

TU MAI TE ORIORI, NAU MAI TE HAUORA! A KAUPAPA MĀORI APPROACH TO INFANT MENTAL HEALTH: ADAPTING MELLOW PARENTING FOR MĀORI MOTHERS IN AOTEAROA, NEW ZEALAND.

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ABSTRACT

In New Zealand the field of infant mental health is relatively new in terms of service development and provision. This paper discusses traditional Māori¹ practices with infants and young children and suggests contributions that could inform both theory and practice. Ohomairangi Trust, a *Kaupapa Māori*² early intervention service, was approached to culturally adapt and pilot Mellow Parenting, an intensive parenting program designed to focus on relationship difficulties between “hard to engage” mothers and their young children (0–5 years). The qualitative findings are discussed within a *Kaupapa Māori* theoretical framework.

AIM: Parenting programs have been shown to improve children’s relationships with their parents/caregivers, and reduce problem behaviours, but little research has focused on outcomes for Indigenous families. The aim of this pilot study was to evaluate the acceptability and effectiveness of *Hoki ki te Rito* (HKTR)/Mellow Parenting program, for Māori mothers in South Auckland, New Zealand.

DESIGN: Open trial design.

SETTING: Ohomairangi Trust — one of the few Indigenous *Kaupapa Māori* providers of early intervention services (across special education, infant mental health, disability, and general health and welfare) in Aotearoa NZ.

PARTICIPANTS: Māori mothers from socially disadvantaged areas, with children aged 0–5 years where relationship difficulties were present along with child behaviour difficulties. Some had Child Youth and Family Services

involved with their families before commencing the program, while others were at risk of losing custody of their children to the state welfare system.

INTERVENTION: Mellow Parenting Program — HKTR being culturally adapted for Māori parents.

MAIN OUTCOME MEASURES: Mother’s self reported competence, stress, and wellbeing, and coded videos of mother-child interactions on home videos. Children’s behaviour and development was assessed using parents’ self reports and observation of videos.

RESULTS: Māori mothers and grandmothers attending the pilot study of HKTR parenting program reported a significant increase in their own well being, their ability to cope with their parenting role/children’s behaviours, their feelings of self esteem and adequacy, and confidence in their cultural identity, along with a reduction in unwanted problematic behaviours from their children, and an increase in children’s social skills. Qualitative data showed extremely positive responses to the program resources, content, and process. There were a number of requests for a program that fathers could attend. We are reporting solely on focus group feedback in this paper.

CONCLUSIONS: This study provides qualitative support for the effectiveness and acceptability of this culturally adapted version of Mellow Parenting — HKTR, delivered by Ohomairangi Trust, in community settings in South Auckland. The outcome of this study may be seen as a significant step in increasing appropriate service provision for Māori and reducing barriers to accessing available services in the community.

Māori, infant mental health, parenting, indigenous

1 Māori are the Indigenous peoples of Aotearoa/New Zealand.

2 *Kaupapa Māori* is a Māori approach to theory and research, discussed more fully in this paper.

BACKGROUND

In New Zealand Māori have Indigenous status as the *tangata whenua* (people of the land) recognized in government legislation. Internationally the United Nations General Assembly's *Declaration on the Rights of Indigenous Peoples* (September 13, 2007) sets a universal framework of minimum standards for the dignity, wellbeing, rights, and survival of the world's Indigenous peoples. The *Declaration* promotes our full and effective participation in all matters that concern us and bans discrimination against Indigenous peoples. It also ensures our right to remain unique and to make our own economic, social, and cultural development priorities.

Māori holistic views of health (e.g., *Te Whare Tapa Wha*, *Te Wheke*) are also validated in a range of national and international health literature (World Health Organization, 2001). As Treaty³ partners Māori "are entitled to a choice of access to both the full range of mainstream services and to *kaupapa* Māori services" (Mental Health Commission [MHC], 1999, p. 52).

To provide for Māori, Indigenous rights to have "their traditional medicines and to maintain their health practices" (UN General Assembly, 2007) need to be honoured. In 2005 Mason Durie challenged the Māori mental health workforce to maintain their indigeness and provide good health outcomes for Māori. The challenge for any intervention is to intervene early enough to be preventive, to utilize cultural practices which reflect the absolute uniqueness of Māori (Pere, 1997), to recognize their survivor qualities (Durie, 2003), and to enhance their cultural protective factors (Huriwai, 2002).

KAUPAPA MĀORI THEORY

The establishment of Ohomairangi Trust was guided by the *kaupapa* Māori paradigm theorized by Graham Smith (1997), and these principles underlie our service framework. In his work three key themes of *kaupapa* Māori theory are encapsulated:

- The validity and legitimacy of Māori are taken for granted;

- the survival and revival of Māori language and culture is imperative;
- the struggle for autonomy over their own cultural wellbeing and over their own lives is vital to Māori struggle (Smith, 1997).

Smith further maintains that "Kaupapa Māori is an organic theory of change...." that "kaupapa Māori" is not static, and in any context there is an on-going dynamic engagement in a process of exploring, discovering, defining, redefining, applying, reflecting, exploring. Marsden (2003) considers "kaupapa is a term that represents the movement of base values into one's consciousness" as we engage and come to understand the changing world for ourselves and the families we work with (Marsden, 2003).

This has been the story of Ohomairangi's development to date — to offer services for Māori *whānau* that are both responsive and preventive. Traditional Māori knowledge is integrated into programs to support the growth of resilience and resistance in children and their families, within the physical and spiritual dimensions of our Māori world. The inclusion of this relatively new area of infant mental health into the service delivery model has been implicit. Fundamental to all intervention is the facilitation of secure relationships between parents, caregivers, and their infants and young children, particularly because infants who are premature or have developmental delay or other chronic health problems are also at greater risk of poorer social and emotional wellbeing. Children who have secure attachment are able to develop social skills that carry them through into adulthood — they are accepted by their peers, build stronger friendships, develop empathy for others, and also achieve academically.

Many factors have been identified that interfere with parents' ability to tune into their babies' needs and establish secure attachment. One barrier for parents is unresolved trauma from their own childhood experience of abuse, loss, and neglect, as well as domestic violence, financial stress of poverty, parental substance abuse, and parental mental illness. Another factor that is gaining significance as we understand more, is historical trauma where Indigenous researchers are investigating the inter-

³ The *Treaty of Waitangi* is a document signed in 1840 by Māori and the colonial settlers of the time that sets out the parameters for engagement between the signatory partners. Although hotly contested since the time of signing, it maintains legislative power.

generational impact of mass genocide and ethnocide as part of the process of colonization (Walters et al., 2011).

MĀORI RELATIONAL SELF AND INFANT MENTAL HEALTH

One critical factor here is the relational nature of our existence. Linda Smith (1996, p. 18) wrote that for Māori, “The whānau remains a persistent way of living and organising the social world” (Smith, 1996). The *Whānau Ora* strategy being implemented now, highlights the importance of the relational self for Māori – values, principles, future plans all exist within the context of extended *whānau* (Taskforce on Whānau-centred Initiatives, 2010)

The Māori relational self provides the foundation for understanding Māori ideas of mental health and wellbeing, and has implications for infant mental health theory and research. How do the myriad connections to past, present, and future family members; relationships with geographical place; and responsibilities for resources affect the developing child within family? In Māori tradition, the past and the present overlap. We are what we are in the context of our ancestors. Our spiritual self reveals itself in visions and in dreams but also in our daily life. *Oriori* is one traditional means of transmitting this knowledge that is slowly being revived. It reinforces the connections that bind people to one another, reminding us of our roles and responsibilities.

HOW MĀORI CONCEPTS CAN INFORM INFANT MENTAL HEALTH THEORY AND PRACTICE

Oriori

In days of old, parents and grandparents would compose and recite *oriori* (chants), both to the unborn child and to welcome the new Māori child into this world. This was done as a mark of respect for the new life, and reflects the traditional view regarding the capacity of the very young to learn. *Oriori* were used to educate, telling children of their entry into this world, where they are from, their *whakapapa*, their parents, their ancestors who have passed on, and the achievements of those ancestors. An *oriori*

was a way of reminding a child of its place in the wider world, of the journey that lies ahead. In some cases it directed the child to travel the pathway prescribed by the ancestors. There were many *oriori* from many different tribes, used in various ways.

In *Te oriori o Tuteremoana*, a Ngai Tara chief from the Wairarapa: “*Nau mai harama* [Welcome to the world, you have indeed come from the origin of mankind]” are the first words. It then traces that child’s spiritual journey – its conception, endurance, and determination to stay in the *whare tangata* (uterus) and enter the physical world. *Mana motuhake* means having control over one’s destiny and was an important goal laid down in *oriori* – and so the child is taught to be self sufficient, and is urged to learn both celestial and terrestrial knowledge. Charles Royal (1997) then further explains a section of this *oriori*: “*Haramai, e mau to ringa ki te kete tuauri, Ki te kete tuātea, ki te kete aronui, I pikitia e Tāne-nui-a-rangi i te ara tauwhāiti*. [Come, grasp your hand the kit of sacred knowledge, Procured when the Renowned-Tane-of-the-heavens ascended by the tenuous pathway].” This refers to the time where *Tānenui-a-rangi* ascends to the highest heavens to obtain the baskets of knowledge – the child’s consciousness is taken on a spiritual journey into the uppermost heavens to *Ranginui, Tawhirimatea, Tangaroa Tane* and the other gods, where the child meets its ancestors, and learns the attributes each of them possesses, skills that were valued in those times. This signifies how important a person’s spirit is to Māori.

Amster Reedy says

this practice is beautiful as the child hears it. I don’t wait till a baby is born, I will go to her [the mother] and sing these songs, and you can feel the baby kicking in the womb. Over the past 10–15 years, I have been asked by many women to attend the births of their babies, from all around the country. Once they hear it they never forget – that Māori have their own birthing practices.

From *oriori* the child learns their mountains, rivers, seas, as these are symbols of identity that enable them to stand confidently in the world, knowing how they are inextricably linked to their tribe. (Morgan, 4 September 2011, in *Oriori*)

Reedy believes these practices can be reclaimed for our future — of our parents and children, and grandchildren. He is active in supporting parents to reclaim *oriori*, advocating that

They can form a framework for raising our children. I believe that these traditional *oriori* contain key references to raising strong children and healthy families and preventing children from being hurt by their parents. I've never found in these lullabies any references to punishing children. That's because our ancestors knew, if a child was hurt, it would cause humiliation. (Morgan, 4 September 2011, in *Orioi*).

EARLY EUROPEAN SETTLER REPORTS ON MĀORI PARENTING

There are many examples of reports and observations from prominent European settlers of the 1800s that indicate how Māori children were treated by parents and extended family members who were involved in their care. Elsdon Best, for example, produced records from the letters and journals of Samuel Marsden and found that the intent behind *oriori* was indeed in practice at that time.

The new Zealanders do not correct their children lest they should abate their courage or subdue their violent passions. Hence the children are in no subjection to their parents. (Marsden, 1814, in *Treatment of Children*)

Curbing the will of the child by harsh means was thought to tame his spirit, and to check the free development of his natural bravery. The chief aim, therefore, in the education of children being to make them bold, brave, and independent in thought and act, a parent is seldom seen to chastise his child, especially in families of rank. (Edward Shortland, 1856, in *Treatment of Children*)

The New Zealand father is devotedly fond of his children, they are his pride, his boast, and peculiar delight; he generally bears the burden of carrying them continually within his mat. (Joel Polack, 1838, in *Treatment of Children*)

The children are seldom or never punished; which consequently, causes them to commit so many annoying tricks, that continually renders them deserving of a sound, wholesome castigation.

Both parents are almost idolatrously fond of their children; and the father frequently spends a con-

siderable portion of his time in nursing his infant, who nestles in his blanket, and is lulled to rest by some native song.... The children are cheerful and lively little creatures, full of vivacity and intelligence. They pass their early years almost without restraint, amusing themselves with the various games of the country. (George Angus, 1847, in *Treatment of Children*)

Their love and attachment to children was very great, and that not merely to their own immediate offspring.... They very commonly adopted children; indeed no man having a large family was ever allowed to bring them all up himself, uncles, aunts and cousins claimed and took them, often whether the parents were willing or not. They certainly took every physical care of them; and as they rarely chastised (for many reasons) of course, petted and spoiled them. The father, or uncle, often carried or nursed his infant on his back for hours at a time, and might often be seen quietly at work with the little one there snugly ensconced. (William Colenso, 1868, in *Treatment of Children*)

I saw no quarrelling while I was there. They are kind to their women and children. I never observed either with a mark of violence upon them, nor did I ever see a child struck. (Marsden, 1814, in *Treatment of Children*)

THE IMPORTANCE OF MĀORI INFANT MENTAL HEALTH FOR MĀORI

From the above examples of the wisdom and knowledge inherent in *oriori* and how they were an important means of transmission of knowledge that connected new life to their family from one generation to the next, we gain an understanding of the depth and importance of the role *oriori* had in traditional Māori society. This contributed to maintaining a healthy lifestyle and functional Māori world view, and provides significant evidence as to why *oriori* are being revived and used by growing numbers of Māori around Aotearoa (Reedy, personal communication).

The above examples of reports and observations from prominent settlers of the 1800s that indicate how children were treated by parents and extended family members who were involved in their care, are testament to successful traditional Māori parenting

practices involving multiple caregivers. There can be no doubt that infant mental health for Māori was important and alive and well in child rearing practices in the 1800s and before significant contact with Europeans.

In Māori culture, infants from their first moments are embraced by multiple relationships with parents, grandparents, siblings, aunts, uncles, and cousins. If an infant's interactions with multiple caregivers, siblings, and cousins in the natural setting of the family were observed and recorded over time, this would provide rich data for understanding the interplay of the multiple relationships. We might identify whether there is a "time" the infant or child begins to develop a relational sense of self as opposed to an individual sense of self. We might also identify the means by which this sense of self is passed from one generation to another.

Western researchers have carried out most attachment research in countries such as the US, UK, Netherlands, and Germany, however the majority of babies are born into collective based family systems as opposed to those based on individual value systems. Most of these studies are dyadic and focus on mothers and their babies only.

Some recent triadic studies however, have found that cooperation between parents determines the degree to which a young child becomes securely attached to the father (Brown et al., 2010). Interactional synchrony in mother child dyads and father child dyads were similar, in the dyadic context, but fathers were less likely to have intimate interaction with their child if the mother was present. This suggests that triadic interactions reinforce traditional Western parenting roles where mother is primary caregiver and father secondary (de Mendonca et al., 2011).

McHale (2007) raises the issue of how little "we" have investigated a range of parenting networks shared among significant others in a child's family system, where the coparental dynamics are specific to the cultural or subcultural settings of the family, and may include grandparenting. He found early coparenting and family group dynamics, once established, remain stable and coherent throughout periods of the child's development (McHale, 2007).

Traditionally, as with First Nations children from North America and Alaska, familial bonds for Māori children include cousins, uncles, aunts, and grandparents as well as important others who are effectively *whangai* in the family (Sarche and Spicer, 2008). These networks can function as caregivers, monitors of child safety, and assist with the transmission of cultural values, beliefs, and stories (Baker, 2001). Since European contact, these wider networks of relations have changed, and are not always homogeneous in their social, economic, or cultural circumstances and aspirations (Smith 1995); however Māori children often continue to develop within this multigenerational system of familial relationships and attachments beyond their immediate biological *whānau*. The next section considers the impact of colonization on traditional childrearing practices leading to the status of Māori today.

IMPACT OF COLONIZATION

The legacy of colonization, and resulting subjugation, oppression, and historical trauma are identified by Jones (2008) as key factors in the disproportional rate of domestic violence in the Native American community, coupled with racism, high rates of poverty, abuse of alcohol, and drugs.

Similarly, past and present processes of colonization in New Zealand have led to the break down of social and traditional *whānau* based structures for Māori evidenced by the loss of land, language, beliefs, and identity, as well as systems of discipline and justice. The urban drift for employment further alienated *whānau* from support networks; added to adversity associated with low education achievements and incomes, and limited job opportunities, there has been a high price paid (*Te Rūnanga o Ngāi Tahu (2003)*).

One lasting impact has been the erosion of support to parents. There are a number of mechanisms that continue to "produce" ongoing negative status for many Maori, a number of which follow.

RACISM – INDIVIDUAL AND INSTITUTIONAL

A 2006 NZ survey found that 8.5% of Māori reported "ever" being the victim of a racially motivated physical attack, compared to 3.4% *pakeha* (NZ European); the figures for racially motivated verbal

attacks were 24.5% for Māori and 10.3% for *pakeha* (Harris et al., 2006a). Māori were over three times as likely as *pakeha* to report “ever” being treated unfairly because of their ethnicity by a health professional, at work (5.6% versus 2.1%), or when renting or buying a house (9.5% versus 0.7%), and Māori were almost ten times more likely to experience racial discrimination in three or more settings than were European participants (Harris et al., 2006a). Overall, a third of Māori reported “ever” experiencing any of the types of racial discrimination asked about in the study (Harris et al., 2006a, 2006b).

HIGH RATES OF DOMESTIC VIOLENCE

Half of all children killed by caregivers in Aotearoa, are Māori. Almost half (49%) of Māori women experienced partner abuse at some time in their life, compared with 24% of *Pakeha* and 23% of Pacifica women. Seven times more young Māori women and four times more Māori children end up in hospital from an assault compared with *Pakeha* women and children. Half of violent crime in New Zealand is family violence, and nearly half of all homicides are family violence. In 2008 there were 44 family violence homicides and nearly 75,000 children and young people aged under 17 witnessed family violence incidents. Add to this the fact that police estimate only 18% of family violence incidents are reported, and the projected prevalence is of great concern (Families Commission, 2009).

INTIMATE PARTNER ABUSE

Violence in the home is strongly related to child abuse across a wide range of countries and different cultural environments (World Health Organization, 2002). In the 2004–06 period, Māori adults were more likely than non-Māori adults to be hospitalized (218.8 versus 61 per 100,000), and to die as a result of partner violence (4.3 versus 1 per 100,000). Māori children are also more likely to be exposed to domestic violence (Ministry of Health, 2010).

Research in the US has highlighted the role of alcohol and drugs in intimate partner violence (Jones, 2008); however, this has been disputed as an oversimplification that diverts attention away from and minimizes issues of subjugation and colonization (Duran et al., 2008).

MENTAL HEALTH PROBLEMS

As reported in *Te Rau Hinengaro: The New Zealand Mental Health Survey* (Oakley Browne et al., 2006) Māori adults were twice as likely as non-Māori adults to report they had a high or very high probability of anxiety or depressive disorder. It is reported one in two Māori experience mental illness some time in their life. The most common lifetime disorders for Māori were anxiety (31.3%) substance use (26.5%), and mood disorders (24.3%, Baxter, 2007). One in ten Māori women and one in eighteen Māori men have a serious mental illness and Māori with serious mental illness are twice as likely to be hospitalized as others. This has a huge potential impact on future generations of Māori *whānau*, *hapu*, and *iwi* (Baxter, 2008). Mental health issues are related to child maltreatment and a range of complex risk factors. For example, depression is linked with substance abuse, lack of social support, low socioeconomic status, domestic violence, being married, and being female, and maternal depression is linked with child maltreatment (Ta et al., 2009).

SUBSTANCE ABUSE

In NZ the drug and alcohol use survey from 2007/8 showed that Māori and non-Māori were equally likely to have consumed alcohol in the past year and that Māori adults were less likely to have drunk alcohol daily, however were twice as likely to have consumed a large amount (6 plus glasses for men and four plus standard drinks for women) of alcohol at least twice weekly, and the prevalence of cannabis use was significantly higher among Māori adults than among non-Māori adults (2007/08 New Zealand Alcohol and Drug Use Survey).

The abuse of alcohol and other substances is important:

Relationships with family and *whānau* are often troubled because the relationship with alcohol and other drugs becomes more important than intimate relationships. (Kina Families and Addictions Trust, 2005)

[Women with substance abuse issues] may have challenging life circumstances, including severe economic and social problems ... and may have difficulties providing stable, nurturing environments for their children. (Kelley, 1998)

CRIMINALITY

Māori make up approximately 50% of criminal justice offenders in New Zealand (Department of Corrections, 2009), a gross overrepresentation given the size of the population. Department of Corrections figures show extremely high incarceration rates for young Māori men – and mask the true unemployment rate for Māori men (Department of Corrections, 2009).

VICTIMS OF CRIME

In 2005, Māori were at greater risk of being a victim of a crime than other groups, particularly confrontational offences. Risk of victimization was also associated with sole parenthood, being unemployed or on a benefit, living in rented accommodation, living in socioeconomically deprived areas, and being of younger age (15–29 years) (Mayhew and Reilly, 2007).

CHALLENGING CHILD CHARACTERISTICS

Preterm infants and disabled children are also at increased risk for child maltreatment because parental attachment may be more difficult (World Health Organization, 2002). Babies and children with special needs can present challenges for *whānau*, particularly those having foetal alcohol effects, low birth weights, chronic health conditions, developmental delays, and other disabilities associated with communication disorders like autism. The unequal distribution of social and economic resources within our society means that *whānau* may have fewer options for coping with and raising a baby or child with special needs (Taskforce on Whānau-Centred Initiatives, 2010).

FAMILY CHARACTERISTICS

For Māori, the proportion of children in single-parent households may mean that the responsibility of raising children is falling disproportionately to Māori women who may not have extended *whānau* support. Rather than looking at these as individual risk factors, Hill (2006, p. 26) considers them to be determinants of community social organization. This includes the

concentration of female-headed households, excessive numbers of children per adult residents, household and age-structure, population turn-

over, and geographic proximity to other poverty areas.

HIGH LEVEL OF POVERTY

Over 50% of Māori in NZ live in the most deprived areas and 27% of Māori children were living in poverty (a household income below 60% of the median, after housing costs) compared to 16% of *pakeha* in 2004 (Perry, 2007).

Factors associated with poverty alone can add significantly to the stress of parenting – lack of money to meet basic needs as well as childcare, transport, and time out for parents. Community factors in poor neighbourhoods include overcrowded living spaces, limited community resources (e.g., reasonably priced early childhood centres and safe playgrounds), and can lead to a sense of isolation. Family factors such as single parents, domestic violence, and parental mental health issues such as depression and alcohol and or drug dependency, all affect the quality of parent-child interactions resulting in nonoptimal parenting, particularly in poverty stricken areas (Ghate and Hazel, 2002; Meltzer et al., 2003). However, if children are brought up with warm, attuned, encouraging parenting with firm boundaries and positive expectations, there is evidence to show they can develop resilience and succeed even in more adverse situations (Wyman et al., 1999; Scott et al., 2006).

Given these ongoing, compounding, and negative life circumstances and outcomes for New Zealand's Indigenous people, it is imperative to continue to search for and develop parenting support programs that better meet the needs of disadvantaged sections of this population – particularly those parenting young children. Efficacy and acceptability studies for programs for Indigenous fathers are few and far between and need consideration if meaningful support is to be provided in the future (Ball, 2009).

The next section of this article focuses on the pilot of the HKTR program (the cultural adaptation of Mellow parenting). It includes background to the program and data from qualitative interviews undertaken with Māori mothers and grandmothers who participated in the pilot.

PARENTING PROGRAMS

Parenting programs have been shown to improve children's relationships with their parents and caregivers, and reduce problem behaviours; however, little research has focussed on outcomes for Indigenous families. The aim of this pilot study was to evaluate the feasibility, acceptability, and effectiveness of the HKTR parenting program, a cultural adaptation of Mellow Parenting, for Māori mothers in Aotearoa, NZ.

There were two phases — an open trial phase and a qualitative/formative feedback phase. This article focuses on the qualitative feedback from mothers, grandmothers, and the facilitators delivering the program for the first time.

Ohomairangi Trust was contracted by the Counties Manukau District Health Board to adapt, then pilot HKTR in South Auckland. Participants consisted of two groups of mostly Māori mothers and grandmothers from socially disadvantaged areas, seeking support for significant parenting problems, with children aged 0–5 years. Mother's self reported competence, stress and well being, and coded videos of mother child interactions on home videos were the main outcome measures. Children's behaviour and development was assessed using parents' self reports and observation of videos.

Results showed a significant increase in participants' well being, their ability to cope with their parenting role/children's behaviours, their feelings of self esteem and adequacy, and a reduction in unwanted problematic behaviours from their children. Qualitative data showed extremely positive responses to the program resources, content, and process.

RESULTS FROM THE QUALITATIVE PHASE

FOCUS GROUPS/INTERVIEW

This section of the report is drawn from three interviews of participants of the HKTR parenting program for mothers. Two interviews were undertaken as focus group interviews of participants at completion of the program. One interview was undertaken with a participant who was unable to attend the focus group interview but who had also

completed the program. Data is also included from an interview conducted with the two main HKTR program facilitators.

Initial analysis of the interview transcripts was undertaken to organize the data into the following groupings and to identify emergent themes using both the principles of *Kaupapa Māori* research and thematic analysis: positive feedback; negative feedback; video work; Māori content/facilitation; key mechanisms of change; key program experiences; general content.

A summary of the findings is presented below using Graham Smith's (1990) principles of *Kaupapa Māori*, which emerged as a fitting thematic framework for the data (Smith, 1990). *Kaupapa Māori* theory is about a Māori centred approach (Smith, 1999). Kuni Jenkins and Tania Ka'ai (1994) further describe the theory as one which is "driven by its cultural imperatives," to confirm, legitimize, and reproduce Māori cultural values, beliefs, resources, and practices (Jenkins and Ka'ai, 1994). Working from a *Kaupapa Māori* base, one accepts and promotes Māori values, beliefs, and practices as unquestionably valid — it takes for granted the Māori worldview. The HKTR program has been specifically developed for Māori and other parents in Aotearoa New Zealand. Like *Kaupapa Māori* theory, the HKTR adaptation acknowledges the unique nature of Māori knowledge and ways of learning. Tuakana Nepe (1991) describes *Kaupapa Māori* knowledge as the:

conceptualisation of Māori knowledge that has been developed through oral tradition. It is the process by which the Māori mind receives, internalizes, differentiates, and formulates ideas and knowledge exclusively through te reo Māori. (Nepe, 1991)

In discussing this theory, its significance as a political force, and tool for education cannot be overlooked. Pihama (1993) summarizes that:

Kaupapa Māori theory is a politicizing agent that acts as a counter-hegemonic force to promote the conscientisation of Māori people. (Pihama, 1993)

This highlights its importance as a response to *Pakeha* "norms," into which many of us have been assimilated. The assimilation through colonial education was about:

Imposing positional superiority over knowledge, language and culture ... it came in two basic forms: missionary or religious schooling ... followed later by public and secular schooling. Numerous accounts across nations now attest to the critical role played by schools in assimilating colonized peoples, and in the systematic, frequently brutal, forms of denial of indigenous languages, knowledges and cultures. (Smith, 1999).

HKTR is an alternative to parenting programs that have been largely developed with the dominant Western culture at the forefront. Māori and Pacific parents alike have responded positively to this cultural adaptation of Mellow Parenting.

Tino Rangatiratanga: The “self-determination” principle

Tino rangatiratanga has become a well-known phrase in recent political discourse in Aotearoa. Literally it translates to mean paramount chieftainship. In the present study it refers to one’s ability to live and behave in ways that are culturally appropriate and healthy: “having meaningful control over one’s life and well-being” (Penehira et al., 2003). It can be described as the ability to take control of oneself as an adult and engage in responsible parenting, developing the type of family environment that is most fitting, providing optimum potential for family well-being.

Being able to talk about one’s own life experiences was recognized as a critical point of transformation. Participants articulated the way they were able to make connections between how they were parented and how they were now parenting their own children. They spoke of the way understanding this and speaking about it, enabled them to become clearer about the differences they wanted for their own children, and that they then felt they had the power to create that change in their own families.

The best thing for me was being heard really, being understood because I wasn’t really listened to, even in fighting for my kids nobody was listening to me.

The homework element of the program seems to have assisted people greatly in actually applying the skills learnt on the course in their family home environments. Participants valued greatly the opportunity to “try out” what they had learnt and then

return to “class” to share the outcomes and further build on their learning. It is particularly significant that even though a number of participants had more than 4 children in their families they did not find the homework onerous. Rather, as one participant described, it was something she “looked forward to.”

It [homework] gave us a chance to use the tips that we got from being here at the program then we can take them home and use them ... we came back the next week and shared with the group and we could tell the group what we did.

The best point for me is that it taught me how to control my anger and different avenues that it had in our books that we were given. And it is good and I enjoy the homework because it is day to day, reality things that happen with us and our children. So it is the whole aspect of being real.

Another participant commented on how useful it was in providing a time to stop and reflect on her own parenting skills.

Yes, it was good because I could stop and think back and recognize what I had done.

I liked discussing things as a group and I like how my opinion was really valued and as well that it is kept confidential.

Facilitators commented that the program is well structured and that they were able to create a safe environment allowing participants to share with others.

Just the way that a day is structured — it flows, it is good sense, and it attends to personal issues in a contained, safe way. It also gives an opportunity for the parents and children to experience a different environment and then there is the parenting and more structured critiquing of each other’s videos in the afternoon. So it is well organized. Even the ordering of the sessions is well thought through.

And then you learn to respect the others’ lives. You end up respecting them and what they have been through. I didn’t like all the stories that came out but it was good because they could then be supported to move forward.

Taonga Tuku Iho: The “cultural aspirations” principle

This principle refers to the unique aspects of Māori knowledge such as: *Te Reo* (the language); *Matauranga* (knowledge); *Tikanga* (protocols); *Ahuatanga* (ways

of doing or being). It takes for granted the legitimacy of being Māori and of learning and teaching in Māori ways.

Working with the *whaea* (program facilitators) was considered valuable by the participants who perceived that the facilitators have experienced for themselves what they are teaching. The validity gained with Māori women, Māori mothers teaching Māori mothers, seems a critical element underlying people's "buy-in" to the program.

They treated you like a mother not somebody that is just at home and you are slaving cleaning the house all day and washing dishes is all your life and things like that.

And because you are Māori, even though they are quite a bit older than us, some of the things they have been through is similar to what we have all grown up with and been through or whatever.

So you know it has meaning or there is truth behind it with the people that are facilitating it and they are parents as well.

Being respected and listened to, instead of constantly undervalued, as many of the participants had been, played a significant role in enabling participants to value themselves, to grow, and to be ready to learn new skills.

Because sometimes when you share things with someone and they are not Māori it is like they don't understand so they can't give good feedback that you need from them.

Almost all of the participants thought that the program was enhanced by having Māori facilitators. One, however, did not perceive that it made such a difference.

For me coming here it is not Māori because we are half Islander, we are half Samoan, half Māori so my background coming here is that. It has nothing to do with culture.

Facilitators commented that the program is able to adapt to meet Māori cultural and individual needs.

It is able to be adapted and that the key principles were in line with our way of working and *Kaupapa* Māori approach in a way, where there is a lot of

care taken for the women and children — hospitality and just supporting them to get to the sessions to be able to then engage in change. It [MP] is not about money and it is not about being precious about ownership and while there is integrity around the principles and values, it [MP] is not around the scripting sessions.

Kia piki ake i nga raruraru o te kaainga: The "socio-economic mediation" principle

This principle relates to both the social and economic disadvantages that many Māori face as a result of colonization. It speaks of addressing these issues and the potential to overcome them through processes of decolonization that can become part of education and health practices. HKTR participants collectively shared many experiences throughout the program that allude to this principle.

I feel less judgemental like around other mothers. I won't sit there and go 'ooohhh,' because I just know that we all have our problems.

Being a valued member of the group was a significant experience for many of the women most of whom had not experienced this in any other aspect of their lives. This enabled them to share openly and to build trust with peers and facilitators, which ultimately built a stronger learning environment providing greater impetus for change.

It is quite a pity that some of our other mothers aren't here. They have just been so rich in their sharing and it has been really "wow, it ain't as bad as I think it is" for myself personally. You just appreciate our situation and how we can support one another.

We even meet up for lunch after the thing and you have made a friend so it is just good. Especially for some of the mothers here that have been isolated and that is all they know is their kids. So it is good to meet other parents and then go and have coffee.

Understanding various types of abuse and how that affects one's own parenting appears to have provided a springboard for change for a number of participants.

I learnt the different types of abuse — those were the ones that hit it home for me.

And it is good to talk about things — like being abused or something like that. It is always good to talk to your family about it or else it is just going to build up and up and up.

For me one of the things I learnt about myself was to actually open up and speak about what is truly hurting inside me because I had a lot of stuff inside me that I needed to be sorted out. And I think just being able to trust people — I grabbed that.

The sharing of experiences that occurred during the program not only benefited mothers by providing the opportunity for shared problem solving, it also developed greater understanding of difference.

I used to always worry about what other people thought about me as a parent and I used to have thoughts about myself as a parent, but coming here and hearing and sharing with all the ladies — it is alright to be who you are at this time because we are going to change and be better parents.

Learning how to express one's anger appears to have been a key factor in changing and improving parenting amongst participants. Given the tools, or rather the alternatives to yelling or throwing things in anger, parents were able to put these into practice and see almost immediate changes in their children's behaviour as a result.

The best point for me is that it taught me how to control my anger and different avenues that it had in our books that we were given. And it is good and I enjoy the homework because it is day to day, reality things that happen with us and our children. So it is the whole aspect of being real.

I used to get really angry all the time at my kids and I didn't know how to express it properly ... one of the things was to punch a pillow. And we discussed in the group how the kids can see that and take it the wrong way so we discussed other ideas which I have been using like just going grrr grrr or something like that when I'm angry instead of physically doing something. And I actually noticed the other week my oldest daughter, she was having a tantrum and she just did the same thing that I had been doing instead of throwing things or whatever.

Facilitators commented that participants are able to examine their own behaviour and have

opportunities to practice what they have learned from the program.

Possibly the element where the participants had the opportunity to really look at their past and their present and have an opportunity to connect to their present practice of parenting and understand possibly why they do the things they do. I think that unless you have an understanding of how you got to where you are, it is quite difficult to move past that. So that is one of the things that really attracted me to HKTR.

Whānau: The "extended family structure" principle
Whānau and *Whānaungatanga* are perceived by many as the cornerstones of being Māori. It is about collectivism and about communal notions of family and family responsibilities. In today's society, however, this is often sadly missing for many parents who find themselves isolated and struggling to raise their children with little support. More and more though, individuals are realizing that *Whānau* and *Whānaungatanga* can be extended beyond familial or genealogical ties to include other groupings from which one might draw support, as well as contribute to.

Many of the HKTR participants found the program provided a supportive environment and connections to other mothers that were essential to their participation.

For me what stood out in the program was all the love. I don't feel shy as I would when I go into a big room with people ... it gave me the confidence to stand up.

[a]ble to be on that same wave length as [other parents], not being classed as a younger person that doesn't know anything about parenting... It was just good for me to actually share my story ... the support from all of them was the fact that they were all listening to my story.

You listen to others who say "this is what is happening with my children" and you think oh, yes, I can relate to that. Yes, I have been through that. And it is reassuring. You can feel isolated sometimes, really lonely and then you say "I am just going crazy."

And for me personally coming here is like time out — it is like stress relief. And then we have our [kōrero], our talks and it is like I just can't wait to

get here to meet with my classmates because they are like sisters now. And even with our tutors — I don't know, it is just the whole aura of this place it is just relaxing and calming and we can be ourselves in front of our friends and have adult conversations. If you are a twenty-four/seven parent it is good to get in with the girls and have a yarn.

Beyond the course there has been a carry-on of all of us group all keeping together, keeping that daily contact. So we all actually became really close friends — the entire course.

Participants commonly described the program as offering positive parenting choices. These choices gave participants a different way of viewing the relationships that they could potentially have with their children.

Empowering for all of us as parents. Like you do have a choice. Because with me it was that I felt like I didn't have a choice because I was a solo mother with my two boys and just feeling sorry for myself and letting them get away with a lot of stuff.... It shows you don't have to be a victim to your children ... now I have actually learnt how to say "no" and mean it.

Well, not all of us can get out to a coffee group thing or some of the things that they have in the community. That just didn't do anything for me. It kind of switched me off. I would rather come to something that is a wee bit more what I am used to — like this — a *marae* group or Māori just sharing and that. It just felt much more comfortable.

One key aspect of the program is the way the mothers are catered for throughout the day and the children are looked after with on-site childcare provision.

So your head can be ready and focused on what you are doing because the *kai* [food] is taken care of and the kids are taken care of.

Facilitators commented that further development could include a group for fathers and for babies.

I think too improving the program is actually taking advantage of the adaptations that they have already made and that is like having a group for fathers and having a group for babies. So with the baby's sessions we would be adding things like *mirimiri* [baby massage] and looking at that whole positive contact thing. And probably focusing a bit more on the early attachment and using

some locally developed resources like the DVDs that have been made that focus on the first three months. So that will have to come with time but those improvements are just waiting for us to be able to use them really. And we are looking forward to the dads' group starting.

Kaupapa: The "collective philosophy" principle

Kaupapa generally stands for what is central to the work. It is about people's shared vision and commitment to creating and/or sustaining a given development. HKTR provided a shared *kaupapa* for participants who, through their involvement with the program, became a part of its ongoing development.

It is empowering and you may not remember right now but when it comes to the crunch or you are at that point sometimes it will just come to you. You have knowledge and you have ways to deal with things.

Some participants felt that having Māori facilitators meant that the program was aimed at strengthening the *Whānau* (extended family) as opposed to the individual — this was definitely viewed as positive.

Culturally ... we can understand where we are coming from because we are not individual based — our thing is about coming together as a *Whānau* and that is where our strength is ... we understand that dynamic, whereas on the other side it is all about the more *pakeha* oriented and it is all about me, myself, and my immediate family and not acknowledging that extended *Whānau* strength that we have through thoughts, church, and school — we are inclusive.

Facilitators also commented that participants who are less willing to share with others may benefit less from the program.

I guess some would have liked to have participated more or interacted more in some of the sharing. In each group there were one or two that you had to really probe to get some response from and of course there are those that thought they had the floor all the time!

Ako: The "culturally preferred pedagogy" principle

This principle refers to Māori ways of teaching and learning. Interestingly there is just one word, *ako*, in the Māori language that is used for both teaching

and learning. It is extremely relevant in the present study, as many of the participants articulated the benefits of sharing their experiences and knowledge with others, as well as learning from the experiences and knowledge of their peers.

I have been sharing some of the tips with some friends of mine. We have our own little group up the East Coast, they are waiting for me at the moment. And we share and I show them what I am learning in the class to help our children and they are doing it too. They wanted to join up on here too but it is good to share with all the *Whānau* too.

We have made friends with the cooks and the learning process is in here, and it is [facilitator1] and [facilitator2] that are our backbone. They give us encouragement and guidance – they are like what ministers do in a womanly way, how we cope with our children.

Learning specific behaviour management skills such as: listening to children; providing children with options; and managing a number of siblings in one family, provided participants with the necessary tools to make very concrete changes to their parenting.

It is really life changing because it is life changing for my kids as well because they see the results in me because Mum is not yelling all the time. Mum is not frustrated all the time.

My one is when I first came here [XXXX] just really didn't like being around me. It was like if I was going it wasn't such a big deal, whereas now he wants to come home, he wants to be with Mummy. And it is probably through all the activities that we have done. They have taught me how to pay attention to him because I was the best at ignoring because I was always focused on my job, my job and myself. So they taught me how to balance things that it is not all about your job and it is not all about what you can give your kids but the most important thing is to spend time with them. My son is not an angel but now he wants me, which is a great feeling.

Improved parenting skills and having the ability to put these into practice have been articulated by all participants to varying degrees.

I think I learnt how to deal with situations differently and better for my kids. Things like when they

have fights and when I get angry or keeping them busy – that is really important doing that.

It is empowering and you may not remember right now but when it comes to the crunch or you are at that point sometimes it will just come to you. You have knowledge and you have ways to deal with things.

Facilitators commented that improvement in children's behaviours was actually a very powerful encouragement for parents' change.

Of the children, huge, really huge. And then it was really interesting to see how the parents interpreted that. Because the children's behaviour had improved, their level of hassle, their level of stress around parenting reduced quite significantly. And that was interesting, so for the next lot of sessions we are going to be putting quite a big focus on what is happening in the children's group and watching the children in that group. We will be getting the teachers and caregivers who are going to be looking after them to do some of the behaviour and development questionnaires, pre and post as well. Because it seems to be a key and if others can be instrumental in supporting change with the children while others are working with the mothers together, it could be even more powerful than it has been.

SUMMARY AND RECOMMENDATIONS

The primary aim of this study was to pilot the HKTR program, examine whether changes in maternal or child-related data occur and gain feedback from the women and the group facilitators regarding future definitive evaluations of the program.

We were able to retain the majority of participants once they had started the program and follow them up two months post-intervention. Several women made themselves available for face-to-face focus groups/interviews providing rich qualitative data on their experiences of the program. The study served as a stepping stone to a larger trial of the HKTR program, across two Counties Manukau service providers.

CONCLUSIONS

The results from this pilot project suggest that an extended study and more formal evaluation is justi-

fied. Intensive parenting programs, such as Mellow Parenting or its New Zealand adaption, *Hoki Ki Te Rito*, are resource intensive and require a substantial commitment from funders, program facilitators and attending parents. It is imperative that the programs that are rolled out in the community are evaluated for acceptability and effectiveness. In this project, we piloted the first two groups of HKTR in New Zealand and found them to be well received by the participants both in terms of completion rates and acceptability. There was strong evidence of an improvement in the mothers' mental health and parenting stress.

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