

**KOHIKOHI
NGĀ
KĀKANO -
GATHER
THE SEEDS**

**- the impact
on
attachment**



**when mokopuna are removed from whānau,
hapū and iwi, and placed in foster care**

For:

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WHY WE WROTE THIS?

Whakataukī:

Kohikohi ngā kākano, whakaritea te pārekereke, kia puāwai ngā hua

Gather the seeds, prepare the seedbed, so the seeds will blossom. Brougham 2012

This whakataukī shows the importance of loving and caring for mokopuna¹.

While most mokopuna do blossom there are some who have been hurt in foster care². The state³ wants to know what happened. We have been asked to write

about what happens to mokopuna when they are removed from whānau and grow up in foster care.

We wrote using te Ao Māori and Treaty of Waitangi⁴⁵ principles. We included five Māori values: whanaungatanga – family and relationship; rangatiratanga – self-rule and leadership; manaakitanga – protection and caring; wairuatanga – spirituality and identity; and, kaitiakitanga – looking after each other.

The report is written telling four stories:

- **Story one** talks about what happened before mokopuna were born (New Zealand history).
- **Story two** tells the story of how mokopuna end up in foster care (the process and decisions that are made).
- **Story three** tells the story of how mokopuna leave foster care (the pathways and experiences they take with them).
- **Story four** talks about potential and change (the things from Te Ao Māori and mātauranga Māori that should be included so mokopuna can blossom).

¹ Mokopuna is used throughout because it reflects the importance of considering tamariki in the context of at least 3 generations of whānau as they are considered in te Ao Māori.

² Foster care means they grew up in government care, outside of their whānau homes

³ State in this report means government

⁴ See kids.kiddle.co/Treaty_of_Waitangi for more information

STORY ONE: BEFORE MOKOPUNA WERE BORN

IT ISN'T WORKING

There has been a lot of worry that the state care and protection service has not been working for mokopuna and whānau. In 2019, a video showed how social workers tried to remove a new-born pēpē⁶ away from its māmā⁷. Everyone who saw the video was upset. Four separate reports were written to look at what happened.

- A Māori report;
- A Children's Commissioner's report;
- A Waitangi Tribunal report;
- An Ombudsman's report;

Whakataukī/Saying:

Ka mua, ka muri

Walk into the future with a secure knowledge of the past Brougham 2012

These reports led to very quick changes being made to laws and state practices. These changes led to 50% less pēpē being placed in state care. The state can make changes for important things. To understand what else might need to change, we first need to look back to our history.

NEW ZEALAND HISTORY

TE TIRITI O WAITANGI AND COLONISATION



Figure 1 Te Tiriti o Waitangi Signing (1840)

Description: in the foreground a Māori chief is signing Te Tiriti, which sits on top of a British flag. In the background are British dignitaries, British shoulders with guns and Crown representatives. There are other Māori and Pākehā people watching the signing.

treaty were different. This caused problems. As the numbers of Pākehā living in New

A long time ago (1840) people representing England (Pākehā⁸) and Māori signed a treaty (Te Tiriti o Waitangi). In this treaty, Māori were promised they would be partners, participate fully and be protected by law. But there were two treaties (one in English and one in te reo Māori). Māori only signed the one in te reo Māori. But the meanings in each treaty were different. This caused problems. As the numbers of Pākehā living in New

⁶ Pēpē – Māori for baby

⁷ Māmā – Māori for mother. The Hawkes Bay Case

<https://www.rnz.co.nz/national/programmes/mediawatch/audio/2018699644/baby-uplift-story-raises-awkward-questions>

⁸ Pākehā is the name used to talk about non-Māori people from Europe, now also called New Zealand European or Tangata Tiriti.

Zealand grew, they took control of the country⁹ and made many racist¹⁰ laws. These laws meant Māori were treated differently because of their race. Pākehā also brought new types of sickness to New Zealand. Many Māori died because of these sicknesses. The state thought that Māori would become extinct¹¹ like dinosaurs.

Colonisation is when one group uses violent force to take control of land, indigenous peoples and resources. In New Zealand colonisation has resulted in the brutal exploitation and loss of Māori culture. This was through violence, disease and displacement. The effects of colonisation decides who has access to land, to food, to wealth, to healthcare, to education and to power for today and tomorrow. This explains why Māori still have much worse outcomes than Pākehā in New Zealand.

HISTORY OF STATE CARE

The continued effects of colonisation can be seen in the state care and protection system. In 1902 state care¹² was set up for Pākehā children who were abandoned or needed protection. The state thought it was best to care for children by putting them into large institutions¹³ where they were watched over by staff.

By the 1950's single mothers were encouraged to adopt out their children, because society believed it was better for children to be raised by two parents. Birth mothers were told not to have any contact with their children. Māori children were often adopted by Pākehā families. The state felt that Māori culture should be assimilated¹⁴ into Pākehā culture. Māori were only allowed to adopt Māori children.

As Māori moved into the cities there was a rapid increase in the number of mokopuna entering care. By the end of the 1950's mokopuna were more likely to be in care than Pākehā children.

By the 1970's, single parenting was more acceptable and there were less adoptions. The care system moved to a 'with family first' option. But mokopuna were more likely to be in non-kin¹⁵ foster care and family homes than Pākehā children.

⁹ Called colonisation – when one people take control over another people.

¹⁰ Racist means to treat people differently because of their race.

¹¹ (Buck, 1924)

¹² State care timeline available <https://www.abuseinquiryresponse.govt.nz/documents/state-care-timeline/#:~:text=Established%20by%20Police%20in%20Christchurch,took%20responsibility%20for%20their%20behaviour.>

¹³ Institutions were places set up by the government to house children who were not living in homes.

¹⁴ Cultural assimilation in New Zealand was the idea that Māori should become and take on Pākehā cultural values, beliefs and behaviours.

¹⁵ Non-kin means you are not related to the persons, you have no ancestors in common

By the late 1980's many of the institutions were closed and over 60% of children in care were Māori. In the Puao-Te-Ata-Tu¹⁶ report it was made very clear that the state and its staff needed to address racist practices¹⁷.

In 2000 a report written by Michael Brown¹⁸ showed that there were serious concerns about the state care system. The staff were under resourced, inexperienced and not supervised well. They had huge workloads and high staff turnover. They received negative media attention and were blamed for any mistakes made. Racist practices continued and none of the recommendations from Puao-Te-Ata-Tu were implemented. The report stated it was a hard job and urgent change were needed.

ATTACHMENT THEORY

John Bowlby¹⁹, is considered the father of attachment theory. He wrote that the relationship between mother and child is very important. He showed that long separations from mothers was very bad for children. They were lost without their mothers. The emotional connection was damaged. He believed this loss of connection could led to the child developing a mental disorder²⁰.

Other researchers showed that smaller separations from mothers (when children went to hospitals), also resulted in children becoming very sad and depressed. It showed that children needed to have emotional connection and relationships, not just food and health treatment. This study led to a change in how infants were cared for in children's hospitals²¹.

Bowlby believed that babies were born ready to connect (attach) to someone. He initially felt that this was a survival skill. He later said that one key attachment (with mother) was the most important relationship for babies.

He called this idea "attachment theory"²². He believed that you could see this relationship when babies start to move. They are able to move towards or away from their mother.

This idea of moving towards their mother was baby's way of getting connection and closeness. By moving away from mother the baby was able to explore. This was called attachment behaviour. Bowlby believed this behaviour was seen when a baby got worried or upset.

¹⁶ (Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare, 1988)

¹⁷ (Dalley, 1998; Kaiwai et al., 2020; Stanley, 2017)

¹⁸ (Brown, 2000)

¹⁹ (John Bowlby, 1952)

²⁰ (M. Ainsworth et al., 1962)

²¹ Robertson studies

²² (J Bowlby, 1969)

Other people also studied attachment behaviour. They designed ways to measure different patterns²³ babies used to seek closeness or were able to move away (explore) from their mother.

Mary Ainsworth studied different patterns of seeking closeness or exploring²⁴. They found either secure or insecure and organised or disorganised patterns. They also found that most babies form an attachment relationship within the first year. Most babies were able to get at least some of their needs met and did okay. Other babies struggled to have their needs met. They did not have an organised way to get their mothers to respond to them. Babies also had a part to play in the relationship.

Later research has looked at how attachment of the parent and the child are related and the contributions brain research has made to attachment²⁵.

ATTACHMENT IN TE AO MĀORI

HE TAONGA TE MOKOPUNA (CHILDREN ARE TREASURES)

Rose Pere talks about how mokopuna (children) were treasures in Te Ao Māori²⁶. The word mokopuna is a combination of two words “moko” (image) and “puna” (spring or pool). Together it means “image reflected in a pool”. When tāua²⁷ look at their mokopuna, they see their own reflection.

Whakataukī/Saying:

***He taonga te mokopuna, ka noho mai hoki te mokopuna
hei puna mo te tipuna ka whakaaro tātou ka noho mai te
mokopuna hei tā moko mo te tipuna anā he tino taonga
rā tōna. He mokopuna rā tātou, he mokopuna anā hoki
ngā tipuna.***

*A grandchild is very precious, a fountain for ancestral
knowledge and an everlasting reflection of those who have
gone before. We are all grandchildren as are our ancestors.*

Rose Pere, 1979

This is also how whānau learnt the importance of treating mokopuna as treasures. Hitting children was not acceptable. It was like you were hitting your grandparent²⁸. Traditional if you hit mokopuna you were expected to apologise for this. This often mean giving property or food

²³ (Holmes & Farnfield, 2014)

²⁴ (M. D. S. Ainsworth, Blehar, & Waters, 1978; Albus & Dozier, 1999; Main & Solomon, 1990)

²⁵ (Cassidy, Jones, & Shaver, 2013)

²⁶ (Cameron, Pihama, Leatherby, & Cameron, 2013(Pere, 1982))

²⁷ Tāua – Māori word for grandparent

²⁸ (Rokx, 1997)

to the whānau, hapū and iwi²⁹.

Early Pākehā travellers to New Zealand observed that Māori were loving and indulgent parents. They wrote that mokopuna grew up well because of this. They also wrote that Māori parents were more tolerant of children's behaviours³⁰.

"There can be no finer children than those of the New Zealanders in any part of the world. Their parents are very indulgent, and they appear always happy and playful and very active."

Marsden (1820)

Mokopuna held their own mana³¹ from the moment they were born. Karakia³² were said before, during and after they entered the world. The connection with wairua³³ elements helps with building the

relationship with their whānau, hapū and iwi.

Once they were born, mokopuna were loved and cared for by whaea. Whaea in Māori is a term used for mother, aunty and female relatives. This word whaea shows that mokopuna were not just the child of the mother. Other women in the whānau had responsibilities. They would care for pēpē and māmā.



Figure 2- Pare carrying a baby on her back. Partington 1900

Description – a young Māori woman carrying a child on her back. The woman and child are wrapped in a kaitaka.

There are old photographs and paintings which showed how mokopuna were carried closely by whaea. This physical closeness also created opportunity for psychological closeness and attachment relationships to be developed. Wāhine had mana as whare tangata³⁴ who ensured tribes survived³⁵.

There are also paintings which show tane as protectors of women and children³⁶. In pūrākau tane were also shown as caregivers. For example, Māui-tikitiki-o-taranga was raised by his uncle.

Māori women often had men as support people during the birth, who performed karakia as pēpē were born³⁷.



Figure 3 Oliver, Richard Aldworth (1811-1889)

Description – a group of Māori in front of tent shelter. Two seated women, one breast-feeding an infant, a toddler in front and two young men standing behind, one with a rifle and cartridge case, watching over the women and children.

²⁹ (Jenks & Harte, 2011)

³⁰ (Cargo, 2020; Polack, 1838)

³¹ Mana means status, authority, prestige

³² Karakia means prayer, rituals.

³³ Wairua means spiritual or soul

³⁴ Whare tangata – the house of humanity the womb

³⁵ (Ware, Breheny, & Forster)

³⁶ (Jenks & Harte, 2011)

³⁷ (Jenkins & Harte, 2011)

This idea of shared parenting³⁸ meant that mokopuna were likely to have had several

Whakataukī:

He aroha whaereere, he pōtiki piri poho. A mother's love, a breast-clinging child. Taonui, 2010

attachment relationships. Including relationships with whaea who lived with them.

A further area of attachment in Te Ao Māori is the importance of sibling attachments. There are special female to female and male to male relationships. These relationships are based on tuākana (the old relative) having a special

relationship with their teina (younger relative). The tuākana will often be responsible for caring for their teina³⁹. It was also seen as a shared relationship with the teina teaching the tuākana how to be tolerant and patient⁴⁰. All this was in the context of caring for each other and learning important social skills of how to get along together⁴¹.

The importance of birth order where mātāmua (oldest) and pōtiki (youngest) are often

Whakataukī:

Mā te tuakana ka tōtika te teina, mā te teina ka tōtika te tuakana.
From the older sibling the younger is corrected, from the younger sibling the older is corrected.

Brougham 2012

treated equally⁴². These relationships were also seen in pūrākau where older siblings were given caregiving responsibilities. This is portrayed in the Māui stories⁴³. Māui was protected by his older siblings. But he was also important as the pōtiki because he had other powers as a god. Other Māori have written that this protective system also occurred in modern whānau where a mātāmua would buffer and protect younger mokopuna from family violence⁴⁴. Siblings have very strong

emotional ties to each other⁴⁵. These relationship are also most significant for children in care and is the reason they want to be together⁴⁶.

Tāua have always been held in high regard. Their relations with mokopuna were as advisors, teachers and nurturers⁴⁷. There are paintings which show the large family members living together. Tāua are shown cuddling, holding and teaching mokopuna.

³⁸ (Atwool, 2006; R. Smith, 2015)

³⁹ (L Pihama, Simmonds, & Waitoki, 2017; Rameka & Glasgow, 2017; Seed-Pihama, 2017)

⁴⁰ (Jenkins & Harte, 2011; Ware, 2014)

⁴¹ (Cameron, Pihama, Leatherby, & Cameron, 2013)

⁴² (Hall, 2015)

⁴³ <https://eng.mataurangamaori.tki.org.nz/Support-materials/Te-Reo-Maori/Maori-Myths-Legends-and-Contemporary-Stories/Maui-and-the-giant-fish>

⁴⁴ (Hall, 2015)

⁴⁵ Siblings – brothers and sisters

⁴⁶ (Forslund et al., 2022; Hill, Gilligan, & Connelly, 2020)

⁴⁷ (Metge & Jones, 1995)

This whakataukī shows that parents are responsible for most of the parenting. However, grandparents also play an important role in the cultural understandings. This understandings help to create secure cultural identity.



Whakataukī: Nāu i whatu te kākahu, he tāniko tāku. (you wove the body of the cloak, I added the taniko)

Metge & Jones, 1995

Traditionally Māori had processes to support mokopuna living outside of their birth parents. Whāngai (also known as taurima or atawhai) is a traditional process of fostering. Tamariki are placed in the care of other whānau members. This may be because the birth family is struggling. It may be so mokopuna can learn important cultural skills. In this way the strong kinship⁴⁸ ties remain.

Other writers have also discussed how whāngai was a “gift of love” to whānau members who were unable to have children. The child and parent remained in direct contact with their whānau⁴⁹.

The primary role of whānau is the transmission of culture, knowledge, values and skills to the mokopuna so they grow up with connection.⁵⁰

Māori have started to write about the idea of connections and attachments. Tūhono is the Māori word for connections, attachments and linkages. Tūhonotanga⁵¹ has been used to capture the interconnected relationships between whānau, hapū and iwi. This is another unique way of looking at attachment relationships in Te Ao Māori.

‘Whānau’, ‘hapū’ and ‘iwi’ also have meanings which show that attachment was important for mokopuna. ‘Whānau’ is usually understood as family, but it is also used for the process of giving birth. ‘Hapū’, usually associated with extended whānau, also means to be pregnant. While ‘iwi’ is usually associated with a larger collection of hapū, the word can also mean “bones and strength”.

It makes sense then that these words are so closely linked to mokopuna⁵². Whakapapa is the way to understand whānau, hapū and iwi connections. It is also a way to understand connections to land and ancestral histories. Whakapapa is how knowledge is learnt, stored and maintained through relationships. It is the essence of what it means to be

⁴⁸ Kinship means that there is a family and ancestral connection

⁴⁹ (Fleming, 2016; McRae & Nikora, 2006; Mikahere-Hall, 2020)

⁵⁰ (Mason Durie, 2006)

⁵¹ (Hall, 2015; Mikahere-Hall, 2020)

⁵² (Matika, Houkamau, & Sibley, 2020)

Māori⁵³. Te reo Māori helps to show our uniqueness and to strengthen cultural identity and relationships⁵⁴.



Figure 4 Hapū Māmā

Description: in the foreground a Pregnant mother stands outside, holds her belly, while looking down. In the background there are trees.

Attachment for mokopuna is closely connected to whenua. Whenua can mean land and placenta. Both sustain life, both provide a link with the wider environment. There were rituals for giving birth which reaffirmed the spiritual connections. Karakia was performed. There were rituals practiced for cutting of the umbilical cord. There were rituals for the formation of the belly button. These rituals helped mokopuna to establish important cultural connections. In addition, there was a period of around a week, when whaea and pēpē were tapu, giving time for recovery and for the building of relationship⁵⁵.

Immediately after being born the whenua (placenta) of pēpē is kept. At a later time it is taken back to the whenua (land) and buried. This process provides a connection to returning home. It also provides a connection to the spiritual earth (Papatūānuku). Showing another example of the importance of spiritual connection for mokopuna.

It may be some time before pēpē is named. But the importance of the naming ceremonies and process has been written in documents.⁵⁶ Names of pēpē are often gifted from important figures in the whānau or from important figures in hapū or iwi history. Thus pēpē are often told of their naming and who or how it was gifted. So that every time their name is used they are reminded of their connection to their culture⁵⁷. This has seen a return to the use of Māori names which are grounded in culturally important events or ancestors.

Mason Durie (a kaumatua and leader in mental health) tells us that while the attachment between a child and its mother is important. He also says that attachment to whenua is the first step into the development of a secure identity⁵⁸. The marae provides the only tangible link with earthly identity. Marae are the (place to stand). This is where Māori return to. This is where their Māori identity begins. Every time you return to the marae your identity is strengthened⁵⁹.

⁵³ (L. T. Smith, Maxwell, Puke, & Temara, 2016; R. Smith, 2015)

⁵⁴ (Cameron et al., 2013; Fathers, Edwards, & Ratima, 2014; Fleming, 2016)

⁵⁵ (Jenkins & Harte, 2011; R. Smith, 2015)

⁵⁶ (Seed-Pihama, 2017)

⁵⁷ (Seed-Pihama, 2017)

⁵⁸ (Mason Durie, 1999)

⁵⁹ (Mason Durie, 1999)

Whānau are encouraged to return mokopuna to their tūrangawaewae so that their identity can be strengthened. This happens as mokopuna hear the repetition of their whakapapa. As they hear te reo Māori being spoken. As they walk on their whenua. Marae also provide opportunities to return to the important places which has special significance for Māori. The wharenuī (meeting house) includes important carvings, photographs, weavings and painting styles which tell the stories of the whānau, hapū, and iwi.



Figure 5 Drawing of a Whāea with mokopuna - Artist unknown.

Description: Whāea standing on the beach, holds a pēpē in her arms. A Māori kite lays to the side and in the background a whānau watch on, standing in front of a traditional pa on the hill behind.

This idea of being physically connected to the whenua can be seen in the way Māori meet each other. We are interested in relationships and connections and we seek to understand where your people are from. This is more important in some ways than you as the individual. This sense of connection to landmarks associated with marae include important maunga, awa or moana. Māori establish their links to waka from which all our ancestors are descended. These cultural attachments help to build a strong connection to Māori identity. These attachments are formed by repeated experiences across time. This is exactly how personal attachment relationships are formed.

COMPARING MĀORI AND WESTERN VIEWS OF ATTACHMENT

Perhaps the first important difference between Māori and Western understandings of attachment is that mokopuna belong to a collective whānau unit. They grow up with multiple attachment relationships⁶⁰. There are also relationships with whāea and matua. There are relationships with tuākana and teina. There are relationships with tāua.

The next important difference is that mokopuna have important attachment relationships with whenua. In western views of attachment only person to person relationships are considered. But for Māori these relationship are element that mokopuna seek closeness to for comfort and protection from. These relationships are important and are strengthened through repeated visits to these important places.

⁶⁰ (A. Fleming, 2016; A. H. Fleming, 2018; Pihama & Cameron, 2012)

Finally attachment within Te Ao Māori is centred around wairuatanga. The spiritual



Figure 6 Whenua, maunga, moana.

Photo showing New Zealand landscape, ferns and native trees in the foreground, moana in the middle and pae maunga in the background. Blue sky and clouds at the top of the photo.

connection. Every part of te ao Māori is connected to the spiritual world. Karakia begins and ends many daily activities. Reference is made to ancestral stories. These repeated experiences reinforce culturally important values, beliefs and knowledge.

The use of te reo Māori supports the development of strong cultural identity. Because it is through the language that the culture is maintained⁶¹.

Attachment for mokopuna is all about interconnectedness to whenua, whānau, wairua and te reo Māori. These attachments occur in the past, present and future.

Western ideas of attachment theory and research are likely to have inflicted harm⁶² especially for cultures who have always had collective and communal parenting values⁶³.

ATTACHMENT IN CARE

The idea of attachment has become very important in deciding who children should live with. Earlier this year a report by 70 attachment writers from 18 countries⁶⁴ expressed concerns that the idea of attachment was being misused. The writers made several important points.

The first point they made was that “best interest of the child” is a legal term⁶⁵ and not a psychological term. They suggested the focus should be on “continuity of good enough care”. They said that child removal is needed and there are associated risks. A big risk is when established attachment bonds are broken. They said that when removal is not critical children should stay where they are. The caregivers should be supported to provide continuous good-enough care.

Next they corrected key ideas about attachment. The first idea they corrected was that children are born being attached to their mother. Attachment takes time and repeated experiences to develop.

⁶¹ (Kukutai, Prickett, Carr, & Rata, 2020; Reedy, 2000; Seed-Pihama, 2017)

⁶² (Forslund et al., 2022; Schuengel, Verhage, & Duschinsky, 2021)

⁶³ (Joy, 2021)

⁶⁴ Sweden, England, US, Netherlands, Canada, Singapore, Wales, Switzerland, Chile, China, Poland, Africa, Australia, Spain, Finland, Israel, Italy and Kenya).

⁶⁵ (Byrne, O'Connor T, Marvin, & Whelan, 2005)

Next, children can form different types of attachment relationships with different people. There is no need for “one main caregiver” at the expense of another. This supports Māori attachment relationships.

They also said that there is no evidence that spending overnight visits with a non-caregiving parent is harmful. Provided that the child has had this type of experience before.

Finally, they acknowledge that there has been an over reliance of “secure attachment” as the gold standard for “good enough” caregiving. They also said the use of “disorganisation” as a proxy for maltreatment was not accurate. They also said that none of these qualities can predict future child outcomes.

Forslund⁶⁶ and his colleagues concluded that attachment theory and research does relevancy in the family court. They said there were 3 important attachment principles to guide decision making.

- The child’s need for familiar, non-abusive caregivers;
- The value of continuity of good-enough care;
- The benefits of networks of attachment relationships which provide protection especially in cultures where extended family living is practiced⁶⁷.

⁶⁶ (Forslund et al., 2022)

⁶⁷ (Ruth Feldman, 2007; R. Feldman & Masalha, 2007)

STORY TWO: MOKOPUNA JOURNEY INTO CARE

This is the story about what happens to mokopuna and how they end up in foster care. It is well known that mokopuna are more likely to be separated from whānau than Pākehā children⁶⁸. There are lots of studies which have showed that whānau with the most challenges⁶⁹ end up losing their tamariki to state care⁷⁰. While the entry into care may be justified because of immediate harm the over representation of Māori in state care raises concerns about racism⁷¹.

THE FACTS ABOUT MĀORI IN STATE CARE (DECEMBER 2020-DECEMBER 2021)

NUMBERS OF TAMARIKI IN CARE⁷²

Almost seven out of ten children in state care have Māori whakapapa and just under 60% of them live with whānau caregivers, meaning that more than 40% live with non-kin caregivers. These numbers have been the same for many years. There is a great concern about these numbers because only three out of ten children are Māori⁷³. This means they are more than twice as likely to be in care.

Mokopuna are also more likely to come into care if they already have a sibling in care and have parents who are struggling with financial difficulties such as those who require benefit supports; or a history of family violence; or forensic and/or mental health and addiction history⁷⁴.

In addition, the whānau are more likely to live in poverty, have had poor access to health and social services, have experienced discrimination and racism, and have come from histories of trauma before mokopuna were removed⁷⁵.

HOW MOKOPUNA ENTER INTO CARE

STEP ONE: A REPORT OF CONCERN (ROC) IS MADE

A ROC can come from anyone and must be about safety.



1. It can be about the child's own behaviour (aggression, running away)
2. It can be about the parenting (addiction, violence, abuse or neglect)

⁶⁸ (Tupaea, 2020)

⁶⁹ (Atwool, 2021)

⁷⁰ (Atwool, 2021; Kaiwai et al., 2020)

⁷¹ (Leonie Pihama et al., 2017; Roguski, 2020; Tupaea, 2020)

⁷² Numbers taken from <https://www.orangatamariki.govt.nz/about-us/performance-and-monitoring/quarterly-report/>

⁷³ <https://www.stats.govt.nz/topics/tangata-maori-population>

⁷⁴ Oranga Tamariki, 2020) <https://www.orangatamariki.govt.nz/about-us/research/our-research/complexity-of-tamariki-interacting-with-oranga-tamariki-reports-of-concern-compared-to-entries-to-care/>

⁷⁵ (Keddell, Cleaver, Fitzmaurice, & Review, 2021)

STEP TWO: A DECISION IS MADE ABOUT WHETHER THE ROC NEEDS AN ASSESSMENT OR JUST A REFERRAL TO COMMUNITY SUPPORT

1. Social workers and other professionals talk with the family and ensure the child is safe.
2. Support may be gathered from community or whānau hui.



STEP THREE: WHĀNAU HUI



1. Whānau members come together with staff and talk about concerns.
2. Whānau are encouraged to come up with their own support and the state considers if it can help with other agencies.
3. A support plan is made and the case is followed up.

STEP FOUR: FAMILY GROUP CONFERENCE (FGC)

1. If the social worker believes the child needs care and protection a formal FGC is held with a coordinator, whānau and others.
2. An FGC plan is made by the social worker.



STEP FIVE: FAMILY COURT



1. The social worker will need to apply for a custody order to be granted to the state.
2. The judge uses all information available to decide what is in the 'best interest of the child and follows the Oranga Tamariki act.
3. If the state is awarded the order, the state then becomes legally responsible for the day to day care of the pēpē.

STEP SIX: FAMILY COURT

1. Whānau caregivers are prioritised and they must be able to provide safe, stable and loving home for as long as is needed.
2. If parents make the changes required, then the social worker can go back to a Family Court to have the custody order removed.
3. If parents can't change then a social worker and whānau caregivers can go to Family Court for a parenting order. This means the whānau caregivers have day to day care of mokopuna.



WHO DECIDES

The decision to remove mokopuna is complex and requires robust, comprehensive and informed processes. But there is no system that is fail proof. There is no simple formula that can be used to make these important decisions.

THE LAW CHANGES

In July 2019, there were changes to the Oranga Tamariki Act, 1989. This was to try and respond to the fact that too many mokopuna were in care. Māori communities were also

demanding to be more actively involved with the state⁷⁶. The changes meant that the



Figure 7 Judge striking a gravel in court.

Description: in mid ground a gravel is held in the hand of a judge. The judges face cannot be seen, but he is sitting at a table in a courtroom.

state was required to enter into partnerships with iwi. They were also required to have better monitoring and better reporting practices. The law also required that Te Tiriti principles were upheld in decision making about mokopuna.

There are new iwi relationships being developed by the state. A recent report of the State and Waikato-Tainui Iwi partnership appear to be working. With better decisions being made which ensure the safe care of mokopuna⁷⁷.

WHAT HAPPENS WHEN MOKOPUNA ARE SEPARATED FROM WHĀNAU

There have now been many studies looking at what happens when mokopuna are separated from whānau. There are consistent stories of the great harm that are caused from this separation⁷⁸. The harm from extended grief and loss. This harm has included mokopuna being denied their cultural rights. Harm from being disconnected from their whānau. Harm from the instability of multiple placements while in state care. The harm of having lost access to te reo Māori. Harm from suffering from mental health problems at a greater rate than mokopuna who were raised in their homes. These combine to become a story of trauma.

As well as “grief and loss” mokopuna can also carry a deep sense of rejection. This sense of rejection can feel more damaging especially if it is repeated. These experiences can become a history of complex trauma⁷⁹. Mokopuna are unlikely to access western health services for support with these trauma responses. That is why Māori are creating an awareness of Māori trauma informed practices⁸⁰. Complex trauma, in mental health terms this can have a profound impact on mokopuna self-belief and self-esteem and contribute to worse mental health outcomes⁸¹ later in life.

⁷⁶ (Roguski, 2020)

⁷⁷ (Boulton, 2018)

⁷⁸ (Hyslop, 2021; Kaiwai et al., 2020; Keddell, Cleaver, & Fitzmaurice, 2022; Keddell, Fitzmaurice, Cleaver, & Exeter, 2021; Kukutai et al., 2020; Mikahere-Hall, 2020; Moton, Paine, & Wright, 2022; Williams, Ruru, Irwin-Easthope, Quince, & Gifford, 2019)

⁷⁹ (Keddell et al., 2022)

⁸⁰ (Leonie Pihama et al., 2014; Leonie Pihama et al., 2017)

⁸¹ (Kaiwai et al., 2020)

In addition, for mokopuna who get moved around into multiple placements they will have had to try to make multiple new connections, while still trying to process the trauma of having experienced loss and grief. Mokopuna who find this challenging usually show the distress through their behaviours. There are links between the development of conduct problems in early childhood and multiple care placements. We know that early onset conduct problems is a strong predictor of later more serious delinquent behaviour⁸² and worse later life outcomes. This is why the idea of continuity of care is an important concept to hold in mind. This is also why complex trauma is important to hold in mind when discussing mokopuna who have been in state care.

STORY THREE: MOKOPUNA JOURNEY OUT OF STATE CARE

HOW MOKOPUNA GET OUT OF STATE CARE

Parents have the right to apply to the court immediately for the return of their child to their custody or for access to the child when the child is in state care. However a lawyer is required to apply for custody in court and this can take some time to get a hearing date.

There are three pathways out of state care:⁸³

1. Transition out.
2. Get permanently placed into another family.
3. Get returned home (with or without help)

TRANSITIONING OUT

Transition Support Services(TSS) are available for rangatahi aged 15 and older. There is a plan set up by the state to ensure that practical details are organised before they leave. Here are some key facts about TSS.

- There are 63 TSS offices;
- 46% are for Māori services;
- There are 120 transition support workers for 1275 rangatahi;
- The helpline for TSS is 0800 558989;
- TSS support rangatahi to
 - Find a place;
 - Get a driver's license;
 - Enrol in training or get a job;
 - Find legal advice;

⁸² (J. D. Smith et al., 2014)

⁸³ (Atwool, 2021)

- Access counselling;
- Get food or other basic items;
- Stay with the caregiver (if both are keen after 18);
- VOYCE – whakarongo mai is another support agency for mokopuna who have been in care. They help to ensure that mokopuna have a voice and provide advocacy.

PERMANENTLY PLACED

Sometimes mokopuna are placed permanently with caregivers or whānau. This is a legal process and has to be applied for by a lawyer once the custody orders that are held by the state are discharged. A Permanent Caregiver support package includes:

- Some legal fees;
- A plan for 12 months;
- A “one off” financial contribution;
- Access to community services;
- Available until the mokopuna turns 18.

RETURNED HOME

Before a mokopuna is returned home a robust written assessment of the mokopuna and whānau situation must be completed. The following areas must be addressed in the report.

- Assessment of risk, strengths, protective factors and safety;
 - Documentation which can stand as evidence of improvement change at home, which has been maintained over time;
 - Observations that whānau has capacity to cope with mokopuna being returned;
 - Whānau have addressed their own issues of risk and safety;
 - Consideration of the impact on whānau if mokopuna are returned to the home especially if there are other mokopuna, or whānau in the home;
 - Observations of whānau interactions and capacity for change to be sustained.
- A detailed return home plan is established, which addresses the role of the parents as well as needs and the types of supports that will be required when the mokopuna is returned home.
 - Once there is an agreement to return home, the plan continues to be monitored and assessed by the state for a period of time until the orders are discharged.



Figure 8 Grandparent with his mokopuna

Description: In the fore ground a grandfather hugs his mokopuna.

STORY FOUR: MOKOPUNA FUTURE JOURNEYS; THE POTENTIAL FOR CHANGE

THIS IS A WICKED PROBLEM

Removing mokopuna from whānau is a “wicked problem”. A wicked problem is a very difficult problem that is very hard to solve. It is like trying to finish a 100 piece puzzle in the dark. You find one piece but lose two trying to put them together.

The removal of mokopuna from whānau is the harshest thing the state can do to protect children. This hurts everyone involved⁸⁴. While removing mokopuna from their harmful home and placing them into a harmless home, solves one problem (the child is physically safe) it creates new problems⁸⁵.

The child’s entire world is changed overnight. Using te whare tapa whā⁸⁶ helps us to consider all of the areas of their lives that are likely to have changed. Each of these are discussed below.

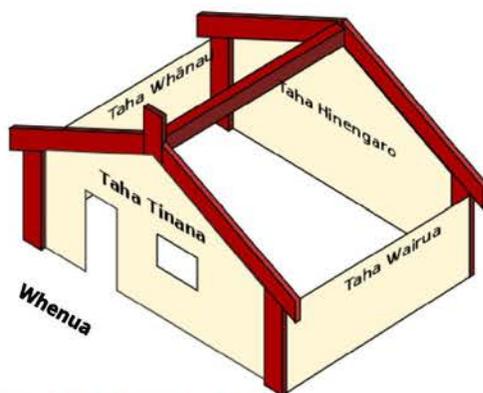


Figure 9 - Te Whare Tapa Whā

Description: A holistic view of Māori health. Created by Sir Mason Durie. The model shows a 4 sided house where each of the walls represent an aspect of Māori health.

Taha Tinana –they are likely to experience changes to their body it may feel tense, they may feel tired but struggle to sleep and they may be tearful.

Taha Wairua –they may lose access to important cultural practices such as karakia, te reo Māori, waiata, to whenua to awa and to maunga. These are the things that would help them to feel strong in their cultural identity.

Taha Hinengaro – they may feel a range of emotions. There is huge loss and grief that they miss their familiar loved ones. They may feel worried and anxious about their safety. They may

be scared that they will be hurt. They may feel confused about what and why this has happened. They may also feel disconnected from themselves, their identity and their culture. They may also feel relieved that they are in a safe place.

Their behaviour may change. They may become withdrawn and want to be alone. They may become clingy and not want to be alone. They may start to wet their bed again. They may become angrier and or become more aggressive.

Taha Whānau – They may become disconnected from their whānau such as whaea, matua, tāua, tuākana, teina. This may heighten their feelings of loss and grief.

⁸⁴ (Keddell, Cleaver, et al., 2021)

⁸⁵ (Goemans, van Geel, & Vedder, 2015; Marinkovic & Backovic, 2007)

⁸⁶ (Mason Durie, 1985)

Whenua – They may also become disconnected from their whenua and the rituals and relationships that go with that.

There are practical changes

- new rules to learn
- new routines
- new neighbours and communities
- new schools
- new sports or activities

When mokopuna are removed urgently from their home, they are likely to be placed in a temporary placement. Depending on the situation they may also be moved to at least one other placement. Sometimes there are multiple placements so those problems listed above may happen over and over again. The more times they happen the more likely mokopuna may lose hope that things will change.

CULTURE IS IMPORTANT

- Māori writers have shown the important link between ethnic identity and psychological wellbeing⁸⁷.
- Culture is potentially the cure to psychological distress⁸⁸.
- New Zealand Longitudinal studies have shown that being bicultural was not a protective.
- Māori who identified as “bicultural” had worse health outcomes than those who identified solely as Māori.
- Those who identified as bicultural were more likely to score highly on suicidality⁸⁹.
- Māori researchers have warned that loss of cultural identity was likely to lead to significant mental health and spiritual health issues⁹⁰.
- Therefore a strong cultural identity is a protective factor for wellbeing.

OVERSEAS STUDIES ABOUT KINSHIP VERSUS NON-KINSHIP CARE

There have been lots of individual studies that show that children who are in kinship care have better outcomes than children placed in non-kin placements⁹¹. However, when individual studies pool all of their results into a large study⁹² the conclusions can be quite compelling as summarised below.

⁸⁷ (Houkamau & Sibley, 2010)

⁸⁸ (Cargo, 2020; Kukutai et al., 2020; Muriwai, Houkamau, & Sibley, 2015)

⁸⁹ (Hatcher, Coupe, Wikiriwhi, Durie, & Pillai, 2016; Houkamau & Sibley, 2010; Houkamau, Stronge, & Sibley, 2017)

⁹⁰ (Mason Durie, 1985; M Durie, 1997)

⁹¹ (Osborne, Hindt, Lutz, Hodgkinson, & Leon, 2021)

⁹² Meta-Analysis is a large study that pools all the data from individual studies together.

- There is a lot of research discussion about the difference between being in family (kinship) care compared to those in non-kin following removal from home for maltreatment. In 2014 a big study of 102 studies involving (666,615 children) in care found that **children in kinship care had fewer behavioural problems, fewer mental health disorders, better well-being and less placement disruption**⁹³ than did children in non-kin care who were more likely to use mental health services. Although the authors noted that there were limitations with some design weaknesses of the studies and methodology flaws, there were clearly better outcomes for children in kinship care.
- In 2015 another large study (with 7,786 children) researchers looked at what happened to these children once they left foster care⁹⁴. They looked at adaptive functioning, internalising problems, externalising problems and total behaviour problems (internalising and externalising together). They found that there was **no overall improvement or deterioration** on any of the measures. More concerning is that in those studies which had longer follow-up times (more than one year) and with larger sample sizes, those children had more negative adaptive functioning. This suggests that the longer children stayed in foster care the worse the outcomes were.
- In another large review (with 11,611 children) the cognitive, adaptive and behavioural functioning of children in foster care and children at risk (but who remained with their biological parents) was compared with children from the general population. They found that foster children generally had lower levels of functioning than children in the general population. Interestingly, **there were no clear differences between foster children and child at risk who remained at home**. Both groups experienced developmental problems⁹⁵.
- In 2021 another very big study⁹⁶(with 6491 children) a study looked at whether being in care a child's family (kinship care) was better at promoting connectedness than being in care with people who were not part of the child's family (non-kinship care). The study found that in general children in kinship care were **more likely to feel connected** to family, but not a clear advantage of kinship over foster care for other more specific connectedness (like caregiver, birth parent, culture or community). There were several limitations including low quality studies, and different samples.

⁹³ (M. Winokur, Holtan, & Batchelder, 2014; M. A. Winokur, Holtan, & Batchelder, 2018)

⁹⁴ (Goemans, van Geel, & Vedder, 2015)

⁹⁵ (Goemans, van Geel, van Beem, & Vedder, 2016)

⁹⁶ (Hassall, Janse van Rensburg, Trew, Hawes, & Pasalich, 2021)

NEW ZEALAND REPORTS AND RECOMMENDATIONS

There have been several reports written about the types of changes that are required to make the state care system more reflective of the responsibilities under Te Tiriti o Waitangi. These are summarised below.

REPORT (DATE)	MOST IMPORTANT FINDINGS	RECOMMENDATIONS
Waitangi tribunal (2021)	<ul style="list-style-type: none"> ➤ Treaty had been breached 	<ul style="list-style-type: none"> ➤ Māori transitional authority to monitor the partnerships between state and Māori/iwi. ➤ Let Māori have the power ➤ Aim to have no mokopuna in state care.
Children's Commissioners (2020)	<ul style="list-style-type: none"> ➤ Māori receive more interventions ➤ Increasing rates of unequal practices ➤ Intergeneration patterns of removals ➤ Racism and discrimination reported by whānau 	<ul style="list-style-type: none"> ➤ Organisational culture needs to change ➤ Bullying
Ombudsman (2020)	<ul style="list-style-type: none"> ➤ State often doesn't inform pregnant māmā that their child is likely to be taken into care ➤ Less than ½ of the cases had a meeting with social workers and others to talk about issues before the mokopuna was born ➤ Less than ¼ social workers had sought legal advice before applying for an order. ➤ In just over 1/3 of cases there had been case consultations to look at all the information. 	<ul style="list-style-type: none"> ➤ Improve practice ➤ The policies and practices already in the law need to be applied.
Whānau ora (2020)	<ul style="list-style-type: none"> ➤ Multiple hui held around the country. ➤ Traumatic impact of contact with the state. ➤ Voices of the community heard 	<ul style="list-style-type: none"> ➤ Development of a new system based on tino rangatiratanga ➤ Development of practices to connect tamariki and whānau back to their hapū and iwi. ➤ Provide wrap around support
Care and Protection is about Adult behaviour Ministerial Review (2000)	<ul style="list-style-type: none"> ➤ Lots of changes required ➤ Staff were demoralised ➤ Workloads high ➤ Lack of staff training ➤ Lack of funding ➤ Bad public profile 	<ul style="list-style-type: none"> ➤ Urgent change ➤ Monitor performance ➤ Train staff ➤ Attachment needs to be assessed as well as safety ➤ Legal changes ➤ By and for Māori services
Puao-te-ata-tu (1989)	<ul style="list-style-type: none"> ➤ 15 years disproportionately high numbers of Māori in state care. ➤ Held 65 hui and spoke to the community ➤ Māori communities were angry, frustrated, powerless and hopeless and felt alienated from the state care system. ➤ Stories of loss from having been kept apart 	<ul style="list-style-type: none"> ➤ Attack cultural racism ➤ Attack and eliminate deprivation ➤ Setting up of a social welfare commission ➤ Changes to the law – Māori child should remain within whānau, hapū, iwi. ➤ Staff training and recruitment of Māori. ➤ Changes to communication patterns ➤ Use Māori communities more

COMPROMISES

Mokopuna growing up safely and securely in their own home is the best solution. But for other situations such as when there are immediate risks of violence, it may be necessary

to consider compromises. While safety is paramount simply placing mokopuna in a safe place does not stop the harm.

RECOMMENDATIONS

The people who work for the state have to make tricky and important decisions, which requires a high degree of skill and expertise across several areas. These areas include physical safety, psychological safety, legal issues, cultural frameworks and mediation skills. It is recommended that a review of the expertise required to assess the complex factors involved and implement difficult decisions be undertaken. This review may show that more training and support resources are required for the staff of the state system.

Summarised below is a list of new facilities, perspectives and approaches that would improve the ability of a new state care system to serve mokopuna in the future:

THE NEW STATE CARE SYSTEM WOULD BENEFIT FROM

- A “by and for” Māori approach with appropriate iwi and Māori providers contributing to the decision making and monitoring of mokopuna in the communities they serve
- Using attachment from a te ao Māori framework as one of the factors to consider when making decisions about placement of mokopuna.
- The benefits of Culture should be understood as protective and cultural aspects need to be included in any assessment.
- Kin placements are protective so non-kin placements must be seen as a last resort. As should temporary placements that risk continual change and disruption.
- Stability and continuity supports a sense of belonging and identity
- Good-enough caregiver in kin-placements can tolerate some insecure attachment as long as there is additional support.
- Greater use of the Longitudinal Studies and National Data Set in New Zealand should be used to help with more effective monitoring of state performance and long-term outcomes.
- Poverty and other systemic must be addressed alongside care and protection issues.
- The criteria by which removal by the state is undertaken should be reviewed, as Meta-analysis show **no or little** benefits from state removal and placement in alternative care (Kin and non-kin) apart from providing physical safety.

Signed:

GRO-C



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(Ngāti Maru, Ngāti Manu, Ngāpuhi)

APPENDIX ONE = WRITER QUALIFICATIONS



Dr Tania Cargo - māmā, kaimātai hinengaro, kairangahau Māori mental health. (Ngāti Maru, Ngāti Manu, Ngāpuhi)

Dr Cargo (Ngāti Maru, Ngāti Manu, Ngāpuhi, Tainui), has a PhD in Psychological Medicine (University of Auckland, 2021), a Post-Graduate Diploma in Infant and Perinatal Mental Health (New South Wales Institute of Psychiatry, 2010) and Post-Graduate Diploma in Clinical Psychology (University of Auckland, 1999).

Dr Cargo has worked with tamariki Māori and their whānau in Infant, Child and Adolescent Mental Health Services for over 20 years during which time she has conducted mental health assessments and treatment (ADHB 1999-2004; WDHB 2004-2010; CMDHB 2010-2018).

Dr Cargo has undertaken additional training: she is an accredited coder of the Pre-school Attachment Rating Scales and the MacArthur Preschool Attachment Classification System (2020-current); Attachment Therapies with Professor Beth Troutman (University of Iowa, 2018); Parent-Child Interaction Therapy (Professor Cheryl McNeil, 2010); Emotional Availability Scale Training (Dr Zeynep Biringen, 2010); Circle of Security Training (Glen Cooper, 2008).

Dr Cargo has been a cultural consultant for Oranga Tamariki over a 10 year period 2008-2018; and has written court reports employed at Specialist Services Unit, Otahuhu (1999-2000) as a Māori clinical psychologist employed by Te Aho Tapu Trust (2009-2016) and more recently in private practice (2018-2022).

Dr Cargo holds a Senior Lecturer position in Psychological Medicine (2000-current) and Psychology (2019-current) at Waipapa Taumata Rau (the University of Auckland).

Dr Cargo is registered as psychologist “clinical scope” with the New Zealand Psychologists Board, a member of the New Zealand Psychological Society and is an executive member of He Paiaka Tōtara (the Māori Psychologist Group).

Dr Cargo’s clinical supervisors are Dr Hilda Hemopo (Māori mental health and youth forensics) and Dr Ainsleigh Cribb-Sua (Kaupapa Māori and Neuropsychology).

GLOSSARY

Aroha - affection, sympathy, charity, compassion, love, empathy

Atawhai - to show kindness to, raise, or adopt temporarily

Hapū/hapū - sub tribe, to be pregnant, conceived in the womb

Iwi - tribe, strength, bone

Kai matai hinengaro - clinical psychologist

Kaitiakitanga - guardianship

Karakia - prayer

Māmā - mother

Mana - a spiritually and socially contextualised notion of power, associated with the concept of tapu

Mana wāhine - an approach that privileges Māori women's perspectives and analyses

Manaaki(tanga) - respect/the process of respecting someone's mana by support, care, generosity, hospitality

Māori - Indigenous people/person of New Zealand

Marae - generous, hospitable, area in front of wharenuī

Matai hinegaro - clinical psychology

Mātauranga Māori - education, knowledge, wisdom, understanding, skill pertaining to Māori

Mātāmua - first, elder

Mātua rautia - multiple parents

Māui - a well known ancestor who was known to perform a number of amazing feats

Mokopuna - grandchild, descendant - child or grandchild of a son, daughter, nephew, niece

Pākehā - New Zealand European people/person

Pā kaitiaki - non-kin caregivers

Pā morehu - state care survivors

Pā rōngōā - health professionals.

Pā whāngai - kin caregivers

Pā whānau - whānau whose tamariki were taken into care

Pēpē - baby

Pōtiki - youngest child

Pūrākau – Personal and cultural narratives that are encoded with a rich resource of mātauranga Māori

Taha – tinana – physical elements

Taha – wairua – spiritual elements

Taha – whānau – relational elements

Taha – hinengaro – mind thoughts, intellect

Tapu - the restricted and controlled access to other human beings (Tate, 2010)

Tāua – grandparent

Te reo Māori - Māori language

Teina/tēina - younger sibling/s of the same gender.

Tiaki(tanga) – to guard, keep, protect/guardianship, protection

Tino rangatiratanga – sovereignty

Tuākana/tuākana - elder sibling/s of the same gender

Tūhono (tanga) - attach, bond, connect, join

Tūpuna - ancestors, grandparents

Wairua (tanga) – capacity for spirituality, soul, the spirit of a person which exists beyond death Whānau - extended family, also means to be born or give birth

Whaea – aunt, mother, aunty

Whakapapa – genealogy, layers,

Whakarongo mai – listen here

Whānau – family, birth

Whanaungatanga – relationships, connection, and practices among a (family) collective

Whāngai – to raise another child as your own, also means to nourish or feed.

Whareniui – meeting house

Whare tangata – house of humanity, womb

Whenua – land, country, placenta

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