

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES

Te Kura Pūkenga Tangata

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F 64 6 350 5681
www.massey.ac.nz

INFORMATION SHEET FOR PARTICIPANTS

E nga mana, e nga reo,
E nga mana whenua, tena ra koutou katoa,
Tena ra koutou, e noho mai i a koutou kainga maha.
Anei te wa ma tatou korero mo te kaupapa panga kia tatou taonga, a tatou
mokopuna.
Mauria mai to whakaaro, me to korero.
No reira, tena koutou, tena koutou, tena koutou katoa

Tena koe, me to whanau,

Maori children, who have been placed in care, have historically found themselves placed in the care of stranger, who were not Maori. From the 1980s this changed with Puaio te ata tu Report, and the Children, Young Persons and their Families Act, 1989 and the Family Conference. From the 1980s Maatua Whangai Programme and the children Young Person and their Families Act, 1989 placed the focus on returning Maori children to their whanau, hapu or iwi through policies and procedures.

This research will consider the placement of Maori children with Maori caregivers during the period 1980-1990.

If you have any questions about this project, please contact

Mere Montgomery

Ph: [REDACTED]

Supervisor: Wheturangi Walsh-Tapiata

06 3569099 ext 2830

The aim of this project is -

- To explore Maatua Whangai policies and practices, which directed Maori children be placed with Maori caregivers (1980-1990) and implications for current and future policy in this area.

Participants

- The participants are former Maatua Whangai caregivers, Maori persons who have cared for Maori children between 1980-1990.
- The participants will have an understanding of the kaupapa of Maatua Whangai.

What will you have to do?

Should you agree to take part in this project – you will be asked to meet with the interviewer, Mere Montgomery for one interview of approximately two hours and you will receive your transcript back to edit and this should take half an hour.

- The interview will be at a time convenient to you and will be tape-recorded.
- I will transcribe the data
- I will return with an edited transcript of your interview and will be available to discuss this with you. This may take up to one hour.
- Confidentiality will be offered to you.

Participant's rights

If you take part in the project you have the right to -

- Have the interview conducted in Maori or English,
- Not answer any particular question, or have someone help you,
- Withdraw from the project at any time up until the time of final draft before its submission for marking,
- Ensure that you will not be identified or named unless you give your written consent,
- Examine and amend the transcript of the interview and indicate any part of the transcript that you do not wished to be used.
- Have access to the final report
- Determine the disposal of the interview tapes, transcript of the interview and personal documents made available to the interviewer.

If you wish to receive the information from the interview (audio tapes and transcripts) these will be returned to you upon completion of the research project.

The results of the project may be published and be available in the library – every attempt will be made to preserve your confidentiality

This project has been peer reviewed and approved by a Massey University Human Ethics Panel. If you have any concerns about the conduct of this research, please contact Ms R.A. Selby, Paper Co-ordinator, Phone (06) 356 9099 Ext 2831. or R.A.Selby@massey.ac.nz



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Why place Maori Children with Maori caregivers?

CONFIDENTIALITY AGREEMENT

I (Full Name - printed)

agree to keep confidential all information concerning the project 'Why place Maori children with Maori caregivers?'.

I will not retain or copy any information involving the project.

Signature:

Date:

Confidentiality Agreement



Why place Maori children with Maori caregivers?

PARTICIPANT CONSENT FORM

This consent form will be held until after the examination of the report

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

My participation in the project is voluntary.

I understand that every attempt will be made to preserve my confidentiality.

I am free to withdraw at any time without and disadvantage until the final draft.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

Full Name - printed

Signature:

Date:

Full Name - printed



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Why place Maori children with Maori Caregivers?

Interview Questions:

- 1. How did you become a Maatua Whangai Caregiver?**
- 2. How long were you a care giver for?**
- 3. What was special about being a Maatua Whangai caregiver?**
- 4. What specific supports were in place for those in Maatua Whangai?**
- 5. What were the advantages of Maatua Whangai for you as a caregiver?**
- 6. What was lost when the Department of Social Welfare abandoned Maatua Whangai?**
- 7. What was better after the Department of Social Welfare changed their policies and practices?**