WHANAU TOKO I TE ORA
A Parenting Skills Programme
Delivered by
Te Ropu Wahine Maori Toko I Te Ora
Maori Women’s Welfare League

Evaluation Report to the Ministry of Education
Ian D. Livingstone
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Evaluation Report

Ian D Livingstone
Chartwell Consultants
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Executive Summary

Whanau Toko I Te Ora is a national parenting programme for Maori whanau delivered under the auspices of Te Ropu Wahine Maori Toko I Te Ora (the Maori Women's Welfare League). Delivery of the programme began at the end of 1999, in three trial sites (Tairawhiti, Ikaroa, and Tamaki Makaurau), and this has since been expanded to six regions with the addition of Aotea, Taitokerau and Te Waipounamu. The services provided are child-centred and whanau-focused, using a holistic approach that integrates Maori tikanga into all aspects of child development, with an emphasis on the first five years.

The programme is aimed at whanau with medium to high needs and is delivered through home visiting, a whanau learning programme and group support. The service is rendered by local kaitiaki (managers) and kaiaawhina (support staff), with a good knowledge of the communities which they serve. The main objectives are to promote and improve:

- positive parenting skills
- confident family functioning, relationships and mental outlook
- learning and development opportunities for children.

The programme offers wide-ranging, individualised support, involving other community services, but not duplicating them. It recognises that continual incremental change is often the most effective, and that the mana of parents to decide what is best for their children needs to be upheld.

Services include:

- linking whanau with suitable early childhood services
- networking with and linking whanau to appropriate health and social services
- advocating on behalf of whanau
- role modelling positive parenting behaviour
- supporting whanau in achieving their goals as described in the individualised whanau plan
- providing group support to whanau where immediate whanau are not living nearby
- providing appropriate cultural whanau learning sessions based on the needs of the whanau.

The whanau learning programme includes sessions on topics such as:

- literacy
- house care, cooking and hygiene
- financial management
- child development
- resource production
- Maori values and concepts in child development
- Maori cultural topics.

Sixteen case studies form the major part of the evaluation. Two of them are double case studies, in which a grandmother is the primary caregiver of her mokopuna, but in which a natural parent is also being worked with by the kaiaawhina, as a separate case. They were compiled from information drawn from a national database, set up in 1999 and modified in mid-2001, combined with information from in-depth interviews conducted in late November/early December, 2001.

The results from the case studies were drawn together and synthesised, leading to the following general findings:

- The health environment of whanau on entry to the programme in general was poor. Asthma was prevalent in many homes; most parents were smokers, and many were on drugs. Some improvement, particularly in child health, occurred over the period of the evaluation, through the efforts of the kaiaawhina putting whanau in touch with appropriate Maori health services. However, half the adults still had health concerns at the time of the interview.
Two-thirds of the whanau had improved their housing and transport circumstances over the period, either by reducing overcrowding in their existing homes, or by moving to another home with better facilities and services.

Virtually all the caregivers in the study were on a benefit. A few managed to earn a little extra income from part-time work. Finance was one of the major concerns of all whanau, and a distinctive feature of the Whanau Toko I Te Ora programme was its introduction of sound budgeting practices. Almost all whanau recorded measurable improvements in financial management over the period surveyed.

Nearly all those in the study had left school by the end of the fifth form, without formal qualifications. Most had attempted some form of training since leaving school. Further education in te reo Maori was a high priority for many. The main form of education for these caregivers was through attendance at sessions of the Whanau Learning Programme, which taught such things as parenting and home management skills. This was an area of consistent improvement for virtually everyone on the programme.

The whanau in the study encompassed a wide range of ages, but half had at least one child of preschool age, in most cases attending a kohanga reo. Parental and sibling interactions became generally more positive during the time of the evaluation, with a reduction in emotional stress, whanau discord, yelling and other inappropriate methods of behaviour control and discipline. Marked increases were recorded in parenting skills and confidence, which was one of the major thrusts of the programme.

Every home had a TV, and in almost every case, caregivers said they monitored their children’s viewing. Children’s cartoon programmes were the most popular. The kaiawhina recorded improvements in child development in all areas over the period of the evaluation – cognitive, emotional and social.

Very few of the caregivers were fluent in te reo Maori, but during the programme most whanau began to identify more strongly with their Maori heritage, learning the language, and using it more often and naturally in conversation.

Five specific features of the support being provided by the Whanau Toko I Te Ora programme could be seen to have a major effect on its success:

- it is broadly-based, established on goals negotiated with each individual whanau by the kaiawhina working with them;
- it is incremental, given over a period of time, opening the way for gradual, self-motivated change on the part of the whanau;
- it is targeted, directed to those in major need, and thus having the potential for efficient delivery;
- it is flexible, allowing the timing of visits to be varied, and resources to be moved back and forth according to specific needs;
- it reflects commitment on the part of the kaiawhina, who were regularly regarded not only as support people, but as counsellors and admired role models.

This is an outcome evaluation, but by virtue of its design it is unable to demonstrate that it is the programme which is solely responsible for causing the positive changes observed. But with such an injection of resources into a high-needs group it is unlikely that significant change would have occurred without the intensive input of the kaiawhina, who are undoubtedly its key component. Some problems encountered in matching interview transcripts with database records, in recording information retrospectively on the modified database, in consistent recording of goals, in sample choice for interviewing, plus the possibilities of halo effects on group interviews are, in my view, unlikely to seriously invalidate the conclusions above.
**Programme**

Whanau Toko I Te Ora is a national parenting programme for Maori whanau delivered under the auspices of Te Ropu Wahine Maori Toko I Te Ora (the Maori Women's Welfare League). Delivery of the programme began at the end of 1999, in three trial sites, and this has since expanded to six. Its services are tamariki-centred and whanau-focused, using a holistic approach that integrates tikanga into all aspects of tamariki development, with an emphasis on the first five years.

**Principles**

The programme is underpinned by a series of principles, which can briefly be summarised as follows: the programme is directed to Maori whanau, the indigenous people of Aotearoa, and the wellbeing of the child is paramount, in all its aspects. This is to be secured by wide-ranging, individualised support to parents, involving other community services, but not duplicating them. It recognises that continual incremental change is often the most effective, and that the mana of parents to decide what is best for their children needs to be upheld. The service is to be rendered by local kaitiaki and kaiawhina, with a good knowledge of the communities which they serve.

**Objectives**

The main objectives of the programme are to promote and improve:

- positive parenting skills
- confident family functioning, relationships and mental outlook
- learning and development opportunities for tamariki.

**Delivery**

The programme is aimed at whanau with medium to high needs and is delivered through home visiting, a whanau learning programme and group support for whanau. The way the programme is structured depends on the needs of each whanau.

**Services**

Services include:

- linking whanau with suitable early childhood services
- networking with and linking whanau to appropriate health and social services
- advocating on behalf of whanau
- role modelling positive parenting behaviour
- supporting whanau in achieving their goals as described in the individualised whanau plan
- providing group support to whanau where immediate whanau are not living nearby
- providing appropriate cultural whanau learning sessions based on the needs of the whanau.

The whanau learning programme includes sessions on topics such as:

- literacy
- house care, cooking and hygiene
- financial management
- child development
- resource production
- Maori values and concepts in child development
- Maori cultural topics.
The programme is organised on a regional basis, with Regional Management Committees supported by a National Management Committee and a national co-ordinator. The term kaimahi (employee) is used to describe Maori Women’s Welfare League members who work in a voluntary capacity, alongside the kaiaawhina (support persons), who are employed under the Whanau Toko I te Ora programme. Regional committees appoint regional kaitiaki (managers), kaiaawhina and administrators. A national training programme is provided for all regional staff including administrators, as well as regional workshops from time to time.

Preliminary evaluation
Whanau Toko I Te Ora is currently being delivered in six regions - Tairawhiti, Ikaroa, Tamaki Makaurau, Aotea, Te Waipounamu and Taitokerau. A preliminary evaluation was carried out by Alison Gray in October, 2001, in the first three regions – Tairawhiti, Ikaroa, and Tamaki Makaurau. ([Gray], 2001) This involved a series of interviews with five whanau from each of the regions, 15 in all, each of which had been involved with the programme from its earliest stages, and with the kaitiaki and kaiaawhina who had been working with them. The interview material was supplemented with information from existing documents, but was not able to draw upon the wealth of information gradually accumulating in the database, as this was currently undergoing modification.

The preliminary report also drew on the three milestone reports prepared for the Ministry of Education in December 2000, March 2001 and October 2001 (Maori Women’s Welfare League, 2000, 2001a, 2001b) The reports summarise progress in establishing the programme in new regions, including the provision of national support and local training. The last two include case studies describing some of the changes whanau were making in their parenting practice.

Present evaluation
Aims and objectives
The present evaluation aims to take advantage of an updated database. Following acceptance of the recommendations in a report prepared for the Ministry of Education in June 2001 (Livingstone, 2001), the database was fine-tuned to improve the consistency of its coverage and the quality of its information. The changes, carried out by CGC Computing, were trialled in one region, and then implemented across all six. Reports from the regions indicate that the quality of information gained has increased without an increase in the workload for staff.

The major changes were:
- preparation of a consolidated list of outcomes, matching more closely the list of information gathered as baseline data from each whanau;
- provision on the database entry screen of a drop-down box showing a modified three-point rating scale (No improvement, Some improvement, Much improvement) to allow finer discrimination in each area being rated;
- provision of a memo box alongside each rating scale, to allow the entry of a brief statement of the actual supporting information used as a basis for making the improvement rating;
- production of a series of exemplars describing typical situations which would justify ratings on each of the three scale points, to be used in training hui;
Two such national training hui were held, one for area representatives and kaitiaki, the other for administrators and kaitiaki, to introduce people in the regions to the requirements of the revised database, and upskill them in data collection and entry.

Methodology
This evaluation is based on an analysis of the database records, conducted by the author, plus study of interview transcripts with representative whanau, conducted by an independent field worker. The interviews will be discussed first, because of the impact they have on the database analysis to follow.

Interviews
Interviews were conducted in late November and early December, 2001 with four whanau from each of the six regions. In one region, two complex whanau where the grandparents were the primary caregivers, and several generations were living together (all of whom were being worked with by the kaiawhina), were interviewed together. In one of these the father of the child was only present for part of the interview; in the other the mother of twins could not be located, although she had agreed to participate. In another region, an extra interview was carried out, because one whanau had travelled such a long way with a neighbour, and wanted the opportunity to contribute. Thus the total number of interviews eventually carried out was 24, spread more or less equally across the six regions. They cannot be regarded as a random selection, but should be broadly representative of the whanau currently enrolled in each region. No inter-region comparisons will be made in the following analysis, and nor will the regional identity of the case studies be given, to avoid the possibility of identification of individual whanau.

Group interviews were conducted with whanau at some centres, in many cases with their kaiawhina present as well. These were commonly held in the regional Whanau Toko I Te Ora offices. Some whanau elected to be interviewed separately, and again, in most cases they requested the presence of their kaiawhina as a support person during the interview. A few were interviewed in their own homes. Consent forms were signed by all the caregivers interviewed, and they were given the opportunity to view the transcripts to check them for accuracy.

In 20 whanau, the mother of the tamariki was interviewed, in two the interviewee was the father and in two the grandmother was interviewed. In one of these the grandfather was also interviewed, along with the grandmother.

The evaluation interview with the 24 whanau covered nine topics:

- health environment
- housing and transportation
- finance and budgeting
- education and training
- child education and development
- Maori values and child development
- parenting skills and confidence
- justice
- employment.

The interview schedule is attached as Appendix A. It is the same schedule as was used in the preliminary October 2001 evaluation.
Database information
In order to obtain a more well-controlled and robust evaluation, and obtain some measure of triangulation with the interview results, a reduced database was constructed, containing all the information available to date on the same group of 24 whanau. This was downloaded for analysis. Those chosen for interview were intended to be whanau which had joined the programme around May or June, 2001, and who would therefore be coming up for their first six-months evaluation towards the end of November. However, some difficulties were experienced here, which are spelled out in more detail in the section Some Concluding Comments on Validity, on p.67. As a result, there was a reduction in numbers, meaning that only those 16 whanau providing full records from both interview and database form the subject of the report to follow. They include the two “double” interviews, in which the grandparents were the primary caregivers, but in which it was planned that the natural parents would also be present. In each of these cases, two separate database entries had been generated, because essentially two interlocking whanau, containing three (and in one case four) generations were being reported on.

The report
This report majors on the recent life histories of the 16 whanau, which are written out in some detail in case study form. The headings used are the headings on the database, and match closely those on the interview schedule. Information from the database is interwoven with information from the interview to give a fully rounded picture, with the database giving a backward look as to what things were like at the beginning, when the whanau was enrolled on the programme. The database often contained detailed observational information from previous visits of the kaiawhina. Of particular significance here is the information contained on the number and type of visits made by the kaiawhina to the whanau, and the nature of the plans and goals they negotiated with the caregiver on each occasion.

At the end of each case study, which contains embedded within it a few verbatim comments from the kaiawhina and the caregiver, a more extended verbatim section is given, drawn exclusively from the interview, in which the kaiawhina comments on the case as a whole, and makes a personal judgement on the change which, in her eyes, has occurred. The 16 case studies are the report, in essence, a holistic view of a group of whanau, scattered widely around the country, and all responding in their own individual ways to very substantial levels of personal, individualised support received from the Whanau Toko I Te Ora programme.

The report ends with brief synthesis of the key points emerging from the material, taking each of the areas in turn, and relating them to entries on two summary tables of ratings by kaiawhina on improvements noted in both tamariki and whanau. It concludes with a consideration of issues relating to the reliability and validity of the evaluation, references, a glossary, and an appendix containing the interview schedule.

Te Reo Maori
The language in this report slips effortlessly in and out between English and te reo Maori. No apology is made for this. There are two main reasons. First, it reflects the blend of language used by those who participated in the interviews, and those who recorded them, and also the language of the kaiawhina when they were entering comments in the memo fields in the database. If a car was pakaru, that’s what they said; if grandparents referred to their children as mokos, that’s what was written down. But secondly, this is a report about a distinctively
Maori initiative, directed at the tangata whenua, tailored specifically to meet their needs, and supported by an enormous amount of official aroha and support. It seems entirely appropriate, therefore, that te reo should be used naturally and unselfconsciously throughout its pages. A full glossary is provided for those readers who may require it. The titles of the three chapters reflect this stance, making use of the metaphor of gathering flax leaves, weaving them together into a completed garment, and presenting it back to the people who have contributed to it. Their interpretation is also given in the glossary.
Sixteen Case Studies

The following case studies are written from information drawn from the database, including baseline data, plus data from the 6 months, and in a few cases from the 12 months and 18 months outcome evaluations, combined with information from in-depth interviews conducted in late November/early December, 2001. They illustrate both the process and the achievements of the Whanau Toko I Te Ora programme, weaving together in various ways the information provided by whanau and kaiawhina to provide a detailed, holistic picture. They describe a representative sample of those whanau who are receiving support, outlining the nature of their circumstances, the extent of the support received, and the impact of that support upon their lives. Each concludes with a brief account of impressions from the kaiawhina on what they have been able to provide through the programme, and on any changes which they have observed. These 16 case studies form the major part of the evaluation. Two of them are in fact double case studies, in which a grandmother is the primary caregiver of her mokopuna, but in which a natural parent is also being worked with by the kaiawhina, as a separate case.

In the next section, a synthesis of the results will be made, drawing the threads together with some more quantitative data in tabular form. The case studies are not coded by region, to avoid the possible identification of particular individuals. They were originally intended to be spread equally over all six regions in which Whanau Toko I Te Ora is operating. However, because difficulties were experienced in assembling some of the retrospective database information in Tamaki Makarau, Tairawhiti and Te Waipounamu, the representation from these areas is somewhat reduced, and the information a little more sparse.

The case studies are classified by degree of support provided, grouped into three categories: High, High/Moderate, and Moderate/Low. The sample is not a random one, but it is representative of all six regions, with an extra loading on the High Level of Support category, where the intervention is most concentrated. The High category contains those whanau who remained at this level throughout the period of the evaluation, however long that may have been. The actual dates covered by the evaluation case studies are given in Table 1 in the next section. The High/Medium category characteristically includes those whanau demanding a high level of support at the beginning of the programme, but allowing a tapering off in support as progress was made towards the caregiver’s self-determined goals. A few in this category had variable needs, with an initial plateau at Medium, but rising to High from time to time at crisis points. The kaiawhina was able to vary her level of service flexibly to correspond. The Medium/Low category contains the remainder, but there were few of them, as the Whanau Toko I Te Ora programme was basically directed towards those in extreme circumstances.

Each case study is presented under a series of headings, which correspond broadly to those in the database and in the interview schedules, and incorporates verbatim comments from the caregiver, made at the interview. Interviews themselves were carried out by an independent field worker, not an employee of the Whanau Toko I Te Ora programme. Each interview transcript concludes with a summing up by the kaiawhina of the nature of her contribution,
and of the outcome, in her own words. Taken together, these subjective impressions from those most intimately involved with the programme delivery may in the end be the most revealing part of the evaluation. The kaiawhina are pivotal in counselling, advocating, mediating, and in some case defusing potentially critical situations, at some risk to their personal safety. I have come to believe that their contribution to the programme may be its most significant feature.

On some visits the field worker was accompanied by an officer of the Maori Women’s Welfare League, who would likely be in a better position to answer any queries raised by the programme administrators in the area. She also rendered very valuable service in establishing rapport and in the recording of group interviews. Generally the interviews were held at a central location in each site, and often a kaiawhina for the region was also present as a support person, at the request of the caregiver being interviewed. Some of the caregivers elected to be interviewed separately; most were more comfortable in group interviews. Consent forms were signed by the caregiver for each interview, and all transcripts were made available to them afterwards for checking. In some cases the caregivers and other whanau members travelled long distances to the interview site to be interviewed, indicating a high degree of commitment. They generally wanted to share their stories willingly, and some said that without the programme tautoko (support) they would not have been able to endure their personal situations.

The information from the computer database was drawn from an ACCESS file, downloaded for the purposes of the evaluation in Wellington from the various sites, with names replaced by ID codes to ensure anonymity. A selection from the very detailed set of information constantly being accumulated on this database was woven into the interview records in the case studies, and some variables were also used as a cross-check on the interview data to ensure validity. Where this information was missing from the database, or inadequate, or failed to match the interview data, the case was dropped from the study. Further details are given in the section Some Concluding Comments on Validity on p. 67.
HIGH LEVEL OF SUPPORT

Case Study H1 - High Level of Support

General background:
This whanau consisted of an unsupported mother with four children – a 15 year-old daughter, a 10 year-old son, and twin three year-old daughters. In her initial assessment a large number of needs were established, including poor health related to drug and alcohol addiction, behaviour problems with the children, inadequate housing, and shortage of food and clothing, including nappies for the twins.

In all the kaiawhina made 184 visits, mostly lasting between 40 minutes and an hour, beginning in March 2000, and continuing on until the time of the interview in November 2001. Most of these were home visits, but some were in the Whanau Toko I Te Ora office, some on the marae, and some at the local clinic.

At the first visit, some initial plans were put in place, including:
- place twins in Early Childhood Centre
- get mother support for her addiction
- arrange financial assistance for Respite Care
- obtain better accommodation (completed May 2001)
- find suitable programme for son to attend
- immunise younger children.

These plans were modified and added to over the year, incorporating:
- cutting down on smoking
- taking cooking course with Salvation Army
- obtaining budget advice.

The results were somewhat slow in coming, but became quite marked towards the end.

Health environment:
Initially the children were all sickly, and the twins were underweight at birth because their parents were both drug addicts. Their health did not improve markedly over the period of the evaluation. By 18 months they were still small in stature, with constant colds, often barefooted, and not warmly clothed. The son had been on a six-weeks health camp. But their mother reports that all immunisations have been carried out, visits to doctors and the school dental nurse were made when necessary, and no-one at that stage was on medication. The mother had received support for her addiction, and also for stress-related depression, and at the time of her interview reported no health needs. She cooks for the whanau, and sometime goes to her mother’s for kai. She cooks Chinese food, stews, and vegetables. The children like ice-cream, lollies, going to McDonalds. The mother smokes, but outside, away from the children’s rooms.

Housing and transport:
At the beginning she was living in a crowded house with other whanau members – five adults and seven children. She and her children had one bedroom and the lounge for sleeping, and the house was cold because there was no wood for the chip heater. She now lives in a four-bedroom house, cheaper to rent, and closer to her own mother and a shopping area. However, although the rooms are bigger and a bit more sunny, they still can be rather cold, and she needs to heat the place by leaving the oven on. The children still need to share beds, and
sometimes sleep on mattresses on the floor. There are very few pieces of furniture, hardly any curtains, no mats on the floorboards, and the food cupboards are regularly empty. They still have no phone, and no transport. Her mother has to drive her everywhere, or they use public transport. They all receive a considerable amount of support; from her mother, family members (her mother, sisters and brothers live nearby), kaitiaki, and kaiawhina.

**Finance and Budgeting:**
She is on the Domestic Purposes Benefit, and $280 comes into the home every week, all of which is spent, on the usual things, including school trips and school stationery and fees. The 15 year-old girl was unable to sit School Certificate because the mother didn’t have the money to pay the exam fees. She has continuing difficulty in managing her limited finances, and still spends money which she can ill afford on drugs, when she is under stress. She tends to spend irresponsibly, on impulse, without a sense of the need for longer term plans. The use of budgeting and financial management services helped her to plan a little better, in spite of non-attendance at some meetings. But they made her realise that there were others like herself. She was not the only one in this situation. WINZ was unable to help as she had incurred too many debts, but she has received food parcels from time to time on weekends.

**Education and training:**
The mother spent four years at high school, leaving after two years in the fifth form. She has several qualifications: in CPR (a six-week wananga course); self health and fitness (Te Wananga O Aotearoa, through distance learning from Mahi Ora; and Hau Ora, a self discovery journey.) She would like to go for computer training, and has set further education goals for herself in the Whanau Toko I Te Ora programme.

**Child education and development:**
The two older children attend school, and the twins go to playgroup. Although at the beginning the twins were very quiet and reserved, they now interact well with their mother, they are happy, and there is a closeness, as she describes in her own words: “They run up to me, there are no words to explain the feeling. Bath times are special and when they are with their nanny.” The older children look after the younger ones. “As the twins get older they recognise and know who they are.” The twins now accept approaches by their father who had not seen them in 2½ years.

They watch TV every day after school, Hi 5, Teletubbies, and other children’s programmes. They are monitored in what they watch. Outside, they play with various toys, pots/pan, water baths, blowing bubbles, garden snails. The younger ones respond to the older ones by asking questions. They can run, eat by themselves, hold hands, awhi. They help by putting their clothes on, and putting them away. With a little help they can read, and bring the clothes in from the line. They are now reported as cheery little girls who enjoy singing and dancing, and show an interest in people and what is happening around them. With regard to discipline, their mother has learnt to correct them at the time that discipline is needed, and move them away from the situation causing the problem.

**Maori values and child development:**
The mother has a good knowledge of her whakapapa, and speaks basic te reo. She uses it every day with the children, and with her own mother, who speaks it more than she does. As a result she uses te reo more herself now. But she doesn’t read to the children in Maori, as she lacks the necessary resources. She attends hui on the marae, as a result of being on the Whanau Toko I Te Ora programme, and helps in the kitchen preparing food. The children
don’t come with her, though. In her own words, her Maori cultural needs are, “To regain father’s whenua and provide a future for our tamariki.”

**Parenting skills and confidence:**
At the beginning, she needed respite care for the children each weekend. They had no playthings or books, and she just could not cope with their energies and needs. She started attending a preschool with the twins as a whanau help, and this was of some assistance in developing her skills, in such things as preparing simple meals. But after a time she had to stop, because she had transport problems, and the fees proved too expensive. Her older daughter became the chief caregiver for the twins, as she was not coping well enough. More recently she has become relaxed about having her children around. Since joining the programme she says she has learned, “Being myself, being a better parent. Being able to get out of the house. Better self esteem, managing children’s behaviour. Recognising my own mana.” She now feels she has put into practice the organisational skills she has learnt, establishing a routine with her family, and now enjoys the twins, without so much pressure. She claims she has changed the way she parents: “Taking a pride in myself. Discovering self. Can plan my days. I don’t stress out as much as before.” But she would like a father figure for her children, and wants to provide a good home for them, perhaps with brothers as role models. “The children come first. The best.”

**Justice:**
She has used citizens’ advice bureaus and legal aid services, and has been involved in custody issues with the children. She has not needed to become involved in supervised access issues, and has not accessed the family court programmes for children who have witnessed domestic violence, although she is aware of them. At one stage she had a bad patch with her son, who was getting into trouble through damage to buildings, etc., and needed supervision by a school social worker.

**Employment:**
She is not currently in paid work, but in the past has been employed in a variety of jobs: kiwi fruit grading, packing, and sewing machinist. She has gone to WINZ to look for a job, but the lack of a caregiver for her children is the chief barrier to employment. She would like to give her children a better life, and thinks that having a job would assist in this and also help her to socialise with other adults.

**Kaiawhina Comments:**
This was a high need whanau, in which there was a history of poor relationships. The mother was involved in alcohol and drugs, she smoked with the children present, and several agencies were trying to take her children from her. She was short on confidence, and lacked support.

Her participation in the Whanau Toko I Te Ora programme brought massive changes in the whanau, over time, although finance is still a problem, and she has not completely come off drugs. She has achieved the goals she put in her plan, including a school programme for her children, and is now a healthy and attractive mother. She has gained confidence, and the interaction between members of the whanau is more positive. “She has pulled the whanau out of depression ... made her whanau more responsible.”

Support given, in a very extensive series of home visits, has involved:
strengthening whanau, e.g., through hui
manaakitanga (in fact, all home needs)
advocacy for all agencies, benefits, bank accounts
advice on how to access community agencies for help, e.g., Plunket
food
clothing
furniture
establishing networks
holiday programmes for children
just being available when needed.

“I don’t want to brag, but for sure, she has changed from a zombie to a confident young woman.”
Case Study H2/H2* - High Level of Support

General background:
This complex whanau is the responsibility of the grandparents, who have had legal custody from birth of their two grandchildren (mokopuna - mokos for short) – girls aged three years and two years, and one great-grandchild, a baby aged 4 months born to their grand-daughter living with them. One son living with them was on the point of leaving to work in Australia, and the father of two of the children doesn’t live in the whanau, although he was present for the first part of the interview. The mother of the two girls was judged by CYF to be unfit to care for them, and was in residential care for alcohol and drug dependence. Although the father appeared to love his children, relationship issues with his transient ex-partner did not allow for a stable environment for parenting.

Relatively few home visits were required by the grandparents, soon after the entry of the whanau on the programme in March 2001, and these were mainly related to custody issues. However, the father needed more long-term assistance to come to grips with his own situation, and received 14 visits from the kaiawhina, between January and November, to deal with personal health, employment and general whanau issues.

Health environment:
One of the children had a “lazy eye” which the mother didn’t attend to, but the grandparents say that “now we have them, we can do something about it, very soon.” The oldest girl (aged three years) has been immunised, but the two year-old hasn’t yet. None of them has been to hospital, and they only visited the doctor when they were sick. The children are not on regular medication, although the grandfather has high blood pressure and “will be on medication for the rest of my life.” During the interview, the father mentioned he had health needs, but did not say what these were. From his record, it would appear that they were mental health needs related to drugs and alcohol, as well as repressed anger through the breakup of his relationship with his partner, following the requirement for her to be placed in an institution, plus the uncertainties over the custody of his children and his access to them.

The grandmother did the cooking for the whanau, although sometimes the grandfather helped. This was mostly “boil-ups”— stews, watercress, puha. The children’s favourite foods were raphi (rubbish!) and lollies, although they generally would eat what they were given. The father smoked, but not the grandparents, and the grandfather said: “They all know where they have to smoke outside. I have a tin outside for them so they don’t throw their butts in my garden.”

Housing and transport:
The grandparents own a five-bedroom home, with sufficient beds, but the grandmother sleeps with the grandchildren. She said: “We have all these beds, but we sleep in the sitting room.” They have a phone in the house, and their own vehicle, so they don’t need to use public transport. The father, however, had long lived a transient lifestyle, both before his prison sentence for assault, and after his release, and continues to gravitate towards those with similar drug and alcohol problems.

Finance and Budgeting:
The grandfather is a casual worker, but also on the benefit, and they spend all of the $350 which comes into the home every week. He did not use budgeting or financial planning services, but found the local bank helpful. “They’ll ask if we want more money; they’re pretty good to talk to us all the time; we’ve banked with them for a long time and they see
how much we make.” The girls’ father provides financial support for his children, and the grandparents saw this as in order. He is reported as just “living from day to day”, and there has been little change throughout the period of the evaluation so far. The grandparents lost a whanau support person after a family group conference, which left them unhappy about WINZ. The kaiawhina “calls around and has a cuppa tea and a talk”, and this was appreciated.

**Education and training:**
Neither of the grandparents attended high school. They said: “We didn’t have to; in our day there was plenty of mahi around back then.” Neither of them have any formal qualifications, and couldn’t see themselves as undertaking any further training, although they thought it was good for their rangatahi to have them. The grandfather thought he wouldn’t mind “doing something about manaaki with my mokopuna.” In the view of the kaiawhina, the father could well do with some ongoing education, support and guidance around his relationship with his own whanau, and in anger management, but so far he had not taken this initiative. He has a trespass order taken out against him, after an assault on his father, and believes his parents do not care for him.

**Child education and development:**
The oldest girl attends an early childhood service. The grandparents are very fond of their mokopuna, and say “We keep loving them more and more each day. And they love us too. We are binding together.” Although there is some rivalry between them, the two sisters are very affectionate towards their little “cousin”, and are keen to help in playing with her and bathing her. When asked about discipline, they said: “We talk to them, not like the days when our kids were growing up, hit them for any little thing they did wrong” (Grandmother). “I’m softer now and don’t even think about hitting my mokos” (Grandfather). “I don’t. I’m not with them every day.” (Girls’ father).

When their father comes around to see his girls, he brings them things, and they play with him. The grandmother said: It’s very good seeing him play with them. He will ask if he could take them up to town, but we won’t let him because we will lose custody of them.” The children watch TV in the morning, cartoon programmes. The grandmother monitors to see that they don’t watch adult programmes. They play together with toys, bikes, paper, and pens. The older child tries to talk te reo, the other taps them to draw attention, points to things, and uses the names of things she is familiar with. The two girls can both change their clothes and get ready for the bath. They help by getting nappies, powder, and, “want to do the dishes and peel the spuds.” They also help set the table, pack away the clothes, and make the beds.

**Maori values and child development:**
The grandparents are familiar with their whakapapa, and both speak Maori. The grandmother regards herself as fluent, and the grandfather says: “I’m pushing more to speak on the paepae now; I ask my older brother first, you know tuakana/teina, with him by my side, the others on the paepae acknowledge that.” The grandmother speaks te reo Maori to her children, most of the time when they come around, and also to their mokopuna, because “we want them to learn.” They don’t read to the children in te reo Maori, but speak it whenever the occasion demands, and attend Maori events at the marae. He sits on the paepae, she sits with the kuia, and the mokopuna attend with them – “yes, all the time; that’s our life.” The grandmother sees her Maori cultural needs as: “learning more waiata for the whaikorero: the grandfather as: “advanc[ing] my reo. You know we were the kids who got the strap for speaking Maori. Our parents wouldn’t speak Maori to us.”
**Parenting skills and confidence:**
Since coming on the programme, the grandfather says he has learned how to find out information; “for our mokos we’ve had to learn a lot of things to get them. Wairua Maori goes deep.” The grandmother says “We certainly know about the custody issue, because we had to go through it.” When asked whether being on the programme had changed the way they parented, they both said: “Yes and No, there is a different feeling for what grandparents feel about their mokopuna – different feeling for your own children.” They both clearly want to give their mokos a secure upbringing, and provide the same support for them as they did for their parents.

**Justice:**
In the past, they have been involved in custody issues over their grandchildren. The children’s father has employed a lawyer, but they have used legal aid services, and have been involved in supervised access with the father. They assume that the children’s parents know about the availability of programmes for children who have witnessed domestic violence, although they have not been aware of, or accessed them, personally. The grandmother says she is certain “the mokopuna saw their parents fighting all the time.”

**Employment:**
The grandfather is now involved in casual work, but has been employed by the Ministry of Works. As he is now approaching retirement age, he has not been active in seeking further work. He valued his employment for the satisfaction it brought.

**Kaiawhina Comments:**
There are in fact three whanau represented here, and it has been necessary to deal with relationships in three separate settings:

- **the grandparents, who have custody of the two little girls, belonging to their son;**
- **their son, needing to strengthen his relationship with his two daughters, following his release from prison;**
- **the four months-old baby belonging to their grand-daughter.**

The grandparents thus provide the primary care for the three mokos. The level of support needed by this whanau has dropped, and is now minimal, but the father of the girls still has high needs. At the beginning, when custody issues were a major concern, a large amount of information needed to be gathered. There were domestic abuse issues, and the girl’s father needed special assistance. The living situation of the mokos was described as high risk, and the grandparents had in effect, to estrange themselves from their son for the sake of the mokos. Apparently the other grandmother was not even able to see her mokos. “There is nothing wrong with her wanting to awhi her mokos as well; however that’s the system. We wanted her support for the mokos.”

Involvement in the Whanau Toko I Te Ora programme has changed the behaviour of this whanau. If anything it has reinforced their attitude about the values of whanau and maintaining their wairua. The grandparents are now open about their problems and what to do about them, about their changed roles, and about handling supervised access, which involves them having to act outside their normal practices of tikanga Maori – “it’s mame for them.” The grandparents manage to maintain a consistently positive attitude.

She concludes:
They’re from the old school of thinking, you know, they maintain the ‘home-fires’, take responsibility for the raruraru caused by their children. Their doors are never closed to anyone of their whanau. That’s why they have these three lovely children. They don’t want any of the rubbish their parents are involved in to harm the children. They have a lot of wairua.
Case Study H3 - High Level of Support

General background:
This solo mother with a three year-old girl lives in a high-risk, extended whanau, and has previously been in an abusive relationship. Over the two years from November 1999 to November 2001, joint learning sessions played a large part in her rehabilitation, with topics covered including: literacy and numeracy, tikanga, dressmaking, home science and cooking, strategic planning for the home, creative finance, child safety and te reo.

On entry to the programme, goals negotiated with her kaiawhina were spelled out as follows:

- attend a personal development programme that will help with my growth. I want to be strong like my kaiawhina (achieved August 2000)
- gain confidence
- gain self esteem
- learn the value of tikanga Maori
- learn te reo
- learn to be a mother
- learn about kai and nutrition
- whakawhanaungatanga
- Learn to say NO. (these were all recorded as achieved in December 2000).

Subsequently two extra goals were added:

- obtain drivers licence and seek employment in a driving job (achieved August 2001).
- gain confidence in one's self which will help lift one's self esteem. If only I had the confidence like my kaiawhina. I will build and strengthen in this area.(achieved December 2000)

Health environment:
The child was born with a shoulder muscle problem, and has had ongoing treatment to remedy the deficiency. Physiotherapy has assisted it, and by the 18-months evaluation it had shown some improvement. She has no other health problems, and has not visited hospital. All immunisations are in order, and visits are made to a doctor and the school dental nurse. The mother has no current health problems either, which is surprising, considering the extent of her former drug use. She does the cooking, including stews, vegetables, meat, macaroni cheese, salads. The children like stews, boil-ups and fruit best, but aren’t keen on broccoli or beans. In general the home health environment is now good. The mother smokes at home, but outside the house.

Housing and transport:
At the beginning she needed urgently to be moved into a safe house. Her present Housing New Zealand accommodation is comfortable, but there are several other whanau members (uncles) also living in the four-bedroom, rented house. Two-thirds of the total whanau income goes on rent. Her girl has her own bed, but “hops into bed with me sometimes.” There is a phone in the house and they have transport, but she has access to public transport, and sometimes uses it. She receives a substantial amount of support from other members of the whanau, friends and “lots of other contacts.”

Finance and Budgeting:
She declined to reveal her total income, but said she spends all she gets, on the usual things: rent, food, power, phone, clothes, medical expenses. A string of unpaid fines for driving without a licence has created added financial pressure. She has received help from the Whanau Toko I Te Ora programme staff in budgeting and financial management, which has helped her “survive”.

Education and training:
She spent four-and-a-half years at high school, and left from the sixth form with no formal school qualifications. She was not successful in completing any training programmes since leaving school, but is thinking about undertaking further education, perhaps kohanga reo training.

Child education and development:
The mother was encouraged to send her daughter to an early childhood service, and she now goes three times a week to a kohanga reo. Because the mother herself is in attendance there is no cost to the whanau. At home, she interacts well with her daughter: during story reading, bath times, and when learning to swim. Her uncles in the whanau enjoy playing with her, and she likes them, too. “It puts a sparkle in her eye.” All the adults love her, and enjoy her, and they get on well with each other. Her cognitive development seems good, and emotional and social development are both positive.

She watches about two hours of television each day (Hi 5, Teletubbies), and her watching is monitored. She plays with her dolls, boxes, and other toys. She acts strongly to gain attention: “Talks, pulls mum’s hair, punches mum if she can’t get what she wants, stamps on mum’s foot.” She tries to dry the dishes, sweeps the floor, pushes the vacuum cleaner, and folds clothes. She helps her mum by tidying her toys, and tells her to make the bed. With some help, she can brush her teeth, comb her hair, change her clothes and make sandwiches. Her mother uses the “time-out” procedure when her child is naughty.

Maori values and child development:
The mother is very familiar with her whakapapa, and speaks a little Maori. She says she is not fluent, and doesn’t “really speak it, just some words.” She doesn’t read to her daughter in Maori, but does attend the local marae, although this is not her home marae. When she goes, she helps in the kitchen, and her daughter sometimes goes with her. She supposes learning Maori would be a cultural need for her.

Parenting skills and confidence:
At the beginning, she needed to know that she was capable of making decisions without being put down. Now that she has spent some time on the Whanau Toko I Te Ora programme she has gained in confidence, and has become more patient. Her cooking has also improved. The behaviour management skills she has learnt have changed the way she parents, and she wants a safe environment for her daughter, plus a good education. She hopes to achieve this by careful supervision (especially outside by the road), and by supporting her through her schooling years.

Employment:
This mother had done factory work, and was formerly employed in a supervisor role in a kohanga reo, but is not now in paid employment, while she cares for her child. She can see no barriers to her future employment.

Kaiawhina Comments:
Because of a drugs and alcohol problem, this whanau received a high level of support. The mother lived from day to day, and then “suddenly a baby, and one had to stop all the negatives, get cleaned up and move into a positive future.”

Involvement in Whanau Toko I Te Ora changed the behaviour of this whanau markedly. It is now a drug and alcohol free environment, and very clean and smoke free as you enter it. There are no alcohol beverages/containers in sight, and the child’s mother is “moving positively” and sharing information with friends and whanau. She has become a confident cook for the wider whanau, and recently cooked a birthday dinner, decorated the table beautifully, and made small gifts for whanau members who attended.

Support given in home visits and outside has been substantial, and includes:

- transport
- driving lessons and information on road safety
- financial advice (League input in running a workshop in managing finances)
- legal matters, through the Maori Wardens (rights in reference to justice and police)
- improving home safety environment
- support in learning te reo
- cooking – making peanut clusters, coconut roughs, roast dinner, chop suey/rice, BBQ/salads
- information on child development
- personal (someone to talk to, someone to listen to).
Case Study H4 - High Level of Support

General background:
This whanau consists of a solo mother and her three children (a boy aged four, a girl aged three and a boy of two years), formerly in an abusive relationship involving drugs. She was admitted to the programme in March 2001, and over the period to the beginning of December 2001, had received a total of 56 visits and 30 phone calls from the kaiawhina which were specifically logged.

In her initial assessment a large number of needs were established; the mother had suffered severe ill-health as a child, and, although they had all been immunised, her children were troubled by a number of ailments, including sores, and viral infections. The baby boy had chest and ear problems. She was paying more than she could afford in rent, the power had been disconnected because she was in arrears, and she had no washing machine working. She was worried that the estranged father of her children might get in touch with her again and cause custody difficulties.

At the first meeting, a large number of specific plans were put in place, in consultation with her kaiawhina, to address some of these issues. These included plans to:

- manage anger and stress
- get support with parenting/life skills
- learn good child-rearing practices
- learn Te Reo Maori
- manage her finances better
- get a nursing certificate.

On subsequent occasions these were modified, and new plans added, including:

- get part-time employment at a kohanga reo
- sit her drivers licence
- obtain support to give up smoking.

Health environment:
By the six-monthly assessment in November 2001, all the children had visited the doctor for checkups and prescriptions, and had been treated for a variety of ailments, including allergies and viral illnesses, requiring antibiotics. The older son had two teeth extracted. The two year-old boy had been admitted to hospital for glue ear and pneumonia, and grommets had been inserted. He continues on regular medication, but information received from health services showed that he has made improved weight gains during the year. The daughter had also been admitted to hospital for pneumonia, but is now physically well-advanced for her age, and the mother has found her health book, which she had lost. All immunisations are now up to date. The mother herself has no health problems at the moment, although she has had them during the year, and suspects that amongst other things she may be asthmatic. She has now much better access to health services, including a medical centre, Maori health provider, Healthline, as well as doctors. She cooks for the whanau, a good range of foods, including chicken, casseroles, meat and veges, and has a better understanding of the importance of healthcare and follow-up care for her children. She is still a smoker, but only smokes outside the house, and is thinking of giving it up.

Housing and transport:
The whanau now live in a three-bedroom, rented home, and she is happy in her new accommodation, with its more manageable rent. She did not like living in her last house, partly because there were no gates to the property. Both sons sleep in their own beds in their bedroom, but she sleeps with the two year-old. Her daughter has her own bedroom, and they have a spare bedroom. The house has a phone. At the beginning she did not have a vehicle, but she is now one of the van drivers for the kohanga reo. Her kaiawhina also provides transport for her, and other support comes from her mother and friends. Occasionally she uses a taxi.

Finance and Budgeting:
The mother receives $300 per week from the Domestic Purposes Benefit, and another $42 per week from part-time work. All of this goes on the usual expenses such as rent, power and kai. She has used budgeting and financial planning services in the past to help “make the money stretch.”

Education and training:
She left school from the fifth form, after three years of secondary schooling, but without gaining formal qualifications. She has done some training in accounting and office systems since then, but did not complete it, and would like to go back to school or training for further education in computing, te reo Maori, and possibly nursing. She has identified her own needs in parenting skills, home management, Te Arahiko training, and “te reo me tikanga Maori”.

Child education and development:
The three children go to a kohanga reo, and they now interact happily with her, settling down much better at home. She has been able to maintain her attendance there, which has benefited herself and her children in all areas. It enables her to socialize with other kohanga parents. She would like her older son to attend a kura kaupapa Maori next year, but as a parent she would be required to help in establishing this school, which would therefore require some form of assistance.

Currently the baby clings to his mother a lot, and has tantrums if she ignores or pushes him away. But he smiles and plays well if she is not present. The three year-old daughter still clings to her, and demonstrates clear feelings of frustration and anger. The older son is withdrawn, expressing whakama, and uses his own sign language to indicate his needs and wants to her. He has worse tantrums than the other two if angry or upset.

The mother enjoys physical contact with the children, but at the beginning seemed to find it hard to be emotionally responsive to them. She found it difficult to provide routines and boundaries. She has now become aware that she needs to be more responsive to them. When their nana visits they get excited and happy, and this also provides “timeout” for her, allowing her to relax. The oldest son enjoys the company of the youngest son, but there is a lot of rivalry and attention-seeking behaviour when their mother is present. She does what is necessary to meet the immediate needs of the children – with a minimum of effort. The children are very protective amongst themselves, and caring towards one another when she is not around. The kohanga whanau is helpful in ensuring that they are kept busy to prevent the siblings vying too much for their mother’s attention.

The mother herself says of their relationships with each other: “They have their moments. The older ones awhi with the younger ones.” There is further interaction within the whanau in waiata, korero and kanikani.
The children are reported as watching television every day, children’s programmes, monitored by the mother. They are able to communicate by korero and patting, and can change their clothes, feed themselves, horoi, make beds and tidy up. They also help by drying dishes. On discipline she says, “I used to smack, but now children have time out.”

Maori values and child development:
The mother was well aware of her whakapapa, and at the time of the interview had begun to speak more Maori than she did at the outset. She believed she spoke it reasonably well. She communicated with her children in Maori every day, read to them in Maori, and attended events on the local marae much more frequently, as well as going to the kohanga reo. She was a support whanau in the marae kitchen, and took the children with her. She would like to learn more te reo Maori, arts and crafts, and activities.

Parenting skills and confidence:
The kaiawhina reports that at the outset this mother believed that parenting amounted to watching the kids and looking after them. She was not able to understand the developmental needs of her children, and was not at all confident. Towards the end of the period she was still not very confident, but was trying to stick to routines, and follow the behavioural plan she had negotiated with the kaiawhina. Her cooking was a lot better. She allowed the children to watch TV, but was working on better routines to get them to bed earlier.

The mother herself reports that the Whanau Toko I Te Ora programme has changed the way she parents, given her necessary time management skills, and helped her cope better with her three children. She would like them to have a better life than she had, and believes that she can achieve this by setting more goals for herself.

Justice:
She has accessed legal aid services in securing the custody of her children, but has not been involved in supervised access. She was not aware of programmes run by the family courts for children who had witnessed scenes of family violence.

Employment:
Formerly she was employed in a fast-foods outlet, and is currently working part-time. Eventually her goal would be to get off the benefit.

Kaiawhina Comments:
This whanau started off at a very high level of need, involving bereavement, an abusive relationship and the use of drugs. There has been a major change in her attitudes and behaviour as a result of her admission to the Whanau Toko I Te Ora programme. She gardens. She is more involved in health care for her tamariki, and more sociable and responsive to them. She is no longer involved in the drug scene.

This has meant a very high level of assistance, through frequent home visits and phone calls, covering such things as:
- general affirmation and support
- learning how to run a whanau
- handling resources
- menu planning
- shopping with her to exercise budget restraint.
Case Study H5 - High Level of Support

*General background:*
This whānau consists of a mother and her partner, who is a drug addict, caring for a boy aged nine years, another aged five years and a seven months-old baby girl.

Their whānau house was most inadequate, leaking, and with no bath or toilet or hot water. They were unable to find any accommodation they could afford in the town. One logged phone call and 13 meetings were recorded by her kaiawhina up to November 2001. Some of the meetings ran for several hours.

At her first meeting with her kaiawhina, in April 2001, five initial goals were negotiated:
- find better housing for children
- open a separate savings account
- enrol on Mahi Ora
- get employment
- learn kete weaving (basket weaving).

Towards the end of the six-months evaluation, this set of goals was amended and made more specific to the kaiawhina herself, as follows:
- continue to support mother with housing needs
- provide ongoing support with parenting skills, i.e., communication, relationship, self control
- continue to support registration with Mahi Ora – re computer skills
- arrange extra support for mother with baby sitting, to give her some “time out”
- provide support to prepare son for kura kaupapa next year
- obtain information about postnatal “blues” and sterilization for mother.

*Health environment:*
Both the two boys were born with club feet. The nine year-old has now had an operation to help him walk better. Neither of them was immunised, because the mother didn’t believe in it. The mother is worried, because her baby has a heart murmur, and has not been well. She was immunised at six weeks, following some discussion with her kaiawhina about alternative ways of immunisation. The children have been taken from time to time to the health nurse for checkups, and to the doctor when they have scabs that the mother can’t get to heal. The older boy had a filling when he was four, but the mother thought the dental nurse was a bit rough, and won’t be taking him back. He had an anger management problem too, but after attending a health camp he seemed to be able to handle it better. The children aren’t on regular medication at the moment, but when they are on antibiotics, the mother stops the prescribed course when they seem to be getting better.

The mother herself suffered from postnatal “blues” with her latest baby, and has needed counselling, as she was receiving no help from her partner to cope with the children. She has problems with her back, and has visited Maori medicare because she doesn’t want to get pregnant again. She is the main cook for the whānau (although sometimes her partner helps) – anything that happens to be in the fridge at the time. They smoke, but outside the house.

*Housing and transport:*
They have a rented three-bedroom whanau house, for which they pay $40 per week, but they have to sleep all in one room, because “half of the house leaks.” The children have their own beds. The baby was sleeping on the couch at the beginning, but now she sleeps in a cot beside her mother. The house has no phone (although they can use their neighbour’s), and their car is not currently registered and has no warrant of fitness. They don’t use public transport – this is provided by the programme kaiawhina when necessary. They get a lot of support with the children – from the kohanga reo, and the Maori Health Clinic (Maranga Mai), as well as from the kaiawhina, who just lives down the road. Housing New Zealand are doing an assessment to see if it is possible to improve their living conditions, and the kaiawhina has also tried to locate something suitable, but so far nothing has emerged.

**Finance and Budgeting:**
The parents are on an unemployment benefit, which brings $280 into the home each week, all of which is spent, around $40 of it on smokes, $20 on alcohol. Towards the end of the period under evaluation, an extra $20 benefit had been negotiated for the mother from WINZ. She used a budgeting and financial planning service once, but says, “it didn’t help me.” However her kaiawhina has worked on a budget planner with her.

**Education and training:**
The mother spent two years at high school, leaving from the fourth form without any qualifications. Since then she has been on a PEP scheme, learning weaving, and gardening. She has also been on whanau learning programmes on basic cooking, tikanga Maori, self-care, child behaviour, and preparing gifts for Christmas. She is not interested in going back to formal education, but would be interested in learning computer and communication skills.

**Child education and development:**
The two older children go to school, and the baby goes to the kohanga reo as a casual. She interacts with them every day, at meal times, and plays with them all – “we laugh, cry, and learn.” When the whanau come to visit, “we go to the beach, have a big kai, fun time, we interact with the kids.” The older boy gets on well with the baby, but there is a lot of rivalry with the younger one. The children are making progress in their learning at the kura kaupapa Maori.

They watch TV whenever they feel like it – there is no set time. The older boy likes children’s cartoons, “but they are outside boys really.” She is too busy to monitor their TV watching, but only one of them watches a lot of TV. They play outside together – “marbles, sticks, climb fruit trees, eat.” The baby is lively – “laughs, smiles, cries when she needs a kai/feed/sleep.” The boys can help with the usual household tasks, such as making beds, doing the vacuuming, folding clothes. The older one helps with the baby, cooks porridge. But she says, “I think their father should be doing a lot of this.” The boys can help mow the lawns. About discipline, she says “Since being on this programme I have learnt to talk instead of yelling; I can walk away.”

**Maori values and child development:**
The mother is very familiar with her whakapapa, and the two boys know it too. She speaks basic Maori to the children, every day, and reads to them in te reo as well. She attends Maori events like hui at the marae with the children, helping with the other kids, but always in the back. The kaiawhina provided her with transport to travel quite some distance to one of these hui. She would like to spend more time in Maori activities and practices, and notes that “the
children are involved in waka ama.” She would quite like them to get back into kapa haka too.

**Parenting skills and confidence:**
Since coming onto the Whanau Toko I Te Ora programme she has learnt some self-control, and doesn’t yell at the children so much. Previously she got very upset with them answering back and swearing, something which she attributed to lack of quality time with their father. She would like them to have a better education, and a better life than she has had. But right now, parenting takes her 24 hours a day, 7 days a week. She is finding the day-to-day stress of living makes it difficult to set goals.

**Justice:**
A non-molestation order has been taken out against her partner, who had become abusive, and relationship problems have not so far been solved. She didn’t know about the programme for children who have witnessed domestic violence, available through the family courts, and hadn’t used it.

**Employment:**
She has been employed as a kaimahi in a kohanga reo for a year, but isn’t in paid work now. She has applied for lots of cleaning jobs, but hasn’t got any. Childcare costs are the main barrier, but she would like to get off the benefit and make her own money.

**Kaiawhina Comments:**
Prior to being admitted to the programme she was involved in the drug scene, and was raising children in it. She found it difficult to communicate with anyone, and wouldn’t trust anyone because of the drug situation. She is now more open and willing to discuss the issues – she “used to sit at home and stress out.” The high level of support she has received has been helpful. There is less stress in her life. “I’m able to talk and advise her partner. He’s totally involved in drugs. I can defuse serious situations because he knows me and trusts me going to his home to visit his partner.”

Previously she had lived in isolation for nine years, because her partner wouldn’t let her go anywhere. She was always suspicious of people and trusted no one, was very protective of their activities. This attitude has changed, as a result of the programme. The provision of transport has also helped greatly in this.

“Now she has the courage and confidence to make minor changes. Today her partner is looking after the children, so that she could be here [at the interview]. A major, major improvement for him to do this. It’s the first, but I assure you it won’t be the last. It’s exciting just to get her away from him. I’ve had to work hard at gaining his trust, just to have her here.”

Support given has centred on gaining her trust and confidence. “I respect her partner, even though I do not agree with his drug [practices]. I don’t make judgements about her and her home environment.”
Case Study H6 - High Level of Support

General background:
This whanau had major problems when it was admitted to the programme. There was a history of stress and depression, related to drug use and whanau abuse. The very young mother has three children, girls aged eight and six, and a baby boy aged ten months, and is living with a new partner (not the father of the three children) in a gang-related relationship. She was admitted to the programme in April 2001, and over the six-and-a-half months to the first evaluation in early November had received 20 communications from her kaiawhina, three-quarters of them home visits.

In the initial assessment some very specific short-term needs were outlined, together with some very general long term ones:

Short term:
- visit optometrist - 2 weeks
- get immunisations done on children - 2 weeks
- rent better accommodation - 3 weeks
- learn kapa haka - 1 month
- purchase own vehicle - 6 months.

Long term:
- employment - 2 yrs
- dream house - 10 yrs
- well educated - ongoing
- to succeed - on going
- support - ongoing.

After six months, in consultation with her kaiawhina, these were refined and updated into general goals in six major areas:
- learning to cope with her stress and depression
- support with learning te reo Maori and kapa haka
- ongoing support with partner’s drug issues
- on going support with self control around her children
- ongoing support with financial issues
- ongoing support for daughter’s eyesight and reading problems.

Health environment:
On admission to the programme, there were no major health problems, apart from visits to a doctor, health nurse and Maori health worker for colds and one visit to a hospital for a viral infection. The two girls have had their immunisation, and their Health and Development books were up-to-date. However during the year the baby boy had a fall and was admitted to hospital, and had a high fever from infection. The two girls kept getting colds, and the eight year-old got a foot infection. The mother has asthma, and was unwell during the year. The fact that their water pump broke down didn’t help.

She gives the children the complete course of any medication prescribed “only if the doctor says so.” The two parents do the cooking, providing a broad range of food. The children especially like kaimoana, such as kina, oysters, paua, and they have no dislikes. The parents both smoke, but not inside the house, as there is a designated area outside for use by smokers.

Housing and transport:
They live in a four-bedroomed house, which they rent and find satisfactory for their needs. It has a phone, the children have their own rooms and beds, and they do have their own transport. Nevertheless, the kaiawhina has used her own vehicle from time to time to give them a lift to doctors and the chemist. There is no public transport where they live, but they have a school bus. They have a large extended whanau from which they get support.

**Finance and Budgeting:**
The mother receives the unemployment benefit, and the total amount coming into the home amounts to $495 a week, all of which is spent. She has not used any form of budgeting or financial service, but the kaiawhina did provide her with a budget plan. $40 per week goes in smokes and alcohol. There had previously been problems over a pending mortgagee sale of a house which she had bought some six years ago. This house is currently rented out.

**Education and training:**
The mother only had one year at high school, leaving from the third form without qualifications, and is conscious of her lack of education. Since leaving school she has obtained a certificate in hairdressing, and has done a course in self-esteem for mothers. She would be quite keen to attend Mahi Ora, do a course on computer skills, and is also interested in weaving.

**Child education and development:**
The two girls used to attend a kohanga reo, but are now at school, and she interacts with them daily, “teaching them, showing them my love.” As a result, “they’re learning all the time, they’re loving in return.” They are good to one another, and look after their baby brother. There is lots of awhi and aroha. On general relationships within the whanau, the mother says, “We are always together. Good fun, no animosity amongst us, just happy to see each other.”

They watch the children’ cartoons on television for about 1½ hours a day. Hi 5 was specially mentioned, and their viewing is monitored. They like playing with motor bikes, the computer, playstation, and they “love their netball. They are real chatter boxes – talk, talk, talk.” The mother can identify the various cries of her baby (“kai, wet, sleepy”). Their grandmother helps in giving awhi, and has an input into their daily health and basic needs.

The baby can crawl, “climbs on things and breaks my ornaments.” The girls bath and dress themselves, make their own beds, and they help with the dishes, and with cleaning the house. They like some assistance with computer programmes – (“some are difficult”), and with their reading and maths homework.

**Maori values and child development:**
The mother is well aware of her whakapapa. She speaks basic Maori, but wouldn’t regard herself as fluent, and she uses Maori to her children, “every day, the basics.” If they bring their books home, she will read to them in Maori. She attends events on the marae with them, and sees her role to “get in the wharekai and do the work.” She would like to improve her ability to speak in Maori, and believes that sharing the upbringing of her children with the extended whanau is a good thing. Such support is especially helpful when children are sick. She would like to strengthen their beliefs in tikanga Maori.

**Parenting skills and confidence:**
Since joining the Whanau Toko I Te Ora programme, she says “I’ve opened up more and speak about my personal things. Before I wouldn’t have talked to you like this ... I’ve toned down, not yelling as much. I don’t smack them, they go into their room. I have patience.” Being on this programme has changed they way she parents – “Very much. I’m much happier.” She would like to develop more skills in cooking, time management, and how to use “time out” in discipline effectively. She would like her children to get a good education – “Not like me stuck in that rut, on the benefit.” She believes she can achieve that – “Awhi them in their schooling, they love school.”

**Justice:**
She has been involved in legal issues, because of matters related to her ex-partner, but no custody problems have arisen. She is aware that programmes are available through the family courts for children who have been involved in family violence, but has not used this service. Her present partner is currently going through the court system on drug-related charges.

**Employment:**
She has been employed by NZ Post as a postie, and also as a kaimahi in a kohanga reo. While she has a baby she is not looking for work, and her partner does not want her to. She ultimately sees employment in colourful terms – “get a life.”

**Kaiawhina Comments:**
This mother has certainly changed her behaviour since being involved in the programme. She is now “more open and can express herself. She understands that her issues can be discussed and resolved or dealt with by trusting me.” Her attitude has changed from “No one can help me” to “I know I can be helped with the right support from community agents.”

Support given has been considerable. “I give her time out and baby-sit the children for her when she’s stressed out. She calls me any time day or night. She’s in a gang-related relationship. Her partner knows who I am and would say “Here comes the counsellor” in jest. He is not suspicious of me and respects me. I am able to calm him down when he’s near to nutting off.”

Other specific forms of assistance given have been:
- financial support
- accompanying them on court appearances
- whanau learning programmes
- child abuse counselling
- protection orders
- cooking preparation
- a listening ear.
Case Study M1 - High/Medium Level of Support

General background:
At the time of the evaluation, this whanau consisted of a mother, who was an unsupported caregiver, and five children, a 17 year-old boy, and two sets of twins, aged 15 years (both boys) and five years (both girls). There was also another boy aged 11 years, who was living with the mother’s sister. She had been in a scene of domestic violence with the children’s father, and was placed in a women’s refuge, before being moved some considerable way into a city home.

Initial contact was made through the kohanga reo. She was enrolled on the Whanau Toko I Te Ora programme in February 2000, and received 13 visits during the year, mostly in her own home. A series of short- and long-term goals was negotiated with her kaiawhina. In the short term she wanted a “proper” job (kitchen work), and wanted her tamariki to go to school every day for the rest of their school lives. In the long term, she wanted to own her own home, and give her tamariki what she didn’t have when she was young.

Specific needs identified were:
- misbehaviour by children
- illness/disability
- lack of food, clothing, furniture
- transport difficulties.

Health environment:
The youngest daughter has health problems, has been to hospital, and is on regular medication for a blood disorder. The others are OK. They have all been immunised, seen a dentist, and visit a doctor regularly. The mother has no current health needs, other than a wish for free dental care, but had previously been under a lot of stress due to the relationship with her partner. The kaiawhina reports an improvement in her emotional state, and the pride she has started to take in her home living environment has made for a happier home life. With the move, the children are more active and outgoing, and not so reserved.

She cooks for the whanau, with help from a 15 year-old son, good healthy food, including stews, vegetables, meat and fruit. The children like Asian food best. The mother smokes, but outside, not in the house.

Housing and transport:
She now rents a three-bedroom Housing New Zealand home, and all the children have their own beds. Previously her furniture was “not the best”, and the house she lived in was “far below average” in general cleanliness. But they still have no phone, and no transport, so they have to use public transport or walk. Support comes from friends, members of the extended whanau, and a nanny, as well as the kaiawhina. She gets on well with her neighbours, who are protective of her and her family, in view of her previous unfortunate background.

Finance and Budgeting:
She lives on the DPB, and is forced to allocate it very carefully. She didn’t know how to handle money, because her former partner always did it, and “took it off her every week, leaving her nothing.” She is now coping well with the family budget, set up in consultation with the kaiawhina, and is living financially within her means.

Education and training:
Leaving school from the fourth form, at the age of 15, she has since obtained an NZQA qualification, Kaupapa Hauora, and a Tapu O Te Tangata Certificate (two Maori health qualifications). She would like to go back to school to learn more, particularly to improve her literacy, but says she needs a telephone so that she can ring around for courses.

Child education and development:
When she entered the Whanau Toko I Te Ora programme, the two younger children were attending kohanga reo, and very timid and reserved. Now they are all at school, and much more outgoing. The older boy is at high school. They now interact freely with other children, and are much happier and more emotionally stable, once the unsettling effects of leaving their friends and moving to a strange town has worn off. When they are at home, their mother assists with their homework, and works on refining her behaviour management. Since the move, she has found her interactions with the tamariki have much improved. “It’s fun interacting with everyone.” There is more love and togetherness, and “it feels good both ways.” Previously she was unable to devote any time to reading or interactive activities with the children, because of the nature of the marital conditions she was living in.

The children play outside a lot, depending on the weather, and only watch television about half-an-hour a day. Their favourite programmes are Pukana and Bob the Builder, and she carefully monitors what they watch. Outside they play with other kids’ scooters, balls, pushchairs, and talk and sing. Inside, the little ones help the older ones do the dishes. Her views of discipline are to “put them in the corner.”

Maori values and child development:
The mother has some knowledge of her whakapapa, and speaks everyday basic Maori commands to her children, but did not have a great knowledge of tikanga to begin with. Her involvement with the twins at kohanga reo was a big help to her in this, and other aspects of child development. She now reads in te reo to her children, and is able to help them with their school learning, “if they come home with their books.” The children go with her to the marae, where she acts as parent support. She described her cultural needs as “To learn more, for me and my children.”

Parenting skills and confidence:
She says she has learnt “heaps” on this programme, including budgeting skills, teaching the kids, and using behaviour control and management techniques. With the major improvement in her self-esteem since the move away from her abusive partner, she has more confidence, and involvement with the children at school has also taught her new values and better parenting skills. She says she doesn’t want to leave the programme, “because of what it does for me.” She wants better education for her children, and so she keeps telling them to stay at school so they can continue their education.

Justice:
She has used lawyers and accessed legal aid services, and has also been involved in custody issues. She is aware of programmes for children who have witnessed acts of domestic violence, but has not used them herself. She has managed to place her unfortunate past and involvement with the processes of justice behind her.

Employment:
She is not currently employed, but was previously in employment as a kitchen hand. She has tried to locate training programmes to assist her get paid work, but because she has to take a child to hospital every three weeks for treatment, this has been a barrier. She would like a regular wage, and is aiming at improving her literacy skills to this end.

Kaiawhina Comments:
Initially very high, the level of support needed for this whanau is now low. The mother came out of a domestic abuse situation; she was moved into the region, with her five children, by Womens Refuge, but she had no support. She had no money from week to week, and needed budgeting skills. Whanau Toko I Te Ora has made a big difference to her. She is more at ease with her children, and “there is very little fighting because mum understands their needs. When I go to their home I see a happy home, mum involved with children’s activities and now has whanau support. Whole whanau have high self esteem.”

Major support given has been:
- solving custody issues
- budgeting
- arranging for WINZ benefit.

“We end up being friends.”
Case Study M2 - High/Medium Level of Support

General background:
This whanau consists of a mother and children aged seven years, five years and three years, and by the time of the interview, there was a three month-old baby as well. Her partner was heavily into alcohol, and their relationship was poor, and deteriorating. Toward the end of the period under review he was sent to prison, on a drink driving charge, and placed on a course of anger management.

She enrolled on the programme in June 2000, and over the succeeding 18 months had received a total of 75 communications. Five of these were logged phone calls, and most of the remaining 70 were home visits. Characteristically these lasted between half-an-hour and one hour.

No plans were recorded until April 2001. They tended to be modest plans and achievable, and when one goal was completed she would move on to another one. For example the first need was related to her housing. The plan was to contact a landlord, write down all the details of a possible contract, arrange with her aunt to help with tenancy rights, and write a letter direct to the landlord with costs of repairs.

Two months later, a second plan was to discuss budget payments with some boarders which she had brought into the house, make a list of duties not done, extra costs and inconveniences caused, and arrange for her partner to speak to them about it. This goal was specifically recorded as achieved by June 2001.

A week later she was entertaining the idea of better accommodation – new or existing home, size, location, affordability – and wanted to discuss with her partner’s parents such things as loans, interest rates, and bank repayments. Later in the period under review she was also anxious to locate a support worker for her partner, as he had lost his job and been sent to prison.

Health environment:
The children have runny noses from time to time, and the usual childhood ailments like chickenpox, but no-one is on regular medication or has visited hospital. All the children have been immunised, seen a dentist, and visited a doctor. The mother doesn’t always give the children the complete prescribed course of medication. As she says, “sometimes I stop because I know the medicine is not good for them. Antibiotics are not good, they usually get the runs.” When the new baby was due, the kaiawhina needed to locate a suitable GP and midwife for her, and gather clothing, blankets, nappies, etc., for the arrival. Both baby and mother were well, and were able to receive the usual Wellchild provisions.

The mother herself has slight hearing problems. Either she or a boarder do the cooking for the whanau – “boil-ups”, and all the basic foods. The children’s favourites are takeaways. Members of the whanau smoke, but only outside the house.

Housing and transport:
Their three-bedroom house is rented, and eight people live in it, the five of them, plus her sister and boyfriend, and their son. They also had boarders for part of the time, which reduced their living space. Her children sometimes sleep with her, all in one room. The five year-old and three-year-old sometimes “top and tail”. The seven year-old likes to sleep by herself. The whanau have their own transport (which is sometimes pakaru), and the house has a phone,
but it can be cold in winter, and it lacks firewood for warmth. During the year, the mother managed to get some better accommodation, closer to the shops and her own father’s work, and this relieved the pressure somewhat. She managed to pay the heating bills, and so it is warmer. But there is no gate to the road, and the plumbing needs attention. She receives a considerable amount of support with the children – from friends, and various members of the larger whanau. “They offer to look after the kids so I can take a break.”

Finance and Budgeting:
Household income comes from a benefit and a variable amount of other income, depending on how much she works. All of it goes every week. Taking in boarders for a while helped her finances a bit, but she did not regard it as a realistic option. Her partner has on-going problems with alcohol, and contributes on an irregular basis, but really makes only a minimal contribution to the whanau. She has a TV and video on hire purchase, but has not needed to access budgeting or financial planning services. The kaiawhina notes after 18 months, “She just manages to keep her head above water – with whanau support.”

Education and training:
She spent three-and-a-half years at high school, leaving halfway through the sixth form year. She says, “I just walked out of school. The principal was mean to me.” She had previously got School Certificate, and since leaving school had been on a private training programme for whanau life-skills, run by the Kneecap Trust. At the time of the interview she was working part-time as a kitchen hand, and she would quite like to train as a cook at a restaurant some time in the future.

Child education and development:
The children go to school or preschool, have settled in well and seem to be enjoying it, and are learning. For instance, the younger ones understand why a gate is needed to the street. There is a fair bit of interaction when they are home – “having kai, talking, growling, yelling...” Their mother says, “If I talk loud, they go all quiet and scared sometimes, my boy cries. If I growl at him they know when I’m angry. They usually ask ‘why’ was I angry?” They talk all the time. They get on good sometimes, but if one teases the other, they start fighting and hitting one another. I usually yell at them and tell them to cut it out. They play with each other sometimes; they get on sometimes; sometimes they get hoha with each other. The two older ones can’t play together too long.” They play with their neighbour’s children, as well as cousins, and there are regular visitors to the house.

The children watch TV after school, and sometimes in the morning – mostly children’s cartoon programmes. “They like watching movies.” But a check is made to ensure they only watch children’s ones. They are reported as being cheerful at home, and keen to help their mother with the new baby. The children play with their toys, ride bikes, scooters, and are good at “making a big mess.” “Sometimes I have to bribe them to clean up. The eldest is good, she likes to clean up.” With a bit of help, the children sometimes “lift the mattresses into the sitting room – to lie on and watch TV.” Discipline involves “a yell or a smack on the bum.”

Maori values and child development:
The mother is very familiar with her whakapapa, but she only speaks a little bit of Maori to her children, and is not fluent. She doesn’t read to them in Maori, but she does attend Maori events like hui on the marae. The children sometimes go with her, when she works in the kitchen. She would like to know more about her whakapapa. She is also aware of her need for
more te reo, but she practices tikanga, in caring for her grandmother and whanau members whenever required, in offering accommodation for her sister and child, and in sharing food with all who need it.

*Parenting skills and confidence:*
She wasn’t really sure what she had learned on the Whanau Toko I Te Ora programme, but “just wanted the best for her kids”, to be a good mother to them, to make them happy. At the outset she lacked confidence, in not really knowing what to do to encourage and extend her children, and this was slow in coming. They had few creative play things around. But now she does allow them to explore and interact, and usually only interrupts when they become upset. She is generally able to maintain a quiet manner, and has become more relaxed about being a parent, enjoying watching her children and noting their developmental changes.

*Employment:*
She has been employed part-time, recently, but finding a baby sitter or some other form of childcare to allow her to do night work is the major barrier to overcome. But she says, “I do need to go to work to have a break from the kids.”

*Kaiawhina Comments:*
The amount of support provided for this whanau began at the medium level, but rose to high whenever there was a crisis. Visits could vary between one or two a week, up to once every two weeks, depending on the circumstances.

The major issue to be dealt with was a deteriorating relationship with the mother’s partner, which, at times, also involved the wider whanau. Since coming on the Whanau Toko I Te Ora programme she has become more assertive, “willing to talk more rather then just yell.” She has gained a better understanding of how others, even within her own whanau, may think differently. Since his attendance at the birth of the latest baby, the father wants more involvement, and there is now more open communication between the parents.

Much counselling, listening and general support has been required for this whanau.
Case Study M3 - High/Medium Level of Support

General background:
This whanau consists of a mother and father in a somewhat unstable relationship (they sometimes would walk out on each other), with a family of five children, aged ten, eight, six, four and one-and-a-half years old. The mother was on drugs, and the whanau lacked food, clothing, and furniture.

She was enrolled on the Toko Whanau I Te Ora programme in February 2000, and received 78 visits by her kaiawhina up until November 2001. A plan was set in place at the beginning, focussing particularly on her need for better management skills, particularly financial management, and issues relating to her own upbringing, including anger management. This plan was deferred for five months in the latter half of 2000.

Health environment:
Once child has asthma, but generally the children are healthy, and have all been immunised and visited doctor and school dental nurse as appropriate. One has been to hospital, but none is on regular medication. The parents themselves had no health problems at the time of the interview, but the mother had pleurisy during the winter. Both parents share the cooking for the whanau. Both of them smoke, outside, and sometimes in the lounge, with the bedroom doors closed.

Housing and transport:
They rent a three-bedroom house, and the children all have their own beds. It is kept clean and tidy, but cold wooden floors without mats continue to be a problem in the winter time. They have no phone, but do have their own van, and sometimes take public transport. They receive a lot of support from the whanau, community and friends.

Finance and Budgeting:
They have a joint income, but it is not large, and all of it is spent every week. The mother has twice used budgeting and financial planning services, to “put her on track”, as she says. When she entered the programme, they were receiving assistance with kai from other whanau members.

Education and training:
She spent four years at high school, leaving from the second year fifth form, and she has qualifications in first aid, life-saving, and an Excellent House Mother certificate. She currently works as a kaiawhina in the kohanga reo, and would be quite keen to improve her te reo Maori, and to take up some further training to be a chef.

Child education and development:
The children go to school and te kohanga reo, as appropriate for their ages, and she says “In my job as kaiawhina I spend a lot of time with my babies. I have a big input in the children’s education. My children come first. [We are] a strong family and caring, loving and supporting.” The children “can never be without each other – if one is away, she/he is missed by the others.” They watch television morning and evening, and their favourite programmes are Dragon Ball Z, Thomas the Tank Engine, and family movies generally. What they watch is monitored. She says “the children play with each other, balls, toys, anything.” They speak Maori and English, and the little ones like to do the same as the older ones – dishes, laundry, make beds. They help with the house chores. “The younger ones can butter their bread and things like that, but I have to tell them that they have enough butter on their bread.”
Maori values and child development:
The mother is very familiar with her whakapapa, and is quite fluent at speaking Maori, although she would like to improve her language skills even more. She speaks Maori regularly to her children, and reads to them in Maori, especially in the evenings, “evening time is special time – storytime, kata-time.” She attends various Maori events on the marae with them, where she acts as kaimahi. She also helps out at a local bilingual school.

Parenting skills and confidence:
Before she joined the Whanau Toko I Te Ora programme she suffered from low self-esteem, and hated her upbringing, in an environment of abuse and alcohol. Her husband was also regularly drunk as well. She used to yell at the kids when upset. Now she still has moments when she yells at them, but her own self-confidence has improved markedly since her involvement with the kohanga reo. She normally employs “time out” as a disciplinary measure. The programme has improved her ability to interact with older women, communicating on the same level with her elders. She says she has “learnt skills – I thought I had them all.” She herself was brought up by social workers, and doesn’t want her children growing up without parents. She would like them “to be happy and know that they can always depend on me and my husband.”

Justice:
She was required to do community service because of an attempt to defraud the kohanga reo, and has received some counselling, but had to stop because she couldn’t afford it. In the past, she has been subject to physical violence from her partner, but chose not to report it to the police.

Employment:
She has worked in a canning factory, fast food outlet as a cashier, and as a kaimahi in a kohanga reo. She is keen to stay with the kohanga reo as a driver. Employment is important to her because it adds to the family income, and enables her to provide better for the children.

Kaiawhina Comments:
This whanau needed a high level of support at the outset, but has now dropped back to medium, because the mother has stopped using drugs. At the outset the safety of the children was an issue, because of the violent nature of her relationship with her husband, but since joining the programme she has had counselling for her anger, and takes responsibility for it. She now understands her behaviour, and can make choices by taking “time out”, away from the situation. Shortage of finance was also a major problem, but now she “can keep within budget most times.”

Particular support given has been:
- budget advice
- support in finding employment
- assistance in finding childcare.
Case Study M4/M4* - High/Medium Level of Support

General background:
This family consists of twin boys, aged five years old, in the legal custody (since birth) of their grandmother, who also has her 13 year-old daughter living in the whanau with her. Her husband is in prison on a lengthy sentence, and her daughter (the boys’ mother) was not able to care for them. The mother is not living in the whanau, and has major problems with drugs, alcohol, low self-esteem, and very poor parenting skills. In addition to the boys, she has a one year-old and a three months-old baby, and is at risk of having them taken away into care as well. The grandmother says she would be unable to cope with them as well as the two boys.

Since her registration on the programme in October 2000, the grandmother, in her role as the primary caregiver, has had some 35 separate communications with the kaiawhina, most of them home visits. There was some delay in putting a plan into place, but by April 2001 the following broad goals were established:

- home-based support
- professional support - justice and welfare
- positive parenting based on Te Whariki
- personal development.

The mother herself was admitted to the programme in April, after an initial contact at the kohanga reo, but by August had “disappeared” with her two youngest children, and her whanau did not know where she was. She had received 14 visits from the kaiawhina in that time.

Health environment:
The twins suffer from asthma, plus hereditary hearing and vision problems, and have been hospitalised within the last six months for allergy troubles. The boys have been immunised, and have visited the school dental nurse, but only go to see the doctor when they are ill. They are not currently on regular medication, but the grandmother sees to it that they complete the full course when they are.

The grandmother at the beginning was suffering from depression and exhaustion, related to her stress at having a husband who was a long-term prison inmate and also a terminally ill father, who died during the six months of the evaluation. Over this period the depression lifted somewhat, and she found herself able to leave her drug and alcohol-related past, and “pull away from the old crowd.” They recognise the change in her. She suffers from asthma, and smokes, although she would like something to stop her smoking. She has managed to cut down, and finds it amazing that she can now sometimes go with no more than two smokes a day. She usually opens the kitchen door and smokes there. The cooking is sometimes shared with her 13 year-old daughter, and includes shepherds pie and pizza. The children don’t like vegetables, but she plays games with them to get them to eat the ones they don’t like – “making the veges into faces and eating the parts (ihu, taringa, etc.).”

Housing and transport:
The four of them now live in a rented, but affordable, three-bedroom home, and the children have their own beds. However, she requires further assistance to furnish it properly. There is a phone in the house, and they have their own transport, although sometimes they use public transport. Previously she lived in poor quality housing, which was damp, and mould was evident. They had inadequate income for the basic utilities such as power, and needed assistance to provide blankets and an electric kettle. Now her kaiawhina reports she is taking
pride in her new home. Hygiene has improved, and children’s artwork is displayed. “Its lovely to sit in a nice clean, orderly home.”

**Finance and budgeting:**
The grandmother is on a benefit, and still finds that there is never enough money to go around. She has used the Salvation Army budgeting services in the past, and currently is making use of a local Credit Union to handle rent, phone and power bills, leaving her enough money for kai. She has a savings account there, and this service has taught her something about cash-flow.

**Education and training:**
She left school after three years secondary education, and went onto correspondence for a year at the fifth form level, where she enrolled in a one-year course for a national Certificate in Employment Skills (recognised by the NZQA). Recently she has been accepted for the “Mahi Ora - make your life work” programme beginning in January 2002. She has also picked up computer skills, and “is on the way to becoming computer literate.” She is now taking responsibility for her own learning and enjoying it, and is also learning “to be on time to kohanga reo”!

**Child education and development:**
Both the twins go to school, and their grandmother tries to interact with them in a positive way when they are at home – when they are bored, or at meal times, or when they all need “time out”. They are reported now to be well adjusted and enjoying school, and are always well-dressed. The whole whanau interacts on matters of common interest, such as kohanga reo events. She regards getting the boys to eat their vegetables by playing eating games as an achievement, and finds such creative behaviour management helps to reduce her own stress levels. They watch TV after school between 3:30 and 4:30, and she keeps an eye on what they are watching. They like cartoons and the Simpsons. When they are naughty they get put in separate rooms, and the older girl has to do mahi outside. The boys play with various toys, including rocks, pots and pans, and can speak some English to communicate with each other. They are able to dress, feed and wash themselves, clean up after playing, and help by doing little chores, such as picking something up or getting something for their grandmother. With a little help they can tie their shoe laces and run the bath.

However, the 13 year-old girl has been having problems. She was expelled from her previous school for assault, and has been truanting. She was only a baby when her father went to prison, and although she has managed to develop a relationship with him, she is currently going through a period when she realises that other people know where he is, and that upsets her. Behavioural problems have stemmed from this reality. But now that her mother is developing more positive attitudes, she is responding in kind, and her relationships have improved.

**Maori values and child development:**
The grandmother is well aware of her whakapapa, and speaks some basic Maori, which she also speaks to her mokopuna. She would like to learn te reo Maori better so that she could communicate more fluently and often to the children, although she does read to them in te reo, through the kohanga reo. The children go with her to the marae sometimes, where she usually helps in the kitchen – ringawera. At the beginning she needed much help and encouragement in this area, but she has since learned her own mihi, and is now teaching the twins simple Maori greetings.
Parenting skills and confidence:
In the past she has received support from the kohanga reo, social workers from prison, and CYF, but now she is on the Whanau Toko I Te Ora programme, the kaiawhina has helped her to learn and practise skills in behaviour management, to think up creative activities, and to gain a better understanding of age differences between children. She has gained confidence in her (grand)parenting role, following past bad experiences with a 17 year-old son, and has now established a better bond with her 13 year-old daughter. She claims the programme has changed the way in which she parents, and now she wants further knowledge and training to build a more closely united whanau, once her husband gets out of prison.

Justice:
The grandmother in the past has needed legal advice on issues relating to custody, and has been involved in supervised access. She has also made use of programmes run by the family courts for children who have witnessed domestic violence and abuse. Now she is not so much on demand with calls from her husband in prison, she is able to take more control over her own life.

Employment:
She used to be employed as a packer in a supermarket, but is not currently in the paid work force, but is doing “heaps of voluntary work for the kohanga reo” – handling clerical duties such as documenting inwards and outwards mail, and learning administration. She wants to get off the benefit and become free of debt, and has attempted to find paid work – looking in the newspaper for ads, going to Job Seekers, WINZ, and the local polytechnic. However she finds her lack of education and experience tells against her.

Kaiawhina Comments:
Quite a high level of support was required for this whanau, particularly in finding access to needed services, but there has been an enormous change for the better, which can only be described as “tenfold”. This change also includes the mother of the twins, who is being worked with separately. However the mother appears to have slipped back, although she agreed to attend the interview. Information received was that she had “gone off”, and could not be located. This highlights the major difficulty in working with this whanau – clear-cut solutions to the obvious problems are not easy to arrive at.

There has been a major improvement in communication within the whanau, particularly at dinner time. It used to be very bad. This improvement in relationships is specially noticeable between the 13 year-old girl and her caregiver, which can only be described as “amazing”. “Before this it was just nanny and the twins eating dinner. Well, that has changed ... for the better.” The relationship between the twins and their mother has also improved. The two boys are happy and contented, with major improvements in their general interactions, although there is still a lot of work ahead. The mother realises she has enough work on her hands with her one year-old and the baby, and accepts with some degree of honesty that she is not yet ready to take the twins back.

Now the grandmother “calls the shots” in the presence of her own brothers in the whanau, and they are respectful towards her. “Previously they would tell her what to do: now she can say ‘No’ to them and feel good about it.”
Support in the following particular areas has been given:

- help with upskilling
- guidance over access to resources
- advice in planning for adult members of whanau
- assisting in personal development
- help over health issues
- just being there with them.
Case Study M5 - High/Medium Level of Support

General background:
This whanau consists of a father and his two sons, aged nine years and five years. Following a divorce, he found himself with responsibilities which he had not had before, and realised he had very limited parenting skills, which initially required a high level of support. Since his registration in November 1999, he has not needed to be in contact with the programme more frequently than once a month. Most of these contacts have been visits to take part in learning programmes in the local offices of the Whanau Toko I Te Ora.

At the beginning the following goals were established:

- parenting skills – learning to talk to tamaiti, sharing ideas, communication skills, developing patience
- roles and responsibilities of parenthood, learning about whanau
- te reo Maori.

Subsequently two more goals were added:

- learning to cook (recorded as achieved by August 2000)
- money management.

Health environment:
The older boy has kidney stones, and has been in hospital to have them removed. It is apparently a longstanding condition. All the children have been immunised, seen a dentist, and visited a doctor. None of them is on regular medication, and the father himself has no health problems, apart from dental visits. He does the cooking for the whanau. At first he didn’t do very well (just noodles), but he is the master now, and cooks roast chicken, veges, mince stews. The children love their meat, but aren’t so keen on greens. The boys don’t get any dessert unless they at least try and eat their greens. The father smokes, but only outside the house.

Housing and transport:
Their rented two-bedroom house can’t be compared to the refuge they started in, and is really comfortable. The boys have their own beds, although “sometimes the younger will hop in bed with his brother.” The house has a phone, and they have their own transport. The father receives a considerable amount of support with the children: from friends, kaiawhina, other adults on the Whanau Toko I Te Ora programme, and cousins (the two boys play sports and do their training with their cousins).

Finance and Budgeting:
About $200 a week comes into the home, all from a benefit, and virtually all of it goes on the usual essentials. “What’s left over, I put away for clothing.” The father has not needed to access budgeting or financial planning services.

Education and training:
He spent two years at high school, leaving from Form 4, without any formal qualifications. Since leaving school has obtained a fork lift licence and a first aid certificate. He would like to go on a training programme to further his education, and wants to learn computer skills.

Child education and development:
The boys go to school, and every day he coaches them for their sports, and sits and does their homework with them. He says, “I teach them, and they teach me.” This has made him more aware of their needs, and “the kids help me run the house.” The boys learn from one another, too, and the older one helps the younger. The main interaction with the whanau as a whole comes through sport, and on Christmas Day they come together and have little sports events.

The boys watch TV for 3-4 hours a day, after they have done their homework – mostly kids programmes, cartoons, Hi 5. The father monitors what they watch. They play with other children, ride their bikes, play a lot of sport, and are keen on Play Station. The father says they communicate pretty well, “telling him what’s wrong with them, and what they want.” They read books, clean up, and do their chores. They also help him with the cooking.

The father uses time out in their room as a way of discipline. He also says, “I smack them not to hurt them but to teach them. This isn’t often. But I do smack, you know, there is a difference from smacking and hitting.”

Maori values and child development:
The father is familiar with his iwi and marae, but not his hapu, his maunga or his awa. He attributes this to the fact that he was adopted and brought up by a pakeha whanau. He speaks “bits and pieces” of Maori, but doesn’t regard himself as fluent. He uses words like kai, moe, to his children, but that is about the limit. “The kids do better than me.” He doesn’t read in te reo Maori to the boys but does attend Maori events, such as hui, at the marae. He acts as a kitchen hand when he goes there, and the boys go too. They love kapahaka. He thinks Maori should be taught more at school – “even make it compulsory through primary to intermediate.”

Parenting skills and confidence:
Since being on the programme he has picked up numerous skills – planning meals and cooking; house-keeping duties; art and crafts, making decorations; WINZ information (about the benefit). He says: “I’ve put all those skills into practice, especially cooking. I didn’t know what it was like to be responsible for cooking and cleaning.” Being on the programme has changed the way he parents. He has been helped by, “Talking/share ideas with the other adults on the program. I bring my kids down and they mix and mingle with the other adults and their kids.”

He wants a better life for his children than he had himself. “I was adopted and didn’t know my real whanau; I don’t want my kids to go through that. I’m divorced and care for the two boys.” He expects to achieve this by “Educating myself more. Listening to other people, taking advice and putting it into practice.”

Justice:
He has had no need for legal services, as relationships with his ex-wife have been good, once the initial problems over the custody of the children were sorted out. He has custody of the three children but gave the twin daughter to the mother - “I felt she needed a mother’s guidance and involvement in her life.”

Employment:
He is currently employed part-time, and was formerly a storeman. Once the boys are older he will look for full-time paid work again, which he says, will give him confidence.

**Kaiawhina Comments:**

This whanau started the programme at a high needs level, but has now reduced to medium. The father formerly lived in a refuge with all his children, in one small room, “with them and all their stuff jammed into one little space.” This accommodation problem, plus lack of income, were the major issues which led to his being admitted to the programme. He was living in isolation, but has now “jelled” with the other whanau on the Whanau Toko I Te Ora programme, and become involved in group activities outside of the programme.

He has moved from just cooking noodles to preparing healthy meals for the children, and has the full responsibility of providing primary care for the children. “After working as the breadwinner, he has now changed roles, and is the mother/father to his children.”

“He is positive and practices things he has learnt, in his home environment. They are making Christmas decorations, for example, [something] he would never have done prior to his divorce.” Support given has been:

- accommodation support – moved him out of the refuge
- help in getting him on the appropriate benefit
- whanau support – learning/discipline/home-care programmes for him and the boys
- transport, taking them around to look at housing needs.

Extra things on top of the strict programme needs have been such things as babysitting, taking the whanau to outside events, and “eating and fussing over the whanau by shouting them dinner - we do this once a quarter.”
Case Study M6 - High/Medium Level of Support

General background:
The mother in this whanau has five children: aged 12 years, ten years, eight years, four years and two years, and at the time of admission to the programme in May 2001, her partner was in prison for drunk driving. By the time of the October evaluation he had been released, but the level of support needed remained relatively high. During the period from December 2000, when she joined the programme, to November 2001 she had received 16 home visits from the kaiawhina, plus one phone call which was logged.

Her initial assessment showed she was living in what was termed an unsafe home environment, with substandard housing, accrued debts and high rent creating hardship. After a month’s delay to allow her to come to terms with developments, a plan was put into place with her kaiawhina, setting out the following goals:

- manage finances better
- get suitable, cheaper accommodation
- have a garden
- treat the children’s asthma
- learn te reo Maori (all recorded as achieved by April 2001).

A further very detailed plan was initiated in May 2001, with goals as given below. Some of these goals related to the mother, and some to the kaiawhina herself.

Kaiawhina:
- locate programme to help mother give up smoking
- support mother when she has eye problem, i.e., transport to appointment, childcare if needed, and seek assistance to get mother’s glasses fixed
- identify steps mother would need to take to get her own home, and follow up Housing New Zealand application
- seek support from kohanga whanau to help mother complete TA1
- provide more information on menu planning, budgeting, tenants’ rights, benefit entitlements, developmental stages of children, stress and anger management
- set appropriate budget to reduce debt, in consultation with budget advisor, including information about alternative ways to save
- identify other services needed by mother
- create a support network for mother through WTITO, kohanga, whanau

Mother:
- obtain driver’s licence
- complete Level 3 computer training
- put in a garden once appropriate accommodation has been found
- continue to work at kohanga reo
- work at strengthening relationship with partner.

Health environment:
The children suffer from asthma and kutus, but they don’t go to the doctor often, and no-one has had to go to hospital, although the 12 year-old has to use a ventolin inhaler. They have all had their immunisation, and the mother has maintained their Health and Development books. As a rule, the mother only continues any medication needs until the child concerned seems to be better. She herself suffers from stress and an eye problem, and needs money to get rid of kutus.
Mother, father and the older children all help with the cooking, a variety of foods, including meat, veges, and seafood. The baby’s diet also includes seafood, and home-made and McDonald’s burgers, which she is keen on. Members of the whanau smoke, and they do it anywhere, not just outside the house. She herself would like to give up, because it is too expensive.

**Housing and transport:**
They rent a three-bedroom house, but the mother is not happy with it. The rent is too high, it is close to the road and to neighbours, and there is no fence or clothesline. They have a small play area for the children. At the time of the October 2001 evaluation they were still waiting for another house from Housing New Zealand. The children have to share beds, with the two under-fives sleeping with their mother. There is a phone in the house, but they have no means of transport, and don’t use public transport either. They receive support from whanau, kohanga reo, as well as from the kaiawhina.

**Finance and Budgeting:**
The mother is currently employed, and around $400 comes into the whanau every week, from various casual jobs, including work at the kohanga reo. All of it is spent every week, some of it to pay back past debts, which she aims to have cleared by February, 2002. She has made use of financial planning services, and found them helpful.

**Education and training:**
She spent three years at high school, and left from the fifth form without School Certificate. Since leaving school she has taken a typing course (but didn’t finish it), and is currently doing a computer course, and Te Ara Tuatahi. She would be interested in further training to give her new skills in administration (Whakapakari) She also wants to get her driver’s licence.

**Child education and development:**
The four year-old goes to kohanga reo, the three older ones to school, and there is plenty of positive interaction and bonding between the children and their mother (including breast feeding the youngest). She helps the baby when she is frustrated with her toys, and praises the older children when they do something well. Sibling relationships are normal; they share play, including play fighting(!), and are comfortable with one another. They watch a lot of television – children’s cartoons, family movies, Maori programmes, but their viewing is monitored. The older children look after the younger ones, taking them for walks, and so on – there is of plenty of aroha. The baby daughter is a little shy of her father, as he has just returned to the home environment. The older ones help with house work and cooking. A variety of approaches to discipline are used in the whanau; sometimes “time out” or a redirection of activities, and sometimes a smack.

**Maori values and child development:**
The mother is fully aware of her whakapapa, and speaks basic Maori to her children regularly. She reads to them. She also takes them to hui, wananga, and tangihanga on the marae, where she acts as a kitchen hand. She would like to learn more te reo, and improve her knowledge of tikanga.
**Parenting skills and confidence:**
From the Whanau Toko I Te Ora programme she has learnt the need to establish goals for herself, and she has put new budgeting skills into practice. It has made her aware of things she needs to change. She just wants the best for her children, something which could be helped by more support and more money. Bringing up five children is hard work!

**Justice:**
She has made use of legal aid, in relation to her partner’s offending, but has not required any of the other provisions of the justice system, such as custody arrangements or programmes for children who may have witnessed violence or domestic abuse.

**Employment:**
She has worked at sewing, pruning and at the kohanga reo in the past, and is currently very busy in doing her computer course. Other employment options can be considered in due course.

**Kaiawhina Comments:**
This large family was initially rated as requiring high levels of support, but was moved subsequently into the medium category. Housing, budgeting, and support for the five children were the main issues requiring attention. The mother is now aware of the changes she needs to make, and has tried alternative behaviour practices with her whanau. “She can now ask for support without feeling whakama and a burden. She has gained in confidence.”

Support given to her has been through:
- WINZ information
- providing a range of options
- housing provision
- whanau support and learning programmes
- networking with community organisations
- parenting advice
- self esteem building.
Case Study M7 - High/Medium Level of Support

General background:
This whanau consists of a widow whose husband was killed some two years ago, and her two children, aged five years and 2½ years. The father was Samoan/Scottish and the mother Maori.

A series of 12 visits, mostly in her home, were made by her kaiawhina over the year from December 2000, but no specific plans were recorded on the database. However, the major need was very clear – coping with grief and trauma associated with the husband’s death.

Health environment:
One of the children has asthma and eczema, and is on a ventolin inhaler. The five year-old is due for her immunisation. The mother has no health problems or needs. She does the cooking “easy stuff, pasta, spaghetti bolognaise – [the family] eat a lot of meat, veges, fruit.” No-one smokes in the whanau.

Housing and transport:
She lives in a rented, three-bedroom home with her two children, and has a phone and her own transport, so they do not need to use public transport. The children both have their own beds, but sometimes for comfort and support they both “jump into bed with me.” She receives some support from her late husband’s family, as well as her own, and could receive more if she asked for it.

Finance and Budgeting:
She receives ACC compensation, based on her late husband’s wages, and around $400 comes into the whanau each week, all of which is spent. She has made use of budgeting and financial planning services, and now has a toll-bar on her phone. Once she has caught up with all her bills, she intends to go back and re-plan her finances.

Education and training:
She spent three years at high school, leaving from the fifth form, but did not get any formal qualifications. She attended polytechnic after leaving school, learning office skills, and would like to do some more computer training, starting right at the beginning, and also become a lactation consultant.

Child education and development:
Her children are both at playcentre, and she reads to them, so that she has their attention and focus, while they are learning, and they understand the story. “That makes us all a bit closer, I think, makes us happy.” Relationships between the two children are close, and she thinks the whanau as a whole treat the children in a special way, “Because their Dad died and the children are a reminder of him.” They watch children’s programmes on TV every day, and she monitors their viewing. They are able to dress themselves, get their own drinks, make their own sandwiches, and brush their teeth. They help her by holding the washing when she gets it from the line, and getting her the vacuum cleaner when she needs it. They are able to help her baking cakes and biscuits. About discipline, she says,”We do the timeout thing.”

Maori values and child development:
She has a strictly limited knowledge of her whakapapa, and speaks no Maori, although sometimes she may use basic Maori words with the children. She doesn’t read to them in te reo Maori, or attend the local marae. One day, she would like to take the children to Samoa, to learn more about their whakapapa there. She would also like to learn more about her own whakapapa.
Parenting skills and confidence:
The main thing she has obtained from the Whanau Toko I Te Ora programme has been support since her bereavement. She now knows it is there when she needs it. Social activities have helped, too, and she feels better able to talk to people now. She feels she has parenting skills, but says, “the children need to learn discipline skills.” She wants them to learn their heritage, and is keen for them to be involved in sporting activities, learn a musical instrument, and generally gain a good education. She aims to achieve this by booking them into suitable classes and activities.

Employment:
She formerly worked as a fish factory worker, and as an assistant in a fish and chip shop run by her parents. She is not interested in further employment at the moment, but would be interested, eventually.

Kaiawhina Comments:
A high level of support was originally negotiated with this whanau, because of the trauma associated with the loss of her husband, but this has now decreased. “She was a shy person, she wouldn’t go out or even open the door. [Now] she has a better outlook on her own life. She is ... happier with herself. She has gained her licence. She is able to go about and do her own whanau business without feeling whakama.” This has been shown through her interactions with other agencies, and with other whanau that are in the same situation. She is also now more aware of her cultural needs. (“Her mother is a Maori but did not teach her anything about Maori things.”)

Intensive support has been given to get her through the aftermath of the bereavement, including:
- ongoing grief support and encouragement
- support during the funeral time, including cooking for the tangi
- assistance during the inquest
- provision of wood for her whanau
- concern for education and health issues for the whole whanau.

As a result, this mother “has come out of her shell and will [now] visit her husband’s whanau.” Her husband died on 24 December two years ago. “We provided full support during the funeral, by cooking for the manuhiri during the tangi. My family supported me by providing the hands-on work, e.g., preparing, cooking food. Xmas for my family was not an issue, they willingly gave of themselves. I was with her right throughout this stressful time for her.”
MEDIUM/LOW LEVEL OF SUPPORT

Case Study L1 - Medium Level of Support

General background:
This whanau contains a mother and three children, girls aged seven years and six years, and a one year-old baby, at the time of the interview. At one stage early on the older girl was living with her father. The mother was admitted to the programme in February 2000, and over the period to the end of November 2001 had received 52 communications, mostly home visits by her kaiawhina.

Needs negotiated with her at her initial assessment, when she was expecting her third child, were mainly related to financial matters. Her rented accommodation was satisfactory, but she had a court appearance to make which was worrying her.

A detailed series of short- and long-term plans was put in place, following negotiation with the kaiawhina. These related to herself, the children, and the whanau as a whole. Immediate needs were for more money to pay outstanding accounts, and a desire to secure references for work when the time came. She wanted her older daughter to have a good education (better then she had herself) and to become more involved with children her own age. In the longer term, she wanted to become financially stable, and be able to save, specially for her daughters’ future. Particular needs identified were:

- misbehaving children
- lack of parenting skills
- medical condition aggravated by stress
- lack of food, clothing, furniture
- lack of education/training
- low self-esteem.

Health environment:
Her second girl has had bleeding noses, and suffers from asthma, but is not on regular medication. Immunisations are up-to-date, and none of the children has had to visit hospital. She herself has improved in health, and is less stressed out than she was through more contact with the children at kohanga reo. There has been some improvement in their behaviour over the period of the first outcome assessment, during 2000, which has definitely helped her condition. She needs dental care from time to time, and her finances would be helped if the kutu cream for her children were free of charge. She cooks for the whanau herself, with some help from her daughter. It is mostly “boil-ups”, stews, vegetables and meat. She still smokes, but does it outside the house.

Housing and transport:
She rents her house, a four-bedroom one, which allows the children to have their own beds. But she has no phone, and no means of transport apart from public transport. She receives regular support from her nan, friends and the extended whanau.

Finance and Budgeting:
This was one of her major worries at the outset, and has shown some improvement over the period of the evaluation. She was struggling to stick to her benefit at the beginning, often being short of food, and even now has to allocate and spend her money very carefully. She
has used budgeting and financial planning services in the past, which have helped her know where her money is going. She now is better able to live within her means.

*Education and training:*
The mother left secondary school from the third form, with a minimal level of education, lacking reading, writing and spelling skills. Since leaving school, she has attended computer and travel agent training courses, as well as taking a course on holistic learning about the human body – Whanau Tapu o Te Tangata. There are several more things she would like to study, and she would be prepared to go back to school or further training to learn about them. Attending kohanga reo with her children has helped her to read more, and read better, and has also given her an insight into education which she lacked previously. She has also improved in her home management skills.

*Child education and development:*
Her two older children now go to school, and she reckons that she interacts with them full-time, 24 hours a day, including helping them with their homework. She says “I love my children”, and clearly wants to engender positive feelings about school, and help them to do better there. Like all children, they have their disagreements, but they become close when others disagree with any one of them. They watch TV more often in bad weather, and Pukana is one programme they like. Their mother monitors what they watch, and there is lots of talk, gossip and playing around together in the whanau. They play cards, read books, climb trees, and play ball with other kids. They know how to take clothes off the line, tidy their rooms, and bath themselves; they are also able to help with the baby, particularly at kai time, do some vacuuming, and weed the vege garden. She disciplines her children by taking away privileges.

*Maori values and child development:*
The mother knows her whakapapa well, and speaks some basic Maori. She speaks te reo Maori to her children frequently, reads to them in it, and would like to learn more of it herself. She attends the marae from time to time, and works in the kitchen there. Her children come too. The improvement in the behaviour of the children has given her the opportunity to convey more of what she knows in this area.

*Parenting skills and confidence:*
Prior to coming on the programme she admits she was lacking in parenting skills. Attending the kohanga reo with the children has helped her confidence, and she says she has learnt about:

- budgeting
- maintaining house
- what a hapu is
- frying bread
- weaving.

All of these she has actually put into practice, and she has found that being on the programme has changed the way she acts as a parent. She definitely wants to stay on it. Her goals for her children are high – “the best of everything in the whole world” – and she believes she can achieve this by being patient, positive and helpful towards them.
Employment:
This mother is not presently employed, because she is caring for her one year-old. She had previously been in paid work as a cleaner. Employment was seen as valuable because of the extra income it would bring, but was not seen as practicable at the moment. She still needs to improve her reading and writing skills, but she is aware of this, and making progress.

Kaiawhina Comments:
This whanau rates as a moderate need one, and the major level of support related to budgeting advice and general household management. Once this had been provided, the level of need dropped to low, and this was mutually agreed with the mother.

She is now managing her household and finances well, has become more involved with her children, and makes sure their needs are being met. This happy outcome is seen as being a direct result of her involvement in Whanau Toko I Te Ora.
Case Study L2 - Medium/Low Level of Support

General background:
This whanau numbers nine, all living in the grandmother’s home. Apart from the mother who was admitted to the Whanau Toko I Te Ora programme in December 1999 with her 2½ year old daughter, there are two brothers, one sister, and three nephews, all under 14 years old, living in an extended whanau with the grandmother. In all, 73 communications have been made with the mother over this period, 10 of them being logged phone calls, and most of the rest being home visits.

Some time elapsed before a detailed plan was put in place, but eventually the kaiawhina negotiated the following with her:

- save for birth cert ($21)
- save for licence course ($67)
- read road code
- obtain whanau support
- save, save, save!
- contact local polytechnic re training
- contact local kindy/childcare re costs/hours/programme.

Subsequently two more items were added:

- check out secondary school programmes
- check out literacy programmes.

Health environment:
The girl has no health problems, and has had her immunisation; she hasn’t had to see a doctor, nor been in hospital. The mother is also well, and has no health needs. She shares the cooking with the grandmother (“mum”), and cooks a variety of food, including meat and vegetables. The children like what she describes as “goodies” – chips, ice cream, fish and chips, noodles, fruit and lollies. No-one in the whanau smokes, and if visitors want to do it, they smoke outside in front of the house.

Housing and transport:
The grandmother’s house consists of three bedrooms, kept clean and warm, with a caravan out the back for the mother and her daughter. When she was admitted to the programme, she was sharing the caravan with her partner. Things got too crowded, so after a year she moved out to another rented house, and took in a boarder. She could walk to the shops from here, but it proved too expensive, and she moved back in with the grandmother again. She was living there at the time of the November 2001 evaluation, and still needed to share a bed with her daughter. She has access to a car, but doesn’t drive, and has been reliant throughout on others for her transport. Sometimes she uses public transport. There is a phone in the house.

Finance and Budgeting:
The mother receives a benefit, and pays her own bills, amounting to just under $200 a week in total. This includes board, food, clothes and leisure expenses. She has not found a need to use budgeting or financial planning services, and she apparently was able to manage her budgets well enough. At the beginning she was saving hard, with her mother’s help, to take a trip to Australia to see her sister.
**Education and training:**
She left secondary school from the fifth form, without formal qualifications, but has since obtained some units in the NZQA Certificate in Sales. She has also done UpSkills training, and would be interested in going back to school for more mathematics and English.

**Child education and development:**
Her daughter used to go to an early childhood service, on and off, but isn’t now, because it was too far away. Local childcare was too expensive. The mother tries to play with her as much as she can, answering her questions, and letting her give some help with cleaning. The other children in the whanau are all boys, and her relationship with them is very good. “She is the only girl and everyone loves her.” In general, relationships in the whanau are positive. “We have our moments, but we get over it.” She watches very little television, mostly the children’s cartoons, according to her mother. She mostly plays with her dolls and her bike. She talks to her mother, tells her things and asks questions; she can put her own shoes on, sometimes gets her own clothes, and likes washing herself. She responds to instructions to pick up her toys, and she can dress herself, once her mother selects the right clothes. Any necessary discipline just involves “growlings, and getting put in her own room.”

**Maori values and child development:**
The mother has some memory of her whakapapa (which she has written down), but speaks Maori very little, and not fluently. She would like to learn to speak more Maori. She feels she should use te reo more often to her child, but does read her colours and numbers from a book. She attends events such as hui at the marae, but has no particular responsibility there. Her children sometimes go with her. In the home she is able to manaaki the whanau if needed.

**Parenting skills and confidence:**
This young mother says she learnt a lot from her own family, and that of her boyfriend. As far as the Whanau Toko I Te Ora programme is concerned she learnt two main things:

- how to weave flax
- how to talk with others.

She has made a couple of things out of flax, developing her own creative arts skills, and has found guest speakers on the programme helpful in giving her confidence to talk with others more freely. In particular, she communicates more with her daughter, and can understand her more. Goals for her daughter are to respect her elders, to have respect for herself, and ultimately, to have her own home. With the help of her own mother, and the older women in Whanau Toko I Te Ora, she is confident that she can achieve this for her daughter.

**Employment:**
Prior to the birth of her daughter, the mother worked in a packing house. Since then she hasn’t considered looking for work, but might do so when her daughter starts primary school. She finds the benefit is not enough to live on, and would like some more money.

**Kaiawhina Comments:**
This was a relatively low needs whanau, but the young mother has developed well under the programme. She was very shy at the beginning, but has gained steadily in confidence, and is much more actively engaged with her daughter. She is able to hold conversations with her own mother now, and can interact with people more freely. Although never having a negative attitude, she is more aware of her needs, and has developed a more enquiring spirit.
She now has plans and goals for the future, knows what she wants to do, and intends to take the next step, back into more learning. The following specific information provided by the programme was helpful to her:

- information on school subjects from the local girls’ high school
- health services available
- WINZ information
- how to prepare kai
- speakers on domestic violence
- introduction to harakeke
- interactive activities for children’s programmes.
Case Study L3 - Medium Level of Support

General background:
This whanau consists of a mother and her 2½ year old son. She had formerly been a heavy user of drugs, and wanted to leave drugs and make a better life for herself and her tamaiti. She entered the Whanau Toko I Te Ora programme in November 1999, and by the end of 2001 had registered 20 formal contacts, most of them in the city centre offices.

Specific elements in the goals which she set herself, as described by her kaiawhina, were:
- needs medical understanding and parenting skills
- has low self esteem and wants to improve
- has been unemployed since leaving school
- whakawhanaungatanga
- wants to gain confidence to get a job
- wants a positive turnaround in drug usage by the end of 2000
- wants to gain an educational qualification that will help in her development.

Health Environment:
The boy has no current health problems, and has been to doctors and dentist, but not to hospital. All immunisations are up-to-date. She gives the full course of medication to her son, as the label indicates. Since tackling her drug problem, her own health appears to be good. She does the cooking for the whanau, including chicken, meat and veges. No-one in the whanau smokes, and if any relations come over, they usually smoke outside.

Housing and transport:
She lives with her son in a two-bedroom, rented house. It is comfortable, but the rental is high. She has no phone, but is able to use a neighbour’s phone. She has no vehicle of her own, but has access to one, and finds that bus is the cheapest public form of transport.

Finance and Budgeting:
She is on a benefit, and spends all of it every week. Careful budgeting is necessary, allocating money for necessary things like rent and power – “I don’t wait till the bills come in.” She says: “I have been really lucky, because I learnt to budget on the course, through the kaiawhina who provided valuable lessons.” She can now “recognise the needs from the wants.”

Education and training:
The mother spent three years at high school, leaving from the fifth form without formal qualifications, and has undertaken some training programmes since leaving school. When asked if she was interested in going back to school or undertaking further training her reply was brief and to the point “Absolutely.” She would like to learn more te reo Maori.

Child education and development:
Her son goes to kohanga reo, but she would use the service more if it was cheaper. She aims to interact with him as often as possible.”We korero always.” “He understands and is aware – a whole new world is open to us.” He watches television (Bumble), but only in the mornings, and for not more than half-an-hour. “He is more interested in his environment ... likes to draw and look at pictures.” She monitors what he watches “Yes, even my cousins when they bring the children over.” She believes it is good for him to be “around other children (cousins/whanau) because they’re learning all the time.” They play with “books, pens, balls, toys, paper – he goes mad over empty boxes ... At first he is shy, but it doesn’t take him long to warm up. He repeats everything someone says and loves singing.” He is helpful in unusual
ways – “Sometimes when I am frustrated he does something nutty, and this helps me through it. He makes me focus on the better things.” Time out is the method of discipline she uses, where necessary.

Maori values and child development:
She is aware of her iwi, but does not have a deep knowledge of her whakapapa. She doesn’t speak Maori, but does get some books in te reo from the kohanga. She can’t attend her own marae often, but when she goes “home” she does, and works in the kitchen. She attends hui and tangi that revolve around her local whanau. She would like to speak te reo, fluently, and also learn weaving and waiata.

Parenting skills and confidence:
Sine joining the Whanau Toko I Te Ora programme she has improved in confidence, learning more about herself as a Maori woman, interacting with other people and getting used to public speaking. She has also learned how to cook. Her methods of discipline have also changed, as she says, “the way I handled things before, I would come down on myself. Now I know everyone goes through the same things.” For her son she would like good health, security, stability, and a good education. If she could get a job, earn some money to buy a house, get him into school she believes she could achieve this.

Employment:
She has had difficulty in finding employment since leaving school, and used to work a night-shift cleaning. After her baby arrived she had to stop. “The baby is my focus”, she said, “My baby’s safety is important ... Later it will be important for me to get an income and a house.”

Kaiawhina Comments:
The medium level of support negotiated with this whanau was sufficient to handle the immediate needs, and allowed the development of a realistic work plan. Apart from lack of finance, the major need was the development of the ability to resolve issues without “seeing red” and getting angry.

Since joining the programme she has moved from a person in isolation, to one who is willing to join with others, to volunteer to share experiences and skills. She has been willing to run sessions in Whanau days, for example, and on Regional Council Whanaungatanga Day. This has brought her from a quiet, closed person to an open talkative one, believing in herself. She has shown a commitment to the programme by not missing a session, and feedback from other participants about her has been positive.

Support given through the programme has amounted to:
- monitoring potential risk in the decisions she makes
- facilitating discussions on major issues
- recognising the simple things that are lacking, such as cooking skills
- giving information and linking her to local services appropriate to her needs
- reviewing these needs regularly.

The priority has been to listen and hear what is being said, without passing judgement on her.
TUIA KI TE MUKA TANGATA

The Synthesis

This final section draws the silken flax threads together, taking all the information from the participants, and sharing it back with them and other readers, as a completely woven-together whole.

It is focussed around two summary tables (Tables 1 and 2) giving a measure of the degree of improvement registered over specific time periods in a number of broad categories, relating to both tamariki and whanau. The recording on the database was done by local administrators, on the basis of information provided by the various kaiawhina in each region.

The code numbers of the case studies match the code numbers down the left hand column in each table, so that it now becomes possible to place a somewhat more objective scale alongside the subjective details given in the case studies, simply by reading across the rows. The entries are grouped in the same way as the case studies, by level of support given. Reading down the columns gives an indication of the amount of change recorded under each head. Table 1 refers to the tamariki, Table 2 to the whanau.

Three whanau whose case study transcripts are given in the previous section could not be included in the tables, because information on them was not entered on the database in sufficient detail to make valid ratings. Case studies numbered H3, M5 and L3 thus do not appear in the tables. Case Study H2 contained two separate whanau within one, with the grandparents as primary caregivers. Their entry is coded as H2*, while the parent is coded H2.

Health environment

Tamariki health

In general, the health of the tamariki on entry to the programme was not good. Apart from the usual childhood ailments, such as flu, viral diseases, kutus and chickenpox, nearly all the children in the study needed medical attention. Quite a number suffered from asthma, some had hereditary conditions, muscular problems, blood disorders, and a few were sickly and underweight because their parents were drug addicts. This ill-health was very likely worsened by unsanitary conditions, cold houses and inadequate clothing.

Around half of them have been in hospital, for illnesses such as glue ear, pneumonia, club feet, kidney and blood disorders, and accidents. Several children need to use ventolin inhalers for their asthma, and several others are on other forms of regular medication. Most whanau said they insisted on giving their children the full course of any medication prescribed, but a few stopped the medication when the child got better, and one whanau stopped partway through because of what she saw as adverse side-effects from antibiotics.

Visits to school dental nurses and to doctors appear to have occurred appropriately over the period of the evaluation, but there are some indications that this was not the case prior to the admission of the tamariki to the programme.
Table 1 Improvement ratings on tamariki variables over the period of the evaluation

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Time Period</th>
<th>Health &amp; Physical</th>
<th>Cognitive Development</th>
<th>Emotional Development</th>
<th>Social Development</th>
<th>E.Childhood/ Kohanga</th>
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</thead>
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**KEY:**

++ Much improvement
+ Some improvement
0 No improvement
✓ No change (already at high level)
NA Not applicable
– Not yet rated/No information
Table 2 Improvement ratings on whanau variables over the period of the evaluation

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<tr>
<th>Case Study</th>
<th>Time Period</th>
<th>Health Environment</th>
<th>Housing &amp; Transport</th>
<th>Finance &amp; Budgeting</th>
<th>Education &amp; Training</th>
<th>Maori Values/Child Devel.</th>
<th>Parenting Skills &amp; Confidence</th>
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**KEY:**

++ Much improvement
+ Some improvement
0 No improvement
✓ No change (already at high level)
NA Not applicable
– Not yet rated/No information
**Adult health**

A number of caregivers, particularly in the high support category, were on drugs when they were enrolled on the programme, and some caregivers (or their partners) had been on D&A treatment programmes or treatment for stress-related depression. Only one was prepared to enter a reduction in drug and alcohol use as one of their goals under Whanau Toko I Te Ora, but this undoubtedly did occur, and was recorded by kaiawhina. However, it was known that some whanau were still using drugs in reduced amounts by the end of 2001.

Asthma appears to be an ongoing problem for quite a number, and stress-related ailments (including depression and baby “blues”) figure quite largely in their health records. Only about half of the whanau stated they had no health concerns at the time of the interview.

An important role of kaiawhina was to encourage families to access appropriate Maori health services, use medication appropriately, and keep doctor and hospital appointments. From time to time they went out of their way to provide the necessary transport, when the family had none.

**Smoking**

In all but three of the whanau, the caregiver smoked. Sometimes other adults in the whanau smoked as well. Mostly they smoked outside, but a few admitted smoking in the house, although with one exception, not around the tamariki. Several mothers wanted to give up, and were trying to do so, because it was an expensive habit and affected their health, particularly those suffering from asthma. Some had managed to reduce the number of cigarettes smoked per day during the period of the evaluation. But no-one recorded that they had definitely kicked the habit, and no-one was prepared to put this down as a specific goal. There was, however, a growing awareness of the harmful effects of smoking in the presence of young children.

**Food**

About one-third of the caregivers did all the cooking for the whanau themselves. The other two-thirds had assistance from some others, most often an older child in the whanau, sometimes a partner or relative such as a parent. Almost all the whanau cook boil-ups (pork bones and puha) along with stews, roasts and vegetables. Noodles, macaroni, spaghetti, pizza, shepherd’s pie, Asian food, sea food, salads and fruit all received specific mentions. Children’s favourites tended to fall into the category of fish and chips and other takeaways, plus lollies and ice cream. Least liked foods were vegetables, particularly greens.

One of the important components of the Whanau Learning Programmes run in each region was home science and cooking, which taught caregivers effective shopping, sound dietary requirements, and good cooking techniques. In the end, there was only one whanau that admitted to cooking “anything that happens to be in the frig at the time.” This was not the case at the beginning.

Table 1 shows that without exception, all the tamariki on the programme have shown an improvement in health and physical development, some markedly so. The improvement in adult health has not been quite so marked, and three whanau have yet to show any significant improvement.
**Housing and transport**

**Housing**

Only one of the whanau surveyed owned the home in which they lived. All the rest were rented, a substantial number through Housing New Zealand. On admission to the programme, many were living in crowded, unsanitary and in some cases, unsafe, accommodation (without fences or gates, for example), for which they were paying substantial rentals. This accommodation typically was poor quality, and resources were sometimes insufficient to pay for heating, kitchen utensils, floor coverings or furniture. One was living with her partner in a caravan, and several were brought out of refuge environments.

At the time of the interviews, two small whanau were living in two-bedroom houses, and most of the rest were in reasonably comfortable three-bedroomed accommodation. A few with larger families were living, along with extended whanau, in places with four or five bedrooms. At the outset, the largest whanau contained 12 people – five adults and seven children. The largest whanau at the end had eight people – adults plus tamariki.

In about one-third of the whanau, the children have to share beds, sometimes “top and tailing” with each other, sometimes sleeping with their mother. It is also quite common for children to “hop into bed” with their mother for comfort and support.

**Services**

When whanau were enrolled on the programme, services were much below standard, but now around two-thirds of the whanau have a telephone, and several others have access to one. About half have a vehicle of some sort, and several others said they could get access to one when needed, usually from a family member. Some have moved house so that they could walk to the shops; the rest use public transport.

The provision of transport by kaiawhina to those lacking it, or unable to pay for public transport, is a major contribution to their rehabilitation. It allows them to attend courses, go to hui, visit Government agencies such as WINZ, and keep medical and hospital appointments.

**Support**

Nearly all the whanau surveyed receive substantial support. Significant amounts come from friends, neighbours and members of the wider whanau. Kohanga reo and Maori Health Clinics were also mentioned as providing support. Regularly mentioned in this respect were the kaiawhina of the Whanau Toko I Te Ora programme, who clearly went far beyond the bounds of duty in showing awhina and aroha to those with whom they were working.

Table 2 shows that four whanau have not improved their housing and transport circumstances over the period of the evaluation, but the other nine have made gains; this was either by reducing overcrowding in their existing home, or by moving to another home with better facilities and services.

**Finance and budgeting**

Virtually all the whanau in the study were on a benefit: either the Domestic Purposes Benefit (DPB) or an unemployment benefit, or in one case Accident Compensation Corporation (ACC) payments for the accidental death of a spouse. A few managed to earn a little extra income from part-time work, but this was not typical. Some whanau declined to say what their household income was, and the figures given from interview data in the case studies
should be viewed with caution. Whanau being supported by the programme varied widely in size, and in some cases an automatic deduction of rent may not have been included. But none of the whanau could in any way be described as financially well-off. Some were quite dependent on support from their extended whanau, including food parcels.

All those who were admitted to the programme stated that whatever income came into the household every week was spent on the usual necessities of life – rent, kai, electricity, with some making mention of transport, clothing, school and kohanga reo, and medical expenses. Every whanau except one contained a smoker, and some spent considerable amounts on this form of discretionary recreational spending (although they were trying to cut it down), on alcohol, and in a few cases, drugs.

Finance was one of the major concerns of all whanau, across the board, and one of the distinctive features of the Whanau Toko I Te Ora programme was its introduction of caregivers to sound budgeting practices. Kaiawhina themselves assisted with counselling, and gave advice on how to prepare a budget plan. In addition, about one-half of the whanau were put in touch with established financial planning and budgeting services, which they generally found very helpful. Learning how to prioritise their spending, pay their bills when they became due, and deal with debts which were hanging over their heads were key features of the instruction given.

Table 2 indicates that only two whanau failed to make improvements in financial management over the period surveyed.

**Education and training**

Around one-third of those in the study had spent two years or less at secondary school; most of the rest had spent three, and very few had any formal school qualifications, such as School Certificate.

Most had attempted, although not necessarily passed, some form of training since leaving school. Topics included computing and office skills (quite popular), Maori health, life skills, tikanga Maori, first aid, cooking, fork lift driver and travel agent qualifications.

Further education in te reo Maori was a high priority for many who felt their lack in this area. Several were keen to get a drivers licence. Some more specific career options considered were kaimahi in a kohanga reo, lactation consultant, restaurant chef.

The main form of education for these caregivers was attendance at sessions of the Whanau Learning Programme, which was an important part of the whole programme, in teaching such things as parenting and home management skills. Following encouragement by their kaiawhina, whanau were encouraged to embark on self-discovery journeys, to set further educational goals for themselves, and take responsibility for their own learning.

Table 2 shows that this was an area of consistent improvement for all except one whanau in the study. In four cases the improvement was rated as considerable.
Child education and development

General
The whanau in the study encompass a wide age span, and range from a young unsupported mother with a preschooler through to large families with children at all levels: secondary school, primary school, early childhood, and infants. Over one-third of the families contained a baby at the time of the interview, many of these being born after the mother entered the Whanau Toko I Te Ora programme. About one-half the whanau have children of preschool age, mostly attending a kohanga reo. Only one mother found that she had to keep her preschooler at home, as an early childhood service was out of reach, through cost and distance. She was attempting to play with her as much as she could. Several other caregivers found cost factors hindered the amount of time each week they could put their under-fives in an early childhood service.

All those interviewed described positive and frequent interactions with their children, but the database records show that it was not always so. Many caregivers had previously found difficulties in coping with their tamariki, and sometimes children were clingy and displayed signs of whakama. Factors here were lack of emotional bonding; poor maternal health; overstress leading to depression; marital discord and abuse, with complications arising through absent, estranged or imprisoned partners, plus alcohol and drug addiction; excessive attention-seeking behaviour from disturbed children; and inadequate parental skills resulting in frustration, anger and yelling. For most whanau these had begun to recede into the past.

Everyone also made positive comments about the development of sibling relationships. Where conflict or disagreement did occur (and relationships were often reported as having their “ups and downs”), they were now usually resolved without severe tantrums or fighting. There appeared to be little animosity, and lots of fun, awhi and aroha, including singing and dancing. They were usually very protective of one another, and the older ones cared for the younger.

Discipline
A wide variety of disciplinary methods was described, with “time out” proving to be the most popular. This included sending tamariki to their own rooms, or outside into the garden to work, or getting them to stand in a corner where they could be seen. A few used sweet reason, redirection of activities, withdrawal of privileges, and three parents said they smacked their children occasionally. One confessed to yelling. Several others said they used to yell, but after having been on the programme they had found other, better methods of discipline.

Entertainment
Television was a popular form of entertainment, and every home had a TV set. Viewing hours varied widely, depending on the ages of the children. Those whanau with young children watched the morning programmes, and Hi 5 was especially popular. About two-thirds of the whanau watched TV in the afternoon as well.

Some younger children watched no more than half an hour a day, just one favourite programme, usually in the morning. Those who watched in the afternoon as well often watched for two or three hours, and even four in one case. Particular programmes receiving at least one mention were Teletubbies, Bob the Builder, Bumble, Thomas the Tank Engine, the Simpsons, Pukana, and Dragon Ball Z. In all but one case their caregivers claimed to monitor the children’s viewing, in some cases watching family movies with them.
The children played with a wide variety of different toys. Some of these were down-to-earth things such as pots and pans, rocks, sticks, push chairs, empty boxes. Others mentioned were marbles, balls, dolls, scooters, paper and pens, dolls, PlayStation and computers. A few mentioned climbing trees and outside sports. One mentioned reading books. They also helped around the house in a variety of ways, depending on their ages and abilities.

Table 1 indicates improvements in child development across the board in all areas – cognitive, emotional and social. This occurred in the cognitive area in every whanau, without exception, and in all but one whanau in the other two, emotional and social. Associated with this growth was a better readiness for early childhood education for whanau containing children in this age group.

Maori values and child development
Only two caregivers in the study claimed to be fluent in te reo Maori. At the other end of the scale, two spoke no Maori at all, but one sometimes used basic Maori words with her children, and the other got books in te reo from the kohanga. All the rest spoke basic Maori regularly to their children. But only about half of them actually read to their tamariki in Maori.

All but four members have a detailed knowledge of their tribal whakapapa, and these remaining four have some limited knowledge. Virtually all whanau members attend hui or other events on the marae, from time to time. Their children usually, although not always, go with them. Most of them find their role helping in the kitchen. Two acted as kaimahi and parent support, and one grandmother sat with the kuia.

At the interview, participants were asked to say what the expression “mana tamariki” meant to them. Most saw it as including ideas of “strength”. Other terms used were “healthy”, “proud”, and “knowing who they are.” This last one is the closest any of them came to referring to specifically Maori attributes in their definitions.

The kaiawhina report that during the programme most whanau began to identify more strongly with their Maori heritage. Most were actively learning the language, and using it in conversation. The ratings in Table 2 show improvement in this area in all but one whanau; in four the improvement was rated as major.

Parenting skills and confidence
One of the major thrusts of the Whanau Toko I Te Ora programme was the teaching of new skills to parents finding difficulty in coping, and helping them to gain confidence in the role. Most of those taking part in the evaluation have made considerable gains in this respect, as the final column in Table 2 shows. Those that have not improved were all whanau involved with alcohol and drug abuse.
Particular areas in which new skills were acquired were:

- budgeting and money management
- behaviour control and discipline
- household organisation and cooking
- time allocation and establishing routines, and
- engagement in arts and crafts.

Almost everyone has changed parenting practices since entry to the programme. Marked increases in self-esteem and confidence have occurred, shown by new capacities in such things as:

- communicating more assertively with other relatives in the wider whanau
- accessing information from official agencies to initiate legal processes and gain proper financial entitlements, and
- becoming more patient and understanding of the developmental needs of their tamariki, often through involvement with them at kohanga reo or school.

All those interviewed wanted the best for their children, which was often something which they themselves felt they had missed out on. This included: providing good educational opportunities (much better than their own); giving them a loving, secure and safe environment (sometimes by a move away from an abusive partner), and making them happy and healthy.

**Justice**

Around half of the whanau in the evaluation have accessed the justice system in one form or another, mostly making use of legal aid in relation to custody issues, including supervised access for children of estranged or former partners. One molestation order was in force, where relationship difficulties were not thus far solved. Several partners of caregivers, or fathers of their children, were either in prison or going through the courts on violence or drug-related charges, and some of the women had themselves been the subjects of violence or abuse. This was particularly the case with those who were assessed as requiring high ongoing levels of support. The programme kaiawhina clearly played a major role in sorting out advocacy services on their behalf.

Around half of the whanau were aware that programmes for children who had witnessed domestic violence or abuse were available through the Family Courts, but only one said they had accessed these services.

**Employment**

Most of the participants in the evaluation have been in some form of employment, generally relatively unskilled or casual work – cleaning, factory work, fruit picking and packing, kitchen hand, cashier in fast-foods outlet, postie. Several had been employed as kaimahi in a kohanga reo, where they could take their tamariki with them. The two grandparents in the survey were involved in casual or voluntary work.

Virtually all the younger caregivers are receiving some form of benefit, usually the Domestic Purposes Benefit (DPB). Most find this inadequate, and feel the need to supplement it in some way, but suitable casual work is hard to come by.
Childcare costs appear to be the major barrier to further employment for these women. Most are not looking for full-time work at the moment while they have young children, but would like the opportunity to return to some form of paid employment in due course. Several saw the need to upgrade their literacy and numeracy skills (including computing) to give them a reasonable opportunity in the job market. A common thread running through many responses was a desire to give their tamariki a happier life than they have had, more education and better employment opportunities.

Kaiawhina played a significant part in seeking out possible job opportunities for those caregivers seeking work to gain extra income, particularly in making links on their behalf with Work and Income New Zealand (WINZ), and giving them the confidence to persist in their search.

Comments from Kaiawhina

The comments from kaiawhina at the beginning and at the end of each case study need to be read in their entirety (as indeed do the case studies themselves), and no effort will be made to summarise them here. To do so would be impossible. They speak very eloquently in their own words about their commitment at the outset in negotiating a set of appropriate goals with each whanau, and at the conclusion in summing up the progress which, through their eyes, has been made.

There are five specific features of the Whanau Toko I Te Ora programme, and about their particular role in it, which I believe have a major effect upon its success, and need to be considered in this evaluation. First, the broadly-based nature of the support which is being provided. The goals as described and recorded in the General Background section of each case study were negotiated and recorded by the kaiawhina on the database record. Some of these goals were short-term and precise; others were longer term and less specific. They are extremely wide-ranging, covering everything from short-term goals like: obtain a drivers licence, get children’s immunisations up-to-date, open a separate savings account, through to longer term goals like cutting down on smoking, learning to cook, managing anger and stress, and gaining self-esteem.

By allowing these caregivers to frame their goals in their own words, there is a good chance that they can be owned, and worked towards. The disappointing feature is that relatively few of these goals were actually entered on the database as having been achieved, on a particular date. Those that were so recorded have been given in brackets following the goal, with the month achieved. However, in spite of this, it is clear from the comments of the kaiawhina at the end of each case study that major turnarounds have occurred in virtually all the whanau environments.

Secondly, the incremental nature of the support given over a period of time is a further distinctive feature of the programme. Many of the evidences of family dysfunction encountered here are extremely deep-seated, and are unlikely to succumb to crash remedial programmes. They will require gradual, self-driven and self-motivated change over a period of time, for which the programme is well-equipped to give the necessary counsel and support.

Thirdly, the targeted nature of the support rendered has the potential to make for an efficient delivery. There is no doubt that such an intervention is very expensive. But by directing it specifically to those whanau which have displayed a large number of indicators of need and family dysfunction on the initial assessment there is some guarantee that it will be successful.
If an expensive cycle of disadvantage can be broken, one might hope that the next generation will be in a more favourable, and less vulnerable position.

Fourthly, the programme was designed to be flexible. Whanau can be moved from the High Support category to the Medium or Low Support category (or back again), following negotiation between the caregiver and the kaiawhina. The present evaluation has not been able to chart in detail the way in which resources have been moved and visit frequencies have been changed, as a result of this flexibility. But the flexibility has clearly been taken advantage of, and whanau have been moved to and fro between categories, as the need arises. The joint categorisation in this report of High/Medium and Medium/Low reflects some of this movement, in that whanau quite commonly begin requiring a higher level of support, and move to a lower level as the programme proceeds and their circumstances improve. This has been noted by the kaiawhina.

Fifthly, and finally, the commitment of these kaiawhina comes through very clearly in their concluding comments, which speak very eloquently of the significant part they play in the rehabilitation of the whanau with which they have been working. Quite often they were regarded as mature role models, and admired by the young parents whom they were supporting. They express disappointment in those few cases where the desired changes are slow to take place, or fail to take place at all, but pride and genuine pleasure at the positive changes which they have seen occurring, as a result of their contributions.

SOME CONCLUDING COMMENTS ON VALIDITY

Outcome vs Impact Evaluation

This is an outcome evaluation, in which actual changes are measured and documented, but it is not able to measure whether or not it is the programme itself which causes the changes, sometimes called the impact of the programme. In other words, it cannot measure and make any allowance for how much change would have occurred anyway, through such things as child maturation, “grapevine” learning from other whanau, and so on, without the intervention. With such a substantial injection of resources into a high needs group it is very likely that much of the change will be the result of the intensive input of the kaiawhina, but the design does not allow robust cost-effectiveness measures to be derived.

The best that can be hoped for is that the measures used are reliable (i.e., applied consistently and with as much precision and comprehensiveness as the individual whanau situations allow), and that the study is valid (i.e., the information gathered is a good measure of the desired outcomes of the programme). Below are some features of the evaluation which address these questions.

Matching problems

The evaluation design called for a total of 24 interviews to be carried out in late November/early December 2001, four in each of the six regions. This was done very well, in a thoroughly professional manner, by an independent fieldworker. In two cases interviews were carried out with extended whanau in which the grandparents were the primary caregivers, but relatively little information was forthcoming from either natural parent, because they were hard to trace or not in a position to contribute. One region offered five whanau for interview, and these were all completed. However, the IDs of the interviews were not initially articulated with the IDs of the whanau on the database, and this caused subsequent matching problems. By examining “marker variables” from the interview transcripts (such as numbers, ages and genders of children), plus other indicators such as
former employment, iwi, health records, etc. it was possible to get reasonable matches in most cases. But fewer than the optimum four case studies could be prepared from three of the six regions because of these problems in matching. This reduced the number of possible case studies to 18. Taking into account the two “double” case studies marked with an asterisk (*), where the grandparents were the primary caregivers, a total of 16 case studies form the main body of this report.

Database deficiencies
In general, those involved in the entering of data into the revised database appear to have made a very creditable attempt, in a new and unfamiliar method of data-gathering, after a trial period with the original database. A conscientious effort seems to have been made to provide accurate information, although some errors in dates, gender and ages of tamariki have occurred.

The introduction of a revised database made additional work for regional administrators in the programme. It was the intention that outcome data for all whanau who were to be interviewed would be entered retrospectively, from other written records, back to May/June 2001, using the new expanded memo boxes and rating scales of the revised database. This was to allow more valid comparisons to be made in the present evaluation, and also to make future comparisons possible. However, time constraints did not always allow this to occur. Some rating scales were completed, without the open-ended text of supporting information, which thus reduced their reliability and made their usefulness problematic. Some entries were left blank.

The requirement caused particular difficulties in one region, and a further reduction in the total number of whanau which could be included in the two central tables in this report. The corresponding case studies are however included. In general, “triangulation” with information gained from the transcripts from on-site interviews by the independent field-worker has corroborated well the results from the database.

Sample choice
The original intention was that those selected for the interview would be a representative, although not random sample of those who joined the Whanau Toko I Te Ora programme around the middle of the year 2001, in May or early June. They would then be coming up to the time of their first six-months evaluation in late November/early December, when database information would be entered, and the interviews would also be taking place. It would appear that this information did not reach all centres, and some of those who were interviewed by the independent field-worker had been on the programme for over a year, and in some cases as much as two years. The evaluation which they were due for at the end of year was their 12-months or even 18-months outcome evaluation. This reduces the robustness of the evaluation somewhat, as a retrospective reconstruction into a new format of information collected and recalled so far back may be unreliable. In addition, some of these caregivers had already been interviewed on the same schedule on a previous occasion, and had several evaluation records as well as the baseline data to their name on the database. These multiple evaluations are included in Tables 1 and 2 for completeness, and outcome evaluations of each of the other six-monthly periods have been tabulated, along with the month in which those evaluations occurred. However, the corresponding ratings should be viewed with caution.

Recording and achievement of goals
Goals were established at an early opportunity after a caregiver had been enrolled on the programme, negotiated with the kaiawhina, and recorded in more the less the caregiver’s own
words, after some adjustment by the kaiawhina or supervisor for entry into the database. Any number of personal goals could be entered, and these could be of any type.

Some of the goals were short-term and well-defined, others were long-term and less specific. This makes comparison of success rates difficult over a nominated time period, such as the six months considered by the present report, particularly as some participants had been on the programme for much longer, as much as two years in some cases. The times between the various assessments of progress towards goals differed, depending on the frequency and timing of visits by the kaiawhina. At subsequent visits new goals were often added, and old ones modified, making a very dynamic and fluid operation. Relatively few actual dates of achieving goals were recorded on the database, and in the absence of this information, we are left to rely very heavily on the verbatim responses from the kaiawhina as to the changes which they perceived had occurred. More objective analysis of goals would appear to be problematic without this extra information.

**Halo effects**

As has been noted, most of the caregivers who were interviewed chose to have their kaiawhina with them, and most were group interviews. In circumstances such as these, the question needs to be asked, Was there a halo effect in operation? Did the presence of a kaiawhina during the interview, or the presence of other caregivers in a group interview, materially alter the responses which were made? It is impossible to tell with any certainty. One thing does seem to be clear. The interview environments were carefully planned to be as relaxing as possible, and designed to allow much sharing of information, openly and honestly, by people who might be under other circumstances be expected to be tense and suspicious. The interviews normally began with a formal welcome from the kaitiaki, followed by a cuppa, and often young tamariki were there in the room as well. Manaaki was often extended by members of the regional League staff by way of support. Adequate time was allowed for rapport to be generated, both between the caregivers themselves, and between caregivers and fieldworkers. The participants sat around a table, and the interview questions were read to them, page by page, and responses to the questions were written down as they were made, with the transcripts being checked later for accuracy by those being interviewed. The kaiawhina were described as “voiceless” throughout, being present for support, but taking no part in the whanau interview other than that.

The kaiawhina themselves were interviewed immediately after the whanau. Permission was granted to have the whanau present, and they added their bit from time to time. It would seem that the whanau did not overdo their praise for their kaiawhina, in such a setting, but rather the opposite. There was an element of whakama operating on the part of the kaiawhina, in the presence of the caregivers (mostly much younger women), and the caregivers often had to say things like “But you did much more than that.” “That’s not all the help you gave me.”

In one region, the whanau participants took the opportunity to voice their concerns about the future of the programme, stating that they did not want to leave, they enjoyed the fellowship and various “whanau day learning activities”, and they would like it to expand into providing other opportunities, such as: what to do with their spare time; and could the needs of rangatahi roaming the streets be addressed, by providing a similar co-ordinated programme.

I have a good deal of confidence that the interviews were done in a thoroughly professional, ethnically sensitive and appropriate manner, and that the results are likely to be relatively factual and unbiased, in spite of the group environment in which they were carried out.
GLOSSARY

Chapter Headings
The following phrases provide the metaphor for the chapter headings, representing the process of gathering flax leaves, weaving harakeke muka (silken threads) into a completed garment, and presenting it back to the people who have contributed to it – “a garment for mankind that is woven from a long time ago.”

TUI to weave, stitch or thread
TUIA KI RUNGA... to weave up
TUIA KI RARO... to weave down
TUIA KI WAHO... to weave wide/out
TUIA KI ROTO... to weave in
TUIA KI TE MUKA TANGATA to weave the silken threads for mankind

Maori to English
Aotea Central North Island region (Programme locations: New Plymouth, Turangi, Whanganui)
aroha love
awa river
awhi aid, help, embrace, cuddle
hangi earth oven, food from earth oven
hapu subtribe
harakeke flax leaf
hoha can’t be bothered
horoi wash
hui gathering
ihu nose
Ikaroa Hawkes Bay region (Programme location: Flaxmere)
kai food, meal
kaiawhina support person
kaimahi employee, worker
kaitiaki manager
kanikani dance, ballet
kapahaka Maori culture group
kete basket
kohanga reo Maori language immersion preschool
korero speak, talk
kuia elderly woman (revered)
kura kaupapa Maori Maori language immersion primary school
kutu head lice
mahi job, work
Mahi Ora “Make your life work” programme
mamae hurt
mana prestige, integrity
manaaki hospitality
manaakitanga concept of hospitality to others
marae meeting area of whanau
maunga mountain
mihi greet, greeting
moe sleep
mokopuna (moko) grandchild
paepae orator’s bench (on marae)
pakaru     broken, wrecked
puha     sow thistle, rauriki
rangatahi     youth
raruraru     trouble
ringawera     marae caterer, kitchen helper
Taitokerau     North Auckland region (Programme location: Whangarei)
Tairawhiti     North Island East Coast region (Programme location: Gisborne)
tamaiti     child
Tamaki Makaurau     Auckland region (Programme location: Henderson)
tamariki     children
tangata whenua     local people, inhabitants
tangi     funeral
tangihanga     mourning for dead	
taringa     ear
tautoko     support
te reo Maori (te reo)     Maori language
Te Ara Tuatahi     First Pathway (first stage of a particular course)
Te Arahiko     Computer course
Te Waipounamu     South Island region (Programme locations: Nelson, Hokitika)
tikanga Maori     Maori beliefs
tuakana/teina     older/younger brother, older/younger sister
waiata     song, chant
wairua     spirit
waka ama     outrigger canoe
wananga     seminar, learning session
whaikorero     make speech
whakama     shy
whakapakari     strengthen
whakapapa     genealogy
whakawhanaungatanga     bring group together, get to know each other
whanau     family, immediate or extended, caregiver
where kai     dining room
whenua     ground, country

Abbreviations

ACC     Accident Compensation Corporation
CYF     Children, Young Persons and Families (Ministry)
DPB     Domestic Purposes Benefit
D&A     drug and alcohol
GP     General practitioner (medical)
NZQA     New Zealand Qualifications Authority
WINZ     Work and Income New Zealand
WTITO     Whanau Toko I Te Ora
REFERENCES


Appendix A  

Interview schedule

Evaluation aim and objectives
The aim of the evaluation is to evaluate the effectiveness of the parenting skills programme by measuring changes in the knowledge base, practice and priorities of whanau in the course of the programme in relation to the following objectives:

13. Health environment
The extent to which whanau environments have changed into positive environments in which tamariki are being raised.

- Do your children have any health problems?
- Have your children had their immunisations; been to a school dental nurse; go to the doctors regularly; and been in hospital?
- Is your child on regular medication?
- Do you insist on giving your child the full and complete prescribed medication?
- Do you have any health problems?
- Do you have any health needs?
- Who cooks for the whanau?
- What kind of food do you cook for the whanau?
- What is the children's favourite food?
- What food don't the children like?
- Do you or any of the whanau smoke?
- Where do whanau smoke at home?
- How do your discipline your children?

2. Housing and Transportation
The extent to which the whanau physical environments have changed into positive environments in which tamariki are being raised.

- Do you own your own home?
- How many people live in your home?
- Who lives in your home?
- How many bedrooms?
- How many children do you have living with you?
- What are the ages of the children?
- Do your children share beds?
- How much support do you have with your children?
- Where does that support come from?
- Do you have a phone?
- Do you have transport?
- Do you access public transport?

3. Finance and budgeting
The extent of financial planning and whanau practice at budgeting.

- Do you receive a benefit or income?
- How much money comes into your home each week?
- How much do you spend each week?
- How do you allocate and spend income/benefit?
- Have you had to use budgeting and financial planning services? What have you achieved using this service?
4. **Education and training**
The extent parent education and training is tracked.

- How long did you spend at high school?
- What class did you finish at high school?
- Do you have any qualifications?
- Have you been through any training programmes since leaving high school?
- Are you interested in training or going back to school if you could? Do you have any education/training needs?

5. **Child education and development**
The extent of parental involvement in tamariki education and development, parental knowledge, understanding and practice within the home.

- Do your tamariki go to an early childhood service or school?
- How often do you interact with your tamariki?
- What is the special nature of that interaction?
- What are the outcomes of these interactions?
- What is the special nature of sibling relationships?
- How do the whanau/parents/tuakana/teina/hoa interact with each other?
- How often do the tamariki watch television?
- What programmes do they watch?
- Do you monitor what the children watch?
- What do the children play with?
- How do the children communicate?
- What can the children do?
- How do the children help you?
- What can the children do with help?

6. **Maori values and child development needs**
The extent to which older members of the whanau provide positive role models for the tamariki.

- What is your iwi?
- What is the name of your hapu?
- What is the name of your marae?
- What is the name of your maunga?
- What is the name of your awa?
- Do you speak Maori?
- How fluent are you in using te reo Maori?
- Do you speak Maori to your children?
- How often do you speak te reo Maori?
- Do you read to your children in te reo Maori?
- Do you attend Maori events like hui, wananga, tangihanga, kawe mate, huri kohatu?
- What is your role when you attend hui, etc., at your marae?
- Do your children attend with you?
- What does mana tamariki mean for you?
- What are your Maori cultural needs?
7. Parenting skills and confidence
The extent of awareness of whanau behaviour on tamariki.
- What new things have you learned since being on this programme?
- What new skills have you put into practice?
- Has being on the programme changed the way you parent?
- What do you want for your children?
- How do you think you can achieve this?

8. Justice
The extent to which dysfunctional whanau relationships impact upon managing relationships.
- What legal services, if any, have you accessed?
- Have you been involved in custody issues?
- Have you been involved in supervised access?
- Are you aware that programmes for children as witnesses of domestic violence and or abuse (physical, emotional, sexual and neglect) are available through the family courts?
- Have you accessed this service?

9. Employment
The extent to which whanau employment status reflects their self-worth and esteem.
- Are you employed?
- Have you been employed?
- What was the nature of your employment?
- If you are unemployed, what steps have you taken to try to find employment? What are the barriers for you becoming employed?
- Why is employment important for you?

10. Kaimahi
The extent of behavioural and attitudinal changes observed by the kamahi working with whanau who are participating in this evaluation.
- What level of support do you provide for this whanau?
- How did you agree to the level of support for this whanau?
- What major issues impacted on this whanau prior to being involved in this programme?
- Has involvement in Whanau Toko I Te Ora changed the behaviour of this whanau?
- How have whanau demonstrated these changes?
- Has involvement in Whanau Toko I Te Ora changed the attitude of whanau?
- How have whanau demonstrated these changes? What support have you given this whanau?