

# Increasing VIP Programmes' Responsiveness to Māori:

a whānau-centred approach  
for the VIP programme



Cover photo:

Jae Jae Wickliffe with son Jaearn

Page 7 - The Hikatapua Martin family

Page 9 - Baby Jacob, Queen Mary Maternity Hospital, Dunedin

Page 13 - Joseph Potangaroa with daughters Tiriana and Bailee

'Whānau' artwork in this resource is by tamariki of  
Hūmārie Kōhanga Reo, Takanini, Auckland

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[www.health.govt.nz/familyviolence](http://www.health.govt.nz/familyviolence)



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# Introduction



Nāu te rourou  
nāku te rourou  
ka ora ai te iwi

*By sharing your  
basket of knowledge  
and my  
basket of knowledge  
our people will flourish*

## Increasing the effectiveness of the programme for Māori.

This resource was born out of a desire by Violence Intervention Programme (VIP) coordinators working in hospitals across New Zealand to increase the effectiveness of the programme for Māori.

Independent evaluation results show that VIP indicators for cultural responsiveness have been increasing over time but more slowly and more variably than others. This resource aims to improve VIP programme responsiveness to Māori by sharing success stories and 'lessons learned' from the VIP programmes that are already working well for Māori.

The Ministry of Health commissioned Jigsaw to gather these stories between May and June 2012. They reflect the knowledge and expertise of VIP and health and social service practitioners from diverse cultural and professional backgrounds. We would like to acknowledge all who have contributed to this resource.

It is hoped that *Increasing VIP Programmes' Responsiveness to Māori* will inspire further reflection and action so that all who engage with the VIP programme will benefit.

JIGSAW is a network of 44 social service agencies working on the front line to prevent child abuse and support families to raise their children in safe, nurturing ways.

Sunny M. Wikiriwhi  
Chief Executive  
Jigsaw

[www.jigsaw.org.nz](http://www.jigsaw.org.nz)

# How to use this resource

## Whānau-centred Practice

VIP practitioners, health professionals and service providers talk about what improving their responsiveness for Māori means to them and how they can improve their practice.

They also discuss how they have worked with others in their organisations or communities to establish effective initiatives or to weave a whānau-centred approach throughout VIP programme policies and processes.

Some of the stories are about improving VIP responsiveness for Māori and others are about how families of all cultures are benefiting from a whānau-centred approach.

VIP coordinators, managers, sponsors, steering groups and health practitioners are invited to use these stories and case studies for reflection and inspiration. The content can also be used to focus discussions during training sessions and service planning. A User Guide is available on the VIP Health Improvement & Innovation Resource Centre website.

### The stories and case studies have been ordered into themes:

- ⌘ **Theme 1 – Putting whānau at the centre of VIP and health practice: weaving a southern perspective**  
Pages 7-11
- ⌘ **Theme 2 – Whānau strengths: seeing the patient in the context of their extended family and community**  
Pages 13-19
- ⌘ **Theme 3 – Supporting Māori and their whānau: using tikanga Māori to support healing and recovery**  
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A glossary of Māori terms is included on page 43

# Theme 1–

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## Putting whānau at the centre of VIP and health practice

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## Weaving a southern perspective

**To Dunedin-based Southern DHB VIP coordinators Shona Barnett and Carol Dempster it made sense to start at the beginning of life.**

Weaving different concepts, cultures, histories and professions together, the VIP team decided to commission a piece of 'living art' as a symbol of protection and safety for babies and families.

And so the idea of weaving a wahakura was born.

A wahakura (or kawē pēpe, as it is known locally) is a woven harakeke basket, traditionally used by Māori to allow babies to sleep safely alongside their parents.

Woven by Ngāi Tahu master weaver Anna Gorham and Ngāi Tahu weaver Wendi Raumati, the basket now takes pride of place in the Queen Mary Maternity Hospital reception.

Child Protection Nurse Shona Barnett, who is of Ngāi Tahu descent, explains: "For Māori, the wahakura is about creating a sense of belonging. It's a visual sign that someone has been before and paved the way for them."

"The wahakura is not only an art work that is recognisably Māori but it is a symbol of safety recognised by many cultures," she says.

Families are invited to take the basket into their rooms and take photos of their newborns in it. Pamphlets are displayed that explain the significance of the wahakura and promote the view that everyone is responsible for keeping children and families safe.

Anna hopes that the wahakura that she has woven will become tatty and thin from use and that it will take on its own history and life.

"I love the thought of having these kawē pēpe in families – and not just Māori families. It gives babies their own little safe space. To me, as a grandmother, a weaver and a Māori wahine, it's really special."



Shona Barnett, Heather La Dell and Carol Dempster with the wahakura

The wahakura was blessed and gifted to Queen Mary Maternity Hospital in November 2010 during a study programme for self-employed midwives, co-facilitated by the VIP team and local Māori at Ōtākou Marae. Using the wahakura as a symbol, midwives were invited to reflect on how they could work together with whānau and other professionals to respond to family violence and keep children and families safe.

For Family Violence Intervention Coordinator Carol Dempster, the basket brings to mind the biblical story of baby Moses, where midwives disobeyed Pharaoh's order to kill all male Hebrew newborns. Instead, they worked with Moses' mother and sister to keep him safe. Moses' mother placed him in a woven basket and hid him in a bed of rushes in the River Nile. His sister Miriam kept watch along



the riverbank until he was later rescued and cared for by Pharaoh's daughter. These five women worked together to protect and nurture the baby.

“During the workshop, that story really helped people to grasp the importance of professionals and families working together.”

Cy Fitzpatrick, a local midwife who attended the workshop says she really liked the idea of the wahakura being a safe place for babies to sleep.

“If you've got a strong community of agencies who talk to each other and have good relationships then it's easier to help families.”

Shona said over 150 people attended the blessing on the day the wahakura was welcomed to Queen Mary Maternity Hospital. “We had a wave of people coming up the stairs and into the unit and they were all singing. The midwives who attended the study day were part of it. It was a big moment for us all.”

According to Shona, the wahakura initiative has enabled the VIP team to drive a process of

change that is ongoing.

“Queen Mary has really taken ownership of the wahakura. They're now developing their own waiata.”

Plans are also in the pipeline for Anna and Wendi to weave a second piece of art to sit above the wahakura – a torso of a pregnant mother with the arms of her tāne supporting her.

“It keeps on evolving. It's just the most exciting thing.”

**“If you've got a strong community of agencies who talk to each other and have good relationships then it's easier to help families.”**



Baby Jacob safe and sound in the wahakura

## Protecting children by working with midwives to support pregnant women and their whānau

### The Dunedin-based VIP team at Southern DHB is taking a proactive and family-led approach to child safety in cases where pregnant women or their partners have previously had children removed from their care.

They work alongside the midwife and local agencies to ensure that everything possible is done to protect the child and reduce the need for Child, Youth and Family (CYF) to be involved after the birth.

Child Protection Nurse Shona Barnett says, “It’s about keeping children safe and asking ourselves: What is our role as health workers and are we bringing families along with us?”

According to Shona, the key person to engage around child safety is the Lead Maternity Carer (usually a self-employed midwife).

Before the baby is born, the midwife encourages the family to seek support from their networks (including extended family and professionals) to come up with a safety plan for their child. They then ask CYF for an assessment.

The VIP team supports the process and follows CYF’s Am I Safe Now? safety assessment guidelines.<sup>1</sup> The process involves identifying what has changed within the family and what additional support they will have in place for the safety and wellbeing of the new baby.

In the plan the whānau identifies at least five people and/or agencies who will be responsible for supporting them to keep their baby safe (see next page ‘Five pairs of eyes for the under 5s’).

“This gives midwives and the VIP team a framework and it’s from a positive stance. We get a response from CYF and have a plan that everyone involved knows about. Unless the child is still considered unsafe, CYF will write

back and they tell us they won’t need to be involved after the baby is born,” Shona says.

“The families are very proud of these letters. There’s no stigma – no deficit model. It’s respectful to women and their family to have that plan in place before baby is born. It allows us to step back and leave people to be a family.”

Shona says the women and their families know that CYF will be interested in them. “They’re dreading that knock on the door and they are open to suggestions by the midwives that they be proactive from the start.”

Midwife Heather La Dell says before they started working in this way people would only get involved after the birth. “It’s much nicer to get in there at the beginning and ask the woman and her family, ‘What do you need? What does this child need to be safe?’ We are then able to offer resources to help them.”

**“It’s about keeping children safe and asking ourselves: What is our role as health workers and are we bringing families along with us?”**

“It lets midwives get back to focusing on the core midwifery stuff. If we know that there is a safety net in place then it’s a huge relief.”

Hospital based CYF social worker Chris Gelling plays an active role in supporting this process. “If CYF do an assessment and they decide that the baby is still at risk, it gives them time to plan in advance what needs to happen to keep baby safe,” he says. “It gives families plenty of notice. It’s much less reactive this way.”

“It allows families to take ownership of the process rather than wait for things to happen.”

1. Please see the CYF Practice Centre Website for more information: [www.practicecentre.cyf.govt.nz](http://www.practicecentre.cyf.govt.nz)

## Five pairs of eyes for the under 5s

Five pairs of eyes on under fives is an approach promoted by CYF and Dunedin's VIP team that ensures several people are looking out for the safety and wellbeing of very young children.

The 'five pairs of eyes' can include a household family member, a member of the extended whānau, a health professional, a teacher or someone from the community (such as a neighbour or community organisation). Where Māori children are concerned, the 'five pairs of eyes' could include members of the whānau, hapū or iwi.

**Each 'pair of eyes'  
agrees to be a regular  
and ongoing part  
of a child's life.**

As part of the safety plan that the whānau develops for their child through the Am I Safe Now? process, regular meetings are often scheduled to bring together the 'five pairs of eyes' and to discuss the ongoing safety and wellbeing of the child.

According to Shona, the 'five pairs of eyes' approach is easy to explain to professionals and families alike. She says that midwives sometimes refer families to the local Family Start service. "Family Start are telling us that people are coming in and saying 'I want you to be one of my five sets of eyes.' And to me that's self-determination."

Please see [www.practicecentre.cyf.govt.nz](http://www.practicecentre.cyf.govt.nz) for more information.



# Theme 2 –

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Whānau strengths:  
**Seeing the patient**  
in the context of their  
extended family and  
community

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## Seeing the patient in the context of their whānau: a physician's perspective



**Emergency department physician Dr Sylvia Boys believes it's important for medical staff to take the time to routinely screen women**

**for family violence and to see them in the context of their whānau.**

"I was a little skeptical about screening to begin with, partly because of our workload," Dr Boys says. "But domestic violence is often the missing piece of the puzzle. It is common for women who present with unexplained abdominal or chest pain or hyperventilation to screen positive for domestic violence. It can be a psychosomatic presentation and often the real issue is what's going on at home."

According to Dr Boys, who works at Middlemore Hospital, it's common in South Auckland for a family of eight to live in a three bedroom house. "So you can imagine the stress," she says.

"I've always tried to see people in terms of their family circumstances and how that's impacting on why they're here now."

Dr Boys says convincing a patient to get ongoing support from family members and friends increases the likelihood that they will be safe after discharge from hospital.

"Often they haven't told anyone else about the violence. It's been this dreadful secret."

"Once they know what's going on, their family is often their most assertive advocate. They might say, 'He's never doing this to you again', and then we know that things are likely to be different."

Women of all ages and cultural backgrounds have told Sylvia that family violence is an issue for them. So what is it about her approach that helps women feel safe to share their story?

"I think it's because I seem interested in them as a person. I'm not afraid to put my hand on their hand and actually have eye contact and a real conversation with them," Dr Boys says.

"I also try to seem unhurried when I talk to them and ask open-ended questions to begin with, such as 'Who's with you at home?' You get a feel for where things are at and then you can ask specifics. By then they've decided either you're okay to trust or not."

Dr Boys acknowledges that women can often be reluctant to call on their families. They sometimes become isolated from their family of origin or they might feel embarrassed and ashamed about the abuse, she says.

How does she overcome this challenge?

"We do get there but it can take persistence and a team effort."

For example, a woman was admitted to the Emergency Department with multiple injuries after her husband had run her over with his car. Her baby was also admitted after being thrown from the pushchair when the car hit.

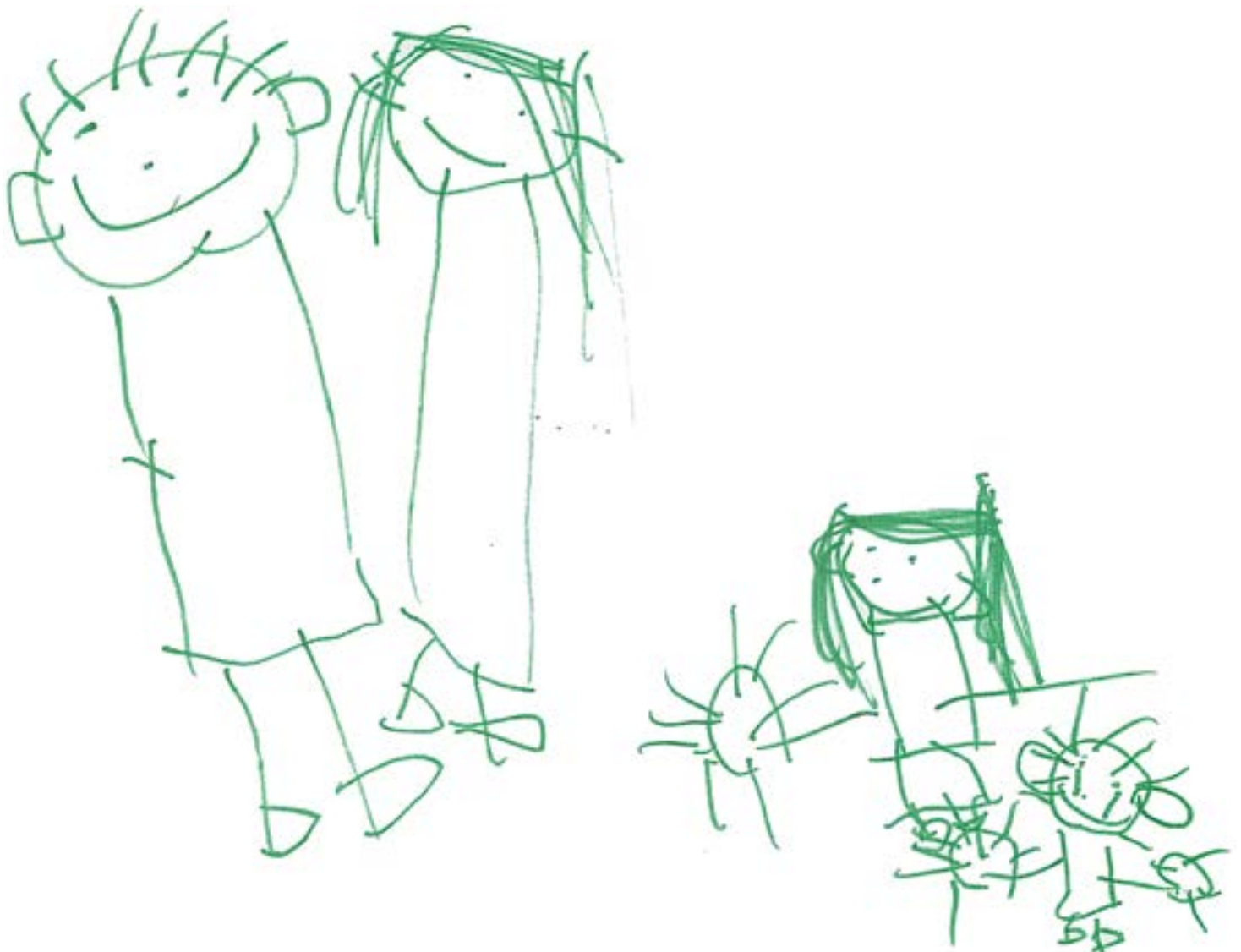
"For this woman, the fact that he'd hurt her baby was the last straw. But even then she was reluctant to get the family involved. They weren't aware of the abuse. She didn't want them to think poorly of her," Dr Boys says.

"So the police and the nursing staff kept on saying this wasn't right and she needed help from the people who care about her. We managed to convince her to call her sister and that was the point where things began to change considerably. You could tell that the rest of her extended family was not going to let her be treated this way."

Dr Boys says it's important to give the message that abuse is not okay. "It gets really hard when the abuse is intergenerational – when women see abuse in almost every family they know. This view that violence is normal is not something we doctors and nurses can tackle on our own."

"Sometimes I find the only foot in the door is to ask, 'Is this what you want for your daughter?' and often women will admit that it's not."

**"I've always tried to see people in terms of their family circumstances and how that's impacting on why they're here now."**



## Whānau-centred VIP referral options

The six step VIP screening and intervention process includes asking people who disclose partner abuse if they have family members or friends who they could call on for support or a safe place to stay. Following this process is an example of whānau-centred practice.

Referrals to local family violence prevention agencies or other providers of services (including Māori providers) are also part of the process. These services often work with entire families, helping them to access a range of health and social services to address their holistic needs.



## Action case study

**A 16 year-old Māori woman presented to the emergency department at a central North Island hospital with severe abdominal pain. She was four months' pregnant and concerned that she was miscarrying her child.**

The woman screened positively for family violence. Her partner had hit her in the past, although that wasn't the reason for her current abdominal pain.

It became evident that this young woman was in crisis. She and her partner lived in a house with no heating, no power, no curtains and almost no bedding. She was so hungry, she was trembling. She did not have a midwife.

The hospital social worker – a middle aged, non-Māori male – was called in to help provide her with support.

The social worker introduced himself and established rapport by establishing some connections with people she knew.

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**He encouraged the young woman to lead the process, asking her, “What do you want to happen? What are your priorities? What do you need?” She said that she really wanted support.**

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He asked about her whānau to identify potential sources of ongoing support for her and her unborn baby. It turned out that although she was estranged from her parents, she had loving and supportive grandparents.

A plan is now being put in place to provide the woman and her family with wrap around support based on the needs they have identified. The grandparents will play a central role. A Māori worker at a local family violence prevention and intervention service is also involved and is helping to connect her to other services that will help her to overcome the multiple issues that the family is struggling with. The maternity social worker will remain involved to ensure that she and her baby get the care they need leading up to and following the birth.

## Working with whānau in child and adolescent mental health

Glenda is a Case Manager with Tauranga's Child and Adolescent Mental Health Service (CAMHS), where she works with children and adolescents aged from birth to 18. The CAMHS team uses the VIP programme six-step screening and intervention process.

At this particular service, Glenda says they place a great deal of importance on making sure all families feel they are being heard, supported and comfortable; that they are given the support that they may struggle to access themselves.

“As far as family violence goes, we know that it's prevalent in families from all cultural backgrounds. Our message is that it's not okay, no matter where you come from.”

Bay of Plenty's Family Violence Intervention Programme Coordinator Heather Beddie says the way Glenda and her colleague Darren Billet work is inspiring because they have a broader outlook on the whānau. They bring the family together to support the child or young person.

Glenda says often there are people within the extended family who don't know that violence or abuse is going on. It's important for children and young people to have that wider support.

“More often than not with Māori families there will be six or seven whānau members who've come in to support a young person and that's a real strength,” she says.

“It is really powerful for a young person to see that – hey my aunty's here, my koro's here, my whānau really cares. Things might seem a little crazy but at the centre of it there's a connection. Only the family can solve its own raruraru. They sometimes need support and someone to awahi them. But at the end of the day the whānau need to sort things out themselves. Agencies can't do it for them.” Heather says.



Heather Beddie, Glenda Gillgren and Darren Billet

“Instead of a pre-prescribed treatment plan, we sit down and look at the best way of working with each particular family. We ask them what they need and work with other services to support them,” Glenda says.

Tauranga CAMHS also makes a point of being honest and communicating openly with the families they work with.

“If we're concerned about a child or young person at all, we will always do a report of

**“It's really important for a young person to see that their whānau really cares.”**

concern. We make sure the family knows what we are doing and why we're doing it. After it's written I will go through it with the family so they know what's being said and what our concerns are," Glenda says.

"We don't hesitate to call the Police or Child, Youth and Family if we need to. We tell families that we need to do this to keep their child safe."

Another strength of this service is its connections with schools and other agencies. "We have strong relationships and open communication with a wide range of social service providers. Sometimes those agencies come to us with their concerns, other times we'll ring them to ask advice."

**"As services we need to join hands to wrap around families until they can stand by themselves"**



# Theme 3 –

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Supporting Māori  
*and their whānau:*  
using tikanga Māori to support  
healing and recovery

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It's all about building trust. Being respectful, listening and engaging in transparent, open communication is an important part of this.

Glenda Gillgren, Case Manager, Child and Adolescent Mental Health Services, Bay of Plenty DHB

Don't feel intimidated if there's more than one person in the room – we need to support people because they're the ones who are going to help us once we leave the hospital. Speak to our support people, address them and listen to them too. They might be a kaumātua or a kuia. They are there because they care.

Build your understanding of why Māori do things the way we do. Just ask.

Tania Mataki, Practice Manager, Te Puna Oranga

Embrace opportunities to learn about Te Ao Māori.

Introduce yourself to the whānau, make eye contact, ask who they are. And be aware that we know ourselves best and we are responsible for our own wellbeing.

Ngaropi Cameron, Chief Executive and Senior Family Violence Programme Facilitator & Educator, Tu Tama Wahine o Taranaki

It's important to know the DHB policy and procedures about supporting Māori and whānau within the VIP programme, to understand tikanga and to attend cultural awareness and Treaty of Waitangi training.

Nathalie Esaiah-Tiatia, Family Violence Intervention Coordinator, Taranaki DHB

## Kay's story

**The following is a true story about one woman's journey of healing, generously gifted to the VIP programme. Names have been changed for privacy reasons.**

In June 2011 I left my relationship of 10 years. Why? Because on 25 March 2011, I was assaulted by my female partner.

My hope is that by telling my story I can help to create an understanding, a real understanding of how tikanga (Māori cultural practices and beliefs) has assisted me on my journey of healing and recovery from what has been an incredibly challenging but humbling time of my life.

I met Linda in 2001 and we began what was to be a ten-year journey together. Throughout this time we shared many happy times and generally we were a really great team. When we met, my son Hona was seven so Linda was a very significant part of his life. She was a wonderful, loving step parent to him.

It was within the first eight to ten months of our relationship that I first experienced what was to be the first of nine verbal assaults. We had both been invited to a wedding and over the course of the afternoon both Linda and I had consumed alcohol. One moment we were engaged in a beautiful conversation and the next she began verbally attacking me. Suddenly she felt completely foreign to me and began to lash out, telling me what she thought of my family, my son and me. The body language and the seething look on her face is something I can see as if it were yesterday. It was a look that I would see repeatedly over the coming years. On this occasion I walked away and called a taxi, returned to my home and locked the door.

The next morning when Linda returned home she was very sheepish, incredibly embarrassed

and apologetic. She promised me that it would never happen again. I lived in hope that there would be no further incidences.

Each time the verbal assaults occurred, Linda would attack my whānau, my son, my friends, my culture, my work and me. Attacking the very things that were dear to me made me feel sick inside.

The internal taukumekume (struggle) I experienced over the years was horrible, particularly given my professional background as a social worker. This tension increased as I began my journey as a Family Violence Intervention Coordinator (FVIC) at my local DHB.

**"When I told my father and stepmother about what had happened, they were incredibly supportive of me"**

I lived in a world where behind closed doors there were occasions where I was a victim (although I prefer the word survivor) of partner abuse and in my professional world I was a FVIC. In 2009 I told another coordinator, who has become a very special friend, that my partner

had verbally assaulted me. I am grateful for the way she has listened to me and supported me throughout my journey.

I am a person who believes in 'practicing what you preach' and so I began to contemplate ending my relationship.

25 March 2011 was the night when I moved from a phase of contemplation and made the decision to leave. This was the night that Linda physically assaulted me, in a moment that shattered my soul.

I called my younger sister who, with much love, came and picked me up and took me to her house. The next morning I returned home. Linda told me she would do anything not to lose me and promised that she would get help. But I had heard these words before and, while I admire her attempts to engage in counseling, from my perspective it was too little too late.

In April 2011, my elderly grandfather became unwell and was transitioned into a rest home. It was a very emotionally challenging time for our whānau. When I told my father and stepmother about what had happened, they were incredibly non-judgmental and supportive of me.

I tried to leave Linda during Queen's Birthday weekend 2011. Watching the pain our separation caused her and my son Hona was horrible. So I tried to rescue them, saying to Linda that I'd be prepared to give things another go.

Two weeks later I finally left the relationship for good.

I moved out of the home which Linda, Hona and I had shared for almost eight years and went to stay at my elderly grandfather's home. My grandfather enabled me to stay there for as long as Hona and I needed.

Hona didn't know about the behaviour that I was subjected to throughout the course of my relationship with Linda. He was 17 when Linda and I separated. I told him about the assault and that I had honoured the commitment I made to myself that I would never remain in a relationship with someone if they hit me.

It is almost one year since I left the relationship with Linda. So where am I now? Well, amazingly I managed to complete my Bachelor of Social Work, I continue to work as a family violence intervention coordinator within my DHB, and my relationship with my son is stronger than ever.

I have met a new partner who is a truly amazing woman. With her manaakitanga (nurturing) and understanding I have learned to have a voice within the context of our relationship. My feelings are no longer minimised and discounted. Therapy has helped me to process my journey and to relearn that my feelings and views are important.

My whānau continue to *hoa haere* (walk alongside) me. The unconditional love that my whānau has for each other is an incredible and valuable strength.

I have come to realise who my true friends are. I truly cherish them. Without their *aroha* (love)

and *manaaki* (nurturing) the journey would have been so much more challenging.

But lastly and certainly not least are my colleagues.

My supervisor, manager and team have been incredibly supportive. They showed me that they believed what I was saying about the abuse and they have empowered me to hold my head up high within my work place.

They continue to show me that my skills and qualities are valued. Thank you, my wonderful colleagues.

**“My whānau continue to *hoa haere* me. The unconditional love that my whānau has for each other is an incredible and valuable strength”**

### **Ko wai ahau? Who am I?**

I am a mother, a daughter, grand daughter, aunty, sister and niece.

I am proud to be of Ngā Puhī descent.

I am a survivor.

I am humbled by the learning and gifts that continue to shape me as a person and have learned that abuse survives on secrecy.

I am **ME**.

*Tihei Mauri Ora.*

## Principles for action

Below are 12 tikanga<sup>2</sup> (traditional Māori values and practices), which health professionals can incorporate into their day-to-day practice to enhance the effectiveness of services for Māori and whānau, and indeed for all people, regardless of cultural or ethnic background.



**Wairuatanga** – Wairuatanga refers to spirituality. According to Māori, spiritual connections exist between atua (gods and ancestors), nature and humankind. Every child is born with a wairua (spirit), which is subject to damage as a result of mistreatment.

### Ways to put this in to practice

- ⌘ Know that spiritual wellbeing is of key importance within Māori models of health. For example, under the Whare Tapa Wha model, wairua, tinana (physical health), hinengaro (mental health), and whānau are all considered vital for health and wellbeing.<sup>3</sup>
- ⌘ Be aware that a person's wairua (soul or spirit) is likely to have been damaged as a result of emotional, physical and/or sexual abuse. Take care to treat those who are experiencing family violence with compassion, warmth and respect.



**Atuatanga** – the qualities and wisdom of atua (gods, ancestors, guardians) are considered to endure through people living in the present.

### Ways to put this in to practice

- ⌘ Remember that each individual has a rich whakapapa (genealogical heritage) that links them to their ancestors.
- ⌘ Be aware that Māori support services in the community may be able to help individuals and whānau who are experiencing violence to reconnect with, and pass on to future generations, the mana (prestige and integrity) and wisdom of their ancestors. Rejecting violence is key to this approach.



**Whakapapa** – refers to the genealogical descent of all living things from Ranginui (the Sky Father), Papatuanuku (the Earth Mother), gods, ancestors, and through to the present. Reciting whakapapa enables individuals to identify their genealogical links to one another and to strengthen interpersonal relationships.

### Ways to put this into practice

- ⌘ Note that whakapapa is a fundamental concept of the Māori world-view. Through whakapapa, people can identify and strengthen relationships between themselves and others, develop a healthy sense of belonging, and ground themselves in the world.
- ⌘ When building and strengthening relationships with Māori individuals, whānau, hapū, iwi or local Māori services, it is beneficial to share with each other information about your genealogical ties and where you and your ancestors come from.

2. Adapted from Pakake Winiata. (n.d.). *Guiding Principles/Kaupapa of Te Wananga O Raukawa: A discussion paper*. Retrieved January 2011, from [http://www.wananga.com/images/pdf/Guiding\\_Kaupapa.pdf](http://www.wananga.com/images/pdf/Guiding_Kaupapa.pdf)

3. Durie, M. (1994). *Whaiora: Māori Health Development*. Auckland: Oxford University Press.





## Whānaungatanga

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**Whānaungatanga** – Focuses on the importance of relationships. Individuals are seen as part of a wider collective, which has the potential to provide its members with guidelines, direction and support.

### Ways to put this into practice

- ⌘ Recognise the role whānau (family and extended family) play in the life of each individual.
- ⌘ Engage and build relationships with whānau, identifying within the extended family, key people of influence and those who may be able to provide strength and support to individual members (such as kaumātua and kuia).
- ⌘ Do not assume it is always appropriate to involve whānau members in the support or care of an individual – always ask. Note that an individual who is experiencing family violence may wish to call on the support of someone outside their whānau.
- ⌘ Help whānau to participate in informed planning and decision making.
- ⌘ Work in partnership with whānau, hapū, iwi and Māori community organisations to provide support for individuals experiencing violence.



## Rangatiratanga

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**Rangatiratanga** – is about demonstrating the qualities of a good leader (rangatira); altruism, generosity, diplomacy and the ability to lead by example. It can also refer to the concept of self determination, which respects the right of an individual or group of people to lead themselves. *He Korowai Oranga – Māori Health Strategy* acknowledges whānau, hapū, iwi and Māori aspirations for Rangatiratanga.

### Ways to put this into practice

- ⌘ Demonstrate integrity and respect when engaging with whānau.
- ⌘ Respect the right of individuals and whānau to determine their own solutions. Support them to make their own well-informed decisions. Allow them time to ask questions and explore options for action.
- ⌘ Ask open-ended questions about what plan of action individuals and/or whānau would like to take, and offer resources, support and guidance.
- ⌘ Ask the whānau (rather than assume) what tikanga and kawa (cultural protocols) they wish to follow. Honour their decisions whenever possible.



## Kotahitanga

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**Kotahitanga** – exists when people work together in unity to support and achieve common goals.

### Ways to put this into practice

- ⌘ Take a collaborative approach to keep people who are experiencing violence within their whānau safe. This should involve information sharing and planning with other professionals, community providers and whānau members.
- ⌘ Build a sense of partnership with whānau, hapū and iwi, and Māori organisations in your community. Get to know the local services available so that you can confidently refer people to them for support.



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**Te Reo** – refers to the Māori language, which is an official language of New Zealand. Its preservation is essential as it is through language that Māori beliefs and traditions are passed from generation to generation. Te Reo carries with it the 'life force' (mauri) of the culture.

Ko Te Reo te mauri o te mana Māori -

The language is the life essence of Māori mana.

Sir James Henare (1979)

**Ways to put this into practice**

- ⌘ Aim to pronounce Māori names and words correctly. This will convey a sense of care and respect. If you are not sure how to pronounce someone's name, ask.
- ⌘ Use Te Reo in signage and posters, and have key documents and resources available in Te Reo.
- ⌘ Embrace opportunities to learn and use Te Reo and to understand the meanings of key Māori concepts (such as these 12 tikanga).
- ⌘ Be aware that Māori words often have multiple layers of meaning and convey perspectives and concepts that cannot always be directly translated into English.



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**Manaakitanga** – is about nurturing and looking after people and relationships. Here action is taken to enhance the mana (prestige and integrity) of each individual. Relationships are based on compassion, generosity, reciprocity and respect.

**Ways to put this into practice**

- ⌘ Build trust with Māori individuals and whānau from the first point of contact.
- ⌘ Convey a genuine, open, supportive, caring and respectful attitude.
- ⌘ Offer a comfortable and welcoming environment for Māori (including the physical environment and the behaviour and attitudes of health professionals).



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**Kaitiakitanga** – refers to the guardianship or protection of people, taonga (cultural treasures), and the environment so that they continue to thrive from generation to generation.

**Ways to put this into practice**

- ⌘ Recognise that safety should always be the number one priority. Ensure processes are in place to keep people safe.
- ⌘ Be aware that the physical, emotional and spiritual safety/wellbeing of mothers is important for the safety of their children.
- ⌘ Respect and enable (whenever possible) the expression of Māori and other cultural practices and beliefs.
- ⌘ In order to safeguard present and future generations, ensure that there is a sustained commitment within your practice to address violence within whānau.



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**Ukaipotanga** – an Ukaipo is a place of nurturing and belonging. Ukaipotanga is about nurturing and nourishing people and communities.

**Ways to put this into practice**

- ⌘ Encourage parents and whānau to provide a safe and nurturing environment for their children. For example, within maternity services, promote and support parent-infant bonding and talk to parents about how to respond quietly to a crying baby.
- ⌘ Help parents connect with services in their community that can support them in their role as caregivers and protectors.
- ⌘ Ensure that your health service supports people who are experiencing violence within their whānau.



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**Oritetanga** – refers to equity.

**Ways to put this into practice**

- ⌘ Deliver high quality services to everyone, no matter what their age, gender, ethnicity or social background.
- ⌘ Understand that some whānau may have minimal information about the health sector and your role may be to empower and inform them of their rights and responsibilities and the services available to help them.



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**Pukengatanga** – involves the achievement of progressive milestones and skills, enabling individuals to reach their goals and their potential.

**Ways to put this into practice**

- ⌘ Work with the individual, whānau, and other professionals (where relevant) to identify achievable plans to ensure short, medium and longer term safety of people experiencing family violence. After short term safety is established, support them to take the next step.
- ⌘ Ensure that individuals/whānau are aware of their options so that they have the opportunity to make informed choices and develop their own plans for the future.

# Theme 4 –

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Partnerships with Māori  
and  
community providers to prevent  
family violence and  
connect whānau with support

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# The Hastings Health Centre

**The Hastings Health Centre is referring patients to community support services as part of their routine family violence screening and intervention programme.**

The health centre has 25 doctors, 37 nurses, 36 allied staff and an enrolled population of 25,865 patients.

Family Violence Intervention coordinator Debs Higgins says all women over 16 are screened for family violence and the red flags of child abuse are instilled in staff so that if anyone turns up with an injury they're taught to think beyond the patient's and/or accompanying adult's explanation.

The Hastings Health Centre has had a family violence intervention screening programme based on the VIP model since 2008 and the parameters are clear. "We recognise if there's a family violence issue, respond to the injury or issue and refer the patient on. The referral might be to a social service provider, the police or the district health board."

"It's not the role of the general practice team to further investigate family violence or child abuse following a disclosure or where there is a suspicion of child abuse. Family violence is a health issue but we're not the experts, we need to refer on to those who specialise in this field."

"Recently a 15 year-old patient presented with a cut hand. In the past some agencies may have just focused on the injury, however our programme teaches us to ensure we are satisfied the explanation given for the injury matches what we are seeing. In this case after closer questioning it came out that the patient had anger issues and put their hand through a window."

"The doctor could see an opportunity to connect the family with support. We rang a local whānau ora service provider with whom we have a strong relationship and they organised intervention for the patient and their whānau straight away," Debs says.



The family violence champions at The Hastings Health Centre

"At The Hastings Health Centre we have close ties with other community agencies including Family Works, the police, women's refuge and DOVE. We have a Māori/Pacific Island nurse who works in the community and can visit these families. We know that we can pick up the phone and call our colleagues for advice."

Of course assessing the level of risk is paramount. "If you're concerned about a child's safety you would need to ring the police and the child protection team at the DHB, but in general practice it's more about getting people to an agency that can help them."

## Providing support

**For Tania Matakī, raising tamariki and a strong whānau is like a garden. The more effort you put into tending, nurturing and feeding it, the more you get out of it.**

That's one of the reasons why her organisation Te Puna Oranga in Christchurch is using community gardens to teach mums and dads about self empowerment, eating well and nurturing their families.

“Connecting back to growing your own kai can be very empowering. It creates self sufficiency – you don't have to go to the supermarket. We take our mothers to local community gardens and encourage them to plant a garden. As well as the physical benefits, it's a metaphor for the emotional and spiritual wellbeing of whānau.”

The garden is just one tool in Te Puna Oranga's toolbox for strengthening families.

Te Puna Oranga is one of 21 services that make up Te Waipounamu Whānau Ora Provider Collective. It specialises in programmes to address sexual violence. It also offers whānau support work, whānau abuse therapy, parenting programmes, youth programmes and counseling for individuals and groups.

“If someone rings up for counselling, the intake worker discusses the key issues they're calling about, and then looks at the wider things going on in that family and services are wrapped around them. It might be providing home visits by social workers, linking up the

family with other supportive whānau or hapū or iwi members or identifying the need for drug and alcohol counselling or parenting programmes,” Tania says.

The safety of children is paramount. “We work with the whānau to set boundaries. In a family where there is sexual violence we will send out a skilled worker who meets with the offender and assesses his level of awareness – about his offending for example.”

“Then we might meet with all adults concerned or the wider whānau. Together, we set goals around safety and a way forward. Often whānau are relieved as they feel safe and everyone is clear about the process. Child, Youth and Family and Police are always involved in these sorts of cases. We support the whānau in the aftermath to support the recovery care and protection of mokopuna.”

Tania believes that the important thing is relationship knowledge. “We are part of a family violence network locally and we have links to the community. That historical knowledge of whānau and relationships opens doors for us in a way that is difficult for other health workers,” she says. “We have also been developing training for other services around the practical application of our work.”

**“We're trying to get families to a place where they're self-sufficient”**



Kaimahi - the staff at Te Puna Oranga

For Tania Matakī “Families are permanent, where you come from, your hapū, iwi and marae. These are the permanent support systems in your life. We are strengthening those relationships because at the end of the day, when all the services are pulled away, it’s you and your family. We are trying to get them to a place where they’re not dependent. They can be self-sufficient, just like the garden.”

“This woman took a hard look at her own life and made a decision to change her lifestyle for the benefit of her children. She has been facilitating our programmes for a few years now and has created a visual presentation that tells of her journey of how she has transformed herself and whānau. She uses this to inspire others.”

“Part of her vision was to engage her family. Her changes have also influenced her adult daughters to support each other more and she is now extending that attitude out to her wider family by trying to bring her seven brothers together to discuss more positive ways of parenting their children.”

**“Families are permanent,  
where you come from,  
your hapū, iwi and marae ...  
these are the permanent  
support systems  
in your life”**





## Working with Māori to celebrate and promote whānau wellness

**Juliet Scott, VIP Coordinator at MidCentral DHB, noticed that there were very few family violence prevention posters and pamphlets on display in the hospital and around the community in te reo Māori.**

“And there was certainly nothing local, nothing with a Manawatu flavour that acknowledged our local iwi,” she said.

“I had the idea of a poster in te reo that was positive and was about nurturing whānau, so I took that idea to the VIP steering committee. We got our whānau ora group together and decided on an art competition so that children from local kura kaupapa schools could design a poster in te reo with a positive whānau ora message.”

Juliet explained her role in the project: “I wanted to be involved for as long as I was useful but I have stepped back and my Māori colleagues have decided how they will take the idea to fruition. I knew that the project would get a life force of its own and it has.”

The art exhibition was held in June 2012 at Massey University to showcase the children’s art work, with a celebration and prize giving for the children and their whānau. Minister Tariana Turia presented the awards and the action was captured by the local press.

“It suddenly become a local event celebrating whānau wellness, and we’re looking at how we can take the concepts further next year,” says Juliet.

“It’s about preventing family violence but the focus is on bringing wellness – mauri ora – into families.

The diversity of the tamariki’s vision was amazing and it will be a challenge selecting the posters to be published.”

The posters will be displayed in the hospital, at the kura, at iwi organisations, iwi social service providers and elsewhere in the community.

Juliet reflected on how this project is an example of engaging Māori in the VIP programme.

**“The focus has been on bringing wellness – mauri ora”**

“At the end of the day it’s about Māori looking at the work we’re doing within the VIP programme and actually having genuine input.”



Minister Tariana Turia with whānau ora art competition entrants

## VIP partnerships with community providers

VIP teams and community providers are building relationships, delivering family violence training together, and putting processes in place so that patients and their whānau can be referred to services in their communities. VIP teams have also found that their internal Māori and Pacific health units have excellent connections with local whānau, hapū, iwi and support services for patients and their families.

According to Juliet Scott, MidCentral DHB's Family Violence Coordinator:

One of the challenges is that when health practitioners think of referral services for family violence they usually only think of Child, Youth and Family, Police and Women's Refuge. Unless staff have a community outreach role, they are often unaware that there are all these other services out there that can help.

One of the ways Juliet and other VIP programmes try to introduce staff to a wider range of community services is to involve them in VIP training. They may be involved

as part of an expert panel of providers or give presentations about the work that they do. Juliet would like to see hospital-based staff building their knowledge of community agencies outside of training too.

One solution that Heather Beddie and her colleague Raewyn Butler have come up with is to set up regular events so that VIP champions can meet local family violence prevention and intervention and family support agencies. Champions can then support their colleagues to refer to these agencies.

Auckland DHB has set up a simple referral and support system to help staff overcome the challenge of knowing who to refer patients to, given that the DHB serves patients from all over the country. They refer people to family violence prevention agency Shine, which then either works alongside them or refers them on to other support services depending on their needs and geographical location.

"This approach ensures a violence prevention agency is involved at the outset, supporting the person while engaging services in their home town," says Family Violence Prevention Specialist Nurse, Anne Marie Tupp. "Organisations and agencies are linking together to empower and support the person and their whānau."

### Question for reflection:

How can your DHB's VIP programme keep staff and services informed about the broader range of services available to support whānau in your region?

# The power of using local people to promote positive whānau relationships

## Using local role models to promote the power of positive whānau relationships is at the heart of the Wairarapa region's 'Kia Tū Kia Māia – seize the day' family violence prevention campaign.

“We felt very strongly that prevention is better than cure,” says Wairarapa DHB’s VIP Coordinator, Brad Martin. “So that’s one of the core concepts of our programme.”

“Tikanga Māori and research shows us that happy, positively stimulated babies and children grow to be non-violent adults. Children need lots of love, affection, attention, communication and positive role modelling,” Brad says.

But the programme is not just for Māori families. “Jim Rimene, one of our kaumātua, says if people of the Wairarapa are well and happy, then rangatahi are well and happy.”

The secret behind the success of the programme has been using local people of all ages and backgrounds.

“We wanted to reach the parents of tomorrow – young people aged between 16 and 24,” Brad says.



Local kaumātua teach that central to tikanga Māori is a belief that if adults collectively invest in raising children, then those children will in turn grow to become positive role models for others and benefit the whānau and the wider community.

“They told us that if they saw something with local people on it they would stop and read it, so that became the basis of our campaign.”

“So we’ve used a local Māori family, an English family, a Dutch family and other well known role models in our community, and asked them to tell their story of how they are raising their children successfully. We published the stories in the local paper, which goes out to every household in the region.”

“We’ve had lots of positive feedback. People were coming up to our local role models in the supermarket and talking to them about parenting.”

Brad says there was strong collaboration between agencies within the Wairarapa family violence network and everyone took ownership of it.

He says the DHB didn’t want to reinvent the wheel, which can be costly. They asked for permission to use booklets developed in Gisborne by Tairāwhiti Men called 52 Dates and 52 Whānau nights and adapted them using images of well known people from the Wairarapa.

**The secret of success behind the programme has been using local people of all ages and backgrounds**

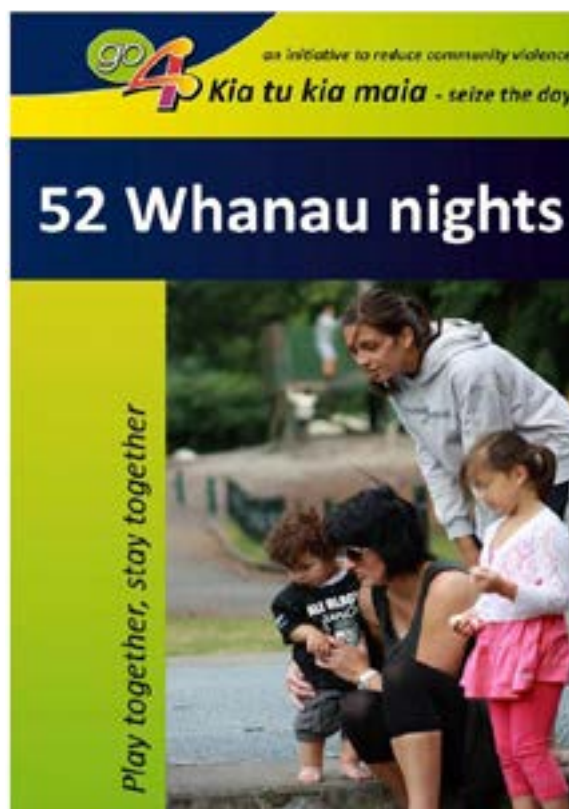
“The booklets give parents ideas of how to enjoy time with their kids, and also with their partners. Things like sharing a kai together or having regular date nights. All sorts of things that help

strengthen relationships.”

They handed out hundreds of booklets and keep printing more in order to meet the demand from the primary health organisation and members of the Wairarapa Violence Free Network. They then went on to develop t-shirts, posters and a calendar.

“We only had a bit of money but we got a big result. Everyone wanted to pitch in and help,” Brad says.

“It would be awesome if someone else from another DHB would pick up this programme, localise it and make it their own. Just ask permission to adapt it using images of people in your community. It’s as simple as that.”



The Wairarapa Kia Tū Kia Māia resources feature images of local people



# Theme 5 –

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Embedding  
*whānau-centred approaches*  
into policy and practice

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## A strategic approach to building relationships and driving change

**Coming up with an effective way to measure whether its VIP programme is making a real difference for Māori has been a successful strategy for the Auckland District Health Board's VIP team and Māori health service.**

VIP Coordinator Anne Marie Tupp says the key has been to develop an evaluation framework to measure the quality and effectiveness of the VIP programme for Māori.

She says it's an important tool to engage senior management. "It speaks their language and it gives us something we can measure against."

In 2010 the Auckland VIP team worked with He Kāmaka Oranga (the DHB's Māori Health service) and kaupapa Māori researcher Liane Penney to develop the framework.

It sets out what needs to happen over three years to achieve structural and system responsiveness to Māori, education and workforce competency, and Māori service user satisfaction.

"Importantly, it builds on foundation VIP and guidelines, policies and tools," says Megan Tunks, He Kāmaka Oranga's Māori Health Gain Portfolio Manager.

While there is still much to do, the plan has already led to senior management staff championing VIP responsiveness to Māori, the establishment of a kaitiaki group to advise on programme development and to evaluate progress, and a comprehensive review of VIP training to build workforce competence.

The other significant outcome is that it's helped strengthen relationships and interaction within the DHB.

"He Kāmaka Oranga have always helped us deliver our training. This gives a strong message that we're all responding to family violence together but now our relationships are even stronger. Our VIP team is predominantly Pākehā so building relationships



The Auckland DHB VIP kaitiaki group

and regular contact with He Kāmaka Oranga has been incredibly important," Anne Marie says.

Of the relationship with the Māori health team, Anne Marie says there was a real preparedness to work together and that's what made the difference.

The two teams are now planning to undertake reciprocal training. The VIP team will benefit from improved knowledge about cultural responsiveness and He Kāmaka Oranga and the DHB's Kai Atawhai will receive training on family violence and child protection issues.

Developing the plan has also led to a shift in focus. "We're now looking externally and developing relationships with Māori services so that we can make referrals more effectively. This has only served to benefit our Māori population."



## Embedding whānau-centred approaches into policy and practice

### Juliet Scott, MidCentral DHB's Family Violence Intervention and Programme Coordinator, points out:

“At the moment it comes down to the individual practitioner and their knowledge, mindset and world view.”

Juliet says there is a need to embed whānau-centred approaches so that VIP processes work well for patients and their families no matter which practitioners are involved.

“The principles of transparency, collaboration and working inclusively with whānau need to become an essential part of what we do. For example, I'd like to look at ways to structure some of our forms so that they are more accessible and more culturally appropriate to families.”

Nathalie Esaiah-Tiatia, Taranaki's VIP Coordinator shares this view. She sees that there are real benefits to working inclusively with families.

“When health practitioners engage in open and honest discussion with a family, they often embrace a protective process, such as when making a formal notification to Child, Youth and Family. This can result in increased safety and support for a child and mother. That is why we should be embracing the relationship with whānau and that's why I think we should consider extending whānau engagement to all our VIP processes if it is safe to do so.”

Jigsaw is available to support VIP teams to look at policy and practice through a whānau-centred lens. There is great potential for families to be placed at the centre of the VIP programme.

“There are a number of initiatives being developed that will benefit from a whānau-centred approach, such as programmes to support pregnant women, prevent shaken baby syndrome, and to respond to elder abuse and neglect,” says Jigsaw's Chief Executive Sunny Wikiriwhi.



## How Auckland DHB's VIP programme will measure its success

**The VIP Governance Group and Kaitiaki representatives will monitor progress against the plan quarterly. This will include assessing/reviewing:**

- ⌘ VIP screening rates and referrals by ethnicity
- ⌘ complaints and positive feedback reported by Māori service users
- ⌘ feedback from Māori service providers on the number of Māori referrals to their services
- ⌘ progress on recruitment and support of Māori staff to the VIP
- ⌘ workforce development initiatives to improve responsiveness to Māori
- ⌘ staff knowledge of Māori issues in family violence
- ⌘ results from a Māori service users' satisfaction survey (currently being developed)

## Key ingredients for a successful evaluation plan

**Advice from Megan Tunks (He Kāmaka Oranga) and Anne Marie Tupp (VIP Team):**

- ⌘ Collaborate with DHB Māori health services.
- ⌘ Use a service that is credible to Māori if you seek outside help to develop it.
- ⌘ State clear, practical outcomes with tasks assigned and agreed timeframes.
- ⌘ Appoint an official champion who sits at a high level within DHB management.
- ⌘ Enlist both Māori and non Māori staff to take responsibility for progress.
- ⌘ Establish a kaitiaki reference group with a direct link to senior management to monitor progress.
- ⌘ Engage Māori staff who can link both strategically and operationally.
- ⌘ Provide culturally relevant education and training for staff.
- ⌘ Link with key VIP foundation documents, policies and tools (such as the Ministry of Health Family Violence Intervention Guidelines, He Kāmaka Oranga – Māori Health Strategy).
- ⌘ Keep up the momentum; review and report on progress regularly.
- ⌘ Use the evaluation results to keep improving the programme for Māori service users.

## Glossary

<b>awhi</b>	support, embrace, surround
<b>hapū</b>	sub-tribe
<b>harakeke</b>	native New Zealand flax plant
<b>iwi</b>	tribe
<b>kai</b>	food
<b>kai āwhina</b>	support worker, helper, assistant
<b>kaumātua</b>	elder (male or female)
<b>koro</b>	term of address to an older man
<b>kuia</b>	female elder
<b>kura kaupapa</b>	primary school operating under Māori custom and using te reo Māori as the medium of instruction
<b>mokopuna</b>	grandchild
<b>rangatahi</b>	youth
<b>raruraru</b>	trouble, problem
<b>tāne</b>	man
<b>tāngata whenua</b>	local people, indigenous people of the land
<b>te ao Māori</b>	the Māori world
<b>te reo</b>	the language
<b>tikanga</b>	cultural beliefs and customs
<b>wahine</b>	woman
<b>waiata</b>	song
<b>whakawhanaungatanga</b>	the process of establishing relationships, relating well to others
<b>whānau</b>	extended family