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**WHANAU WHAKAPAKARI: A MAORI-CENTRED  
APPROACH TO CHILD REARING AND  
PARENT-TRAINING PROGRAMMES**

A thesis  
submitted in partial fulfilment  
of the requirements for the Degree  
of  
Doctor of Philosophy  
at the  
University of Waikato  
by  
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## ABSTRACT

The goal of this Whanau Whakapakari (Strengthening Families) research was to define critical aspects of Maori experiences and views on child-rearing practices, and to describe whanau (extended family) values and expectations for tamariki (children) and mokopuna (grandchildren). Furthermore, these Maori views were included in culturally adapted parent-training programmes. The overall aim was to devise an approach to emphasise client strengths and provide best outcomes for research participants. Qualitative aspects included discussing the research processes in the Maori community by acknowledging the roles of whanau, hapu (sub-tribal), and iwi (tribal) structures. I also identified the importance of pan-tribal and urban Maori groups in the current research. As the project developed, an ongoing consultation and feedback protocol was established to ensure that Maori views on the research and the written outcomes were recognised. In-depth interviews with kaumatua (elders), and focus groups with Maori service providers and Maori parents were analysed qualitatively to establish Maori values in child rearing and parenting, and the knowledge and skills that contribute to effective parenting and family functioning. Values identified from these participants confirmed the central role of whanaungatanga (family connections), whakapapa (genealogy), and awhinatanga (support) for Maori. Two culturally adapted parent-training programmes, the Matuatanga (Parenting) Relationships Model and the Matuatanga Values Model programmes, were developed and compared with a Standard Parent Training programme. The Matuatanga Relationships Model programme emphasised the importance of child, parent and whanau relationships and interactions. The Matuatanga Values Model programme emphasised Maori values derived from the qualitative data - whanaungatanga, whakapapa and awhinatanga. A range of pre- and post-training measures were undertaken to identify acceptable and appropriate measures for quantifying parent-training outcomes. These included questions on support networks, parent expectations of children, parental self-efficacy, parental self-rating, critical-incident scenarios, and programme evaluation. While 78 participants attended at least one of the research sessions 22 participants provided pre- and post-training measures for the Whanau Whakapakari programmes. Results showed that there was a medium effect size improvement across all

Standard Parent Training and Matuatanga Model programmes and a statistically significant improvement in the Standard Parent Training and Matuatanga Relationship Model programmes. There were no statistically significant differences between the outcomes of the different programmes but qualitative differences from evaluation and feedback data were considered in identifying specific skills acquisition, general understanding and enjoyment components in the programmes. Results from the different measures indicated that parent expectations and critical-incident scenario measures provided the most information on post-training changes. Analysis of the outcome data with the attendance patterns confirmed the value of parent-training programmes per se and indicated that at least in the short term, parent effectiveness scores continued to improve for participants who continued to attend for more than one programme. Programme follow-ups considered natural whanau supports in the Maori community and issues of social and cultural validity. Integration of standard parent-training concepts and cultural concepts suggest a multi-dimensional approach which recognises parenting skills acquisition and cultural validation of whanau concepts relevant to parenting for Maori.

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During my research my own family has been extended by a son-in-law and three mokopuna . . .it reminds me what a dynamic game this parenting and grandparenting is. To quote Keriata Paterson – “grandmothertanga”! So to my immediate family – John, Manawa, Jeremy, Sasha, Kaira, Skye, Jessamy, Eben and Rowan – arohaina mai! The final invaluable editing and constant support from John has ensured that “the book” finally got written! Kia ora rawa atu.

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**CHAPTER 1**  
**TE TIMATANGA O TE MAHI RANGAHAU WHANAU: FOUNDATIONS**  
**FOR RESEARCH INTO FAMILIES AND PARENTING**

*E tipu, e rea*

*Mo ngaa raa toou ao*

*Ko too ringa ki ngaa raakau a te Paakehaa*

*Hei ara moo too tinana,*

*Ko too ngaakau ki ngaa taonga a oo tiipuna Maaori*

*Hei tikitiki moo too maahunga,*

*Ko too wairua ki too Atua*

*Naana nei ngaa mea katoa*

Sir Apirana Ngata

(1949 in Brougham, Reed, & Karetu, 1987)

**Rationale for the Research**

There is general agreement on ‘best parenting practice’ as described in the behavioural literature. The recognition of reward and positive contingencies as increasing the likelihood of desired responses and behaviour in children is well established. Conversely, the systematic ignoring of unacceptable behaviour or alternative modelling of ‘good’ behaviour has been demonstrated to reduce the likelihood of unwanted and undesirable behaviour. These principles provide the basis of the standard behavioural parenting programmes. That these behavioural training practices are not uniformly successful shows that other factors can determine parent-training outcomes.

Participation in, and successful outcomes of, parent-training programmes have been shown to be influenced by differences in socio-economic status, different family structures, and other environmental stressors. When these factors are extreme, parents can be ‘overwhelmed’ by their situation and may be unable to make use of the natural environment (family, school, or social systems) in a positive way. Parents faced with these difficulties were recognised over 20 years ago by Wahler (1980) who described ‘insular mothers’. His measure of insularity confirmed that it wasn’t the frequency of social or family contacts that predicted the degree of insularity but the nature of the contacts. Specifically, insular mothers were concluded to have negative contacts with kin and frequent and negative contacts with social agencies.



While the social-class status of the family can influence the usefulness of parent-training programmes, Darling and Steinberg (1993) concluded that parenting style was also pervasive enough to moderate the influence of specific parenting practices. These researchers focused on three particular components of parenting style:

- the emotional relationship between the parent and the child
- the parents' practices and behaviours
- the parents' belief systems

Cultural and ethnic status of the family is another important consideration which has been discussed in the literature. Recent reviews have confirmed that many of these descriptions of parenting behaviour and parenting style are based on white, Anglo-Saxon, middle-class cultural norms (Garcia Coll, Meyer, & Brillon, 1995). Where a minority group culture differs from these norms Greenfield and Suzuki (1997) have noted that minority group status presents conflicts in values for parent and child behaviour. For example, particular parenting style and family beliefs may be valued in the minority culture but not recognised in the dominant culture.

Such differences and conflicts are experienced on a day-to-day basis for Maori in Aotearoa/New Zealand. These include the most observable widespread practice of shared childcare where infants, children and adolescents move freely around whanau members. This practice can extend to friends of whanau. Education and welfare authorities may become involved where children are not attending school or family members may be unclear about who is currently responsible for younger family members. As another example, the role and value of whanau and kaumatua for Maori is not explicitly accommodated in conventional school systems and it is only recently that Maori values have been recognised and accommodated in health, welfare and justice systems (Ministerial Advisory Committee, 1986).

The current research was motivated by an interest in exploring such practices and priorities for Maori in families and, further, how Maori describe their values in parenting practices. I also wanted to investigate whether these values could inform parent-training programmes in ways that were useful and relevant for Maori parents.

### *Research Objectives*

The goal of my research was to define critical aspects of the ways that Maori view child-rearing practices, to describe whanau expectations for tamariki and mokopuna, and to establish how these could be included as (desirable) parenting practices in parent-training programmes in Aotearoa/New Zealand. Where these Maori views might inform parent-training programmes for Maori this research could then investigate culturally adapted programmes and compare these with standard parent-training programmes. An overarching aim was to emphasise client strengths and provide best outcomes for research participants.

While international cognitive-behavioural literature is acknowledged as providing a basis for identifying successful approaches to parent training a key approach to my research in Aotearoa/New Zealand, based on ethno-psychological literature and my understanding of Maori society, was to combine my understanding of psychological models and my professional experience in clinical and community work to establish a researcher role within the Maori community. Throughout this research project I was able to draw on my professional training and extensive client experiences as a clinical psychologist and my parent-training experiences in my community and marae (ancestral meeting house)-based work. The latter was facilitated through my affiliations with Apumoana Marae in Rotorua and the Rotorua Branch of the Maori Women's Welfare League.

There were three main components in my research. The first of these involved meeting with a range of kaumatua for semi-structured interviews to review Maori perspectives on parenting practices and Maori values in parenting. A second component involved facilitating focus groups with both Maori parents and Maori social service providers. The intention was to follow their direction in reviewing and discussing concepts and parenting practices that are consistent and relevant with their own beliefs and experiences. The third component involved working within an existing marae-based parent-training programme. This provided an opportunity to test the relevance of including concepts and practices that had emerged from kaumatua and focus group interviewing. For example, recent research in a New Zealand context identified the value of including a relationship-based model into standard parent training programmes (Malins, 1997). The results from this study were interpreted as support for the importance of parent-child interactions and that the quality of the relationship between parent

and child may predict treatment success. While this was a first step, there has been minimal research on or inclusion of concepts and practices that are identified as Maori values in parenting (Waitoki, 2000).

The current research programme had five key objectives:

1. To establish an appropriate process of support and consent within the Maori community to initiate preliminary observations and interviews. This was to be accomplished by consulting with recognised individuals in both the Maori community and the wider community to provide the network and settings to carry out interviews and data collection.
2. To develop and implement a research protocol that could continue throughout the research. This was designed to ensure opportunities for participants to explore different understandings and concepts in the research and to provide an ongoing evaluation of the research process.
3. To examine the development of the constructs, parenting practices, and parent training programmes as influenced by Maori communities. This includes the concept of extended family responsibilities, the collective nature of family activities, the role of kaumatua, and the significance of marae connections. Also, to examine the ecology of the Maori community environment, and identify mechanisms of maintenance and generalisation of enhanced parent functioning.
4. To use observations, behavioural descriptions, and information drawn from several existing parent-training programmes to operationalise aspects of Maori expectations of parent competency. Existing programmes could provide a basis for the empirical testing of a standard parent-training programme and a parent-training programme based on Maori values. Motivation and interest in participating in different types of programmes and support were also considered to be important.
5. To collect information on measures designed to assess positive parenting practices. More specifically, to assess whether there were changes for parents participating in parent-training programmes and whether these changes could be reliably recorded.

### **Research Methodology Literature**

Reviewing the literature on research with minority groups confirmed that by the late 1980's and early 1990's demands to recognise research methodologies

that were relevant and acceptable to particular cultural settings were being actioned. A 1993 volume of the *American Journal of Community Psychology*, dedicated a special issue to culturally-anchored methodologies, and a 1996 volume of the *Journal of Consulting and Clinical Psychology* contributed an entire section to research processes within minority ethnic groups.

An important aspect in defining cultural methodology is the inclusion of qualitative methods which provides for the understanding of phenomena from the participants' own perspective. Hughes, Seidman, and Williams (1993) noted that criticisms raised about qualitative research included concerns about a lack of objectivity and a lack of representativeness. They pointed out that quantitative methods have virtually the opposite strengths and limitations. Ways of linking qualitative and quantitative methods were discussed by Hines (1993). She stated that the idea of combining methods was not new and cited publications dating from 1957 that had discussed such possibilities. Researchers had reported on the mutual benefits of such combinations of fieldwork and survey research and the possibilities of new theories and insights. Recommendations for combining methods have been taken up mainly in evaluation research and organisational behaviour research where there were important implications for studies that recognised cultural diversity.

Qualitative research methods can enhance participant input throughout the research process. Hughes et al. (1993) highlighted the various points of intersection between cultural phenomena and appropriate methodologies. They confirmed that these points extended from the problem formulation and population definition through to concept and measurement development, research design, methodology, and data analysis. Related to the problem formulation must be the interpretation of research outcomes. Even before the above points can be considered the issues around approaching and involving minority groups in research must be mutually resolved.

Although the terms 'recruitment' and 'retention' are accurate descriptors of (researcher) successful participation (Miranda, 1996), more empowering terms are 'support' and 'involvement'. Useful guidelines recommended for including minority groups in research suggest seeking such support and involvement. Norton and Manson (1996) examined tribal and individual issues for both American Indian and Alaska Native communities including the effects of

alienation, cultural differences, confidentiality issues, and the impact of negative research outcomes. They have noted that many native communities have established their own boards to monitor research. The present study describes contacts with the relevant tribal and other bodies in the Maori community, as well as the processes of support and consent, as an ongoing part of this parenting research.

The desired outcomes of culturally anchored methodologies include mutually understood research questions and, in the case of the present study, the recognition and inclusion of concepts and practices which are considered important for Maori in successful child rearing. Hughes and DuMont (1993) recommended focus groups as one methodology that can reflect the social realities of a cultural group. The dynamics of focus groups, where within-group homogeneity encourages participation and sharing of stories and experiences, allows the researcher to identify cultural knowledge that is shared and the importance of particular behaviours within that culture. Additionally, language and concepts generated in these groups help to establish common dialogue and understanding.

### **International Literature on Parenting**

Parenting literature encompasses research and theories from diverse areas. Important contributions are recognised from developmental theorists (Erikson, 1974; Piaget, 1973), from models of family functioning (Belsky, 1984), through research on dyadic parent-child interactions (Brestan, Eyberg, Boggs, & Algina, 1997; Eyberg & Robinson, 1982; Mash, 1991; Patterson, 1982) to family systems and functions of parent behaviours (Azar & Twentyman, 1986). Beyond these individual, interactional and family systems approaches, broader community and social systems are also recognised as important (Biglan, 1995; Biglan, Metzler, Fowler, Gunn, Taylor, & Irvine, 1997).

Both child problem behaviour and child abuse and neglect issues have been the impetus for much research and models and interventions have mainly stemmed from the maltreating parent. For example, Azar and Wolfe (1989) presented an overview of child, parent, and family factors that are believed to cause or result from child abuse. Their complex conceptual model described destabilising and compensatory factors in the development of parental neglectful and abusive behaviours. This model also recognised the broader issues of

poverty, housing, family structure, and the effects of frequent moves, low educational achievement, and absence of social or family supports, as well as individual coping and responsiveness characteristics. Their review detailed the assessment and treatment considerations in working with maltreating parents. They confirmed that abusive parents typically did not identify themselves as having a problem and suggested that therapists should reframe the behavior to avoid the “bad” parent label. Peterson and Brown (1994) highlighted the difficulty in discriminating between unintentional child injuries and abuse-neglect-related injuries. They similarly developed a model of etiological factors for child injury and a summary of current prevention efforts. While literature on abuse issues and preventative measures appears extensive, Peterson and Brown (1994) claimed that given the magnitude of the problem, it is surprisingly under-researched.

Researchers who have explored the importance of good parenting in contributing to the development of well-adjusted children, who are self-confident and socially competent, have similarly claimed that positive aspects of parenting are even less well researched. Russell (1997) studied a middle-class group of intact families and confirmed that positive parental involvement and observed warmth and affection was especially important between mothers and sons for a positive parenting outcome. Russell (1997) utilised three separate measures of involvement and warmth and affection as a positive parenting composite measure although he stated that there was no single accepted approach for defining the quality of a parenting relationship.

A robust process model of the determinants of parenting was developed by Belsky (1984) drawn from research on child maltreatment. Russell (1997) concluded that his study on positive parenting was also compatible with this model. Belsky (1984) had proposed that all aspects of parenting should be determined by factors in parent personality, child characteristics, and marital relations and social networks. He noted that although parenting competence was multiply-determined parent characteristics were the best indicator of negative or positive child outcomes.

Studies on the assessment of parenting competence have concluded that while qualities of warmth, responsiveness and acceptance, are associated with adaptive parenting, and their opposites as negative, Budd and Holdsworth (1996)

pointed out that these qualities have not been translated into valid behavioural indicators of parenting competence. Mrazek, Mrazek, and Klinnert (1996) developed a Parenting Risk Scale but claimed that there was still no generally accepted measure of parenting other than the traditional clinical evaluation based on systematic interviews with both parents and their children, coupled with observations. They maintained that such interviews and observational data should remain an important part of any assessment.

### ***Parent-Training Programmes***

Despite the lack of agreement on descriptions of good parenting, on methods of assessment of competence, and on valid behavioural indicators of what constitutes parenting competence parent-training programmes are regularly recommended by social agencies. The desired outcome of such programmes is to enhance parenting competence often in relation to issues of child abuse and neglect, and child management skills.

Outcome measures, maintenance and generalisation of changed/improved parenting behaviour are again not well researched. Mash (1991) confirmed the need for reliable and valid measures of parent-child interactions in the context of longitudinal research and noted that the richness and complexity of theoretical formulations in the area have far exceeded the measurement operations.

In other instances it is recognised that parents and caregivers who are referred to parent-training programmes may already have many appropriate parenting skills but are not in an environment where they can implement them (Griest & Forehand, 1982). A major area of research has identified the impact of social and cultural environment on family and parent functioning, for example, Bronfenbrenner (1986), Dumas and Wahler (1983), Garbarino (1977), and Wahler (1980). Garbarino and Stocking (1980) summarised the importance of social networks as well as more formal support systems and concluded that nurturing and feedback from day-to-day interpersonal relationships is a critical need of parents – whether rich or poor.

More recent research has confirmed functional variables that, if appropriately identified and measured, are more important than demographic variables in predicting family therapy outcomes. Hampson and Beavers (1996) examined several important family and therapist characteristics as they related to treatment success with both psychologically needy and psychologically healthy

families. Not surprisingly, the number of sessions attended proved an important predictor but this was seen as interacting with two other predictors: therapist and family rating of competence, and the effectiveness of the therapist-rated partnership.

Where the therapist and the client are of different ethnicity a range of other issues may arise. Azar and Benjet (1994) examined the potential for bias where judges and mental health evaluators are involved in parenting-related decisions. These researchers summarised the nature of categories where ethnic differences may be misunderstood or misrepresented. They urged further research to enhance sensitivity to racial and ethnic differences in interaction, family structure, and parenting practice.

In terms of applying research questions to parent-training programmes there is ample empirical evidence that standard behaviourally-based parent-training programmes are an effective intervention for enhancing parental knowledge and increasing child management skills in coping with a variety of childhood disorders (Dangel & Polster, 1984; Sulzer-Azaroff & Mayer, 1977). However, these research outcomes need to be qualified by the apparent homogeneity of the client group and the lack of information specifically on cultural values and practices (Forehand & Kotchick, 1996).

### *Cultural Variations in Parenting*

Research on the importance of cultural values, and parenting practices and beliefs in minority groups, appeared originally in social anthropological literature and subsequently in cross-cultural psychology. Such observations and recordings of family behaviours and interactions, while interesting, were often conducted either entirely within the culture of interest or viewed comparatively with comments on similarities or differences from a dominant cultural perspective.

Forehand and Kotchick (1996) were able to describe different cultural values and parenting practices drawn from the research literature in four ethnic minority groups (African-American, Asian-American, Latino, and Native American). In contrast Julian, McKenry, and McKelvey (1994) used national survey data and found more similarities than differences in practice between Caucasian, African-American, Hispanic, and Asian-American groups. The latter authors noted that although these groups did have unique cultural characteristics there was considerable within group diversity. They raised the issues of differing



degrees of adjustment to a dominant culture and the confounding effects of social class. Their study explicitly controlled socio-economic status in exploring cultural variations.

Within clinical psychology, while cross-cultural studies have assisted in the understanding of different parenting practices, the tendency to assume some overall agreement on best parenting practices and desirable child outcomes across cultures has persisted. For example, it is thought that to be a well-adjusted adult children should develop individuality and independence. Such practices as collective responsibilities, as widely acknowledged for Maori in Aotearoa/New Zealand, do not generally appear as part of child-rearing responsibilities.

Garcia Coll, Meyer, and Brillon (1995), in their review of literature on the multiple influences on parenting among ethnic and minority families, confirmed this historical bias on parenting research and recommendations, where white, Anglo-Saxon, middle-class values, attitudes and practices were considered the norm. The consequences of this assumption were that comparative studies invariably conceptualized any cultural variations as deviations from this norm and, therefore, as deficits.

Similarly, theories that perpetuated stereotypes and assumed universal acceptance across different ethnic and socio-economic groups are now being questioned. Greenfield & Suzuki (1997) presented an extensive review of literature examining culture and human development. They defined a range of cultural frameworks and highlighted differing cultural expectations of child and family outcomes. They pointed out that even in infancy feeding and sleeping arrangements may be culturally determined. Throughout family life, cultural parenting goals may expect differing degrees of obedience and independence of a child, parent-child interactions may be characterized by more or less authoritarian styles, peer and home-school relations may be overridden by elder respect and so on. These researchers pointed out that research must identify where cultural values may be incompatible or in direct conflict with those of society at large. Rothbaum, Weisz, Pott, Miyake, and Morelli (2000) questioned the concept of attachment in children, an issue also discussed by Greenfield and Suzuki (1997). These authors were concerned that attachment theorists have claimed that the substantial core of attachment theory is immune from cultural influences. They pointed out that the basic tenets of sensitivity, competence, and security are as

embedded in the Western world-view as “theories of achievement, control and self are embedded in Western experiences and ideas” (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000, p. 1095).

It is generally acknowledged that parenting research which has explored cultural differences in parenting values has contributed to explaining the variations in parental expectations of child behaviours. However, Harkness and Super (1995), in their review of major issues and trends in the study of parenting, have illustrated the difficulty of utilising parental belief systems in predicting parental behaviour and child outcomes. They concluded that the current priority should be to explain child development in a cultural setting rather than explaining the culture.

Translating and utilising information about family practices and family and child interactions for a programme within a cultural setting raises a number of challenges. Evans (2000), among others, has questioned the advisability of adapting mainstream ideas to other cultural groups without first establishing mutually agreed outcomes and understanding of success. Thus, a parent-training programme for Maori may have a very different emphasis from North American examples and may be delivered in a very different style with Maori facilitators. Such programmes may continue to draw on principles and strategies from international literature but, by establishing their own unique outcomes, can begin to validate culturally relevant practice.

Blampied (1999), in his review of cognitive-behaviour therapy in Aotearoa/New Zealand, reported on a number of studies on parent training as an intervention but none had a specific accommodation for a Maori context. He did, however, point to an intervention to improve child reading-levels for Maori children as one of the most significant applied behavioural research studies in New Zealand. These researchers - Glynn, Berryman, Bidois, Furlong, Thatcher, Walker, and Atvars (1996) - adapted and extended standard reading interventions to Maori cultural contexts.

It is now recognised that a number of families may fail to benefit from a standard treatment approach (Bernal, Klinnert, & Schultz, 1980; Mash, 1989; Sanders, 1992b) although Graziano and Diament (1992) recommended that standard programmes should be used as a baseline for comparing and contrasting other approaches. Programme comparisons can assist in studying and evaluating

the role and importance of other cognitive and relationship factors as well as programme features enhancing parent participation and change. These programme comparison issues are raised under Parent-Training Programme Development in Chapter 5.

In terms of the present research it is important to note that while Greenfield and Suzuki (1997) reviewed and discussed a myriad of family and cultural issues their broad categorization of the relationship between culture and child development into home culture and societal culture did not take account of issues where the ethnic group is also the indigenous group.

The present study maintains that where this is the case, as for Maori in Aotearoa/New Zealand, there is a mediating influence of whanau/hapu culture. Greenfield and Suzuki (1997) additionally noted that minority groups may experience parental conflict regarding which values system to use in raising their children often, they state, because the minority group cultures tend to be 'invisible' or not considered by the dominant culture. For Maori in Aotearoa/New Zealand cultural activities and symbols are tangible in the form of the multitude of marae buildings, marae events such as tangihanga (funerals), kapahaka (dance) and whaikorero (oratory) competitions, traditional and contemporary arts (kowhaiwhai/painted patterns, tukutuku/woven patterns, raranga/weaving, whakairo/carving), as well as the 'invisible' aspects of attitudes and beliefs and cultural priorities.

To date, although descriptions and statistics on parenting in New Zealand have been collated (Pryor & Woodward, 1996), there have been no studies integrating psychological principles and processes to parenting practices and parenting constructs in ways that are meaningful to Maori communities or that positively accommodate Maori skills and aspirations (Hopa, 1996).

From these points it can be seen that Maori family structures and organisations play an important part in understanding patterns of parenting. As noted previously a crucial structural concept in Maori life is that of the whanau, usually translated as "extended family". Durie (1994), a leading academic in Maori health development, has provided a more complete definition of whanau and its relevance for parenting practices in Aoteroa/New Zealand. He defined whanau as a diffuse unit based on common whakapapa (descent from a common ancestor) within which certain responsibilities and obligations are maintained. He

asserted that family and whanau are increasingly important as models for collective responsibility and obligations in an environment where individual freedom is paramount. The present study takes the position that understanding the role of hapu and whanau in Maori communities, and in Maori family dynamics, is essential in the study of psychological aspects of Maori parenting.

### **Contemporary Whanau Structures in Aotearoa/New Zealand**

Contemporary whanau structures for Maori in Aotearoa/New Zealand must be viewed in the context of change from a dominant culture to a minority culture and the imposition of Eurocentric Pakeha (non-Maori of mainly British descent) values and practices. These changes have taken place since the signing of the Treaty of Waitangi in 1840 between hapu and iwi, representing tangata whenua (indigenous Maori tribes on their ancestral land) in Aotearoa/New Zealand, and the British Crown, representing settlers from the United Kingdom.

In essence, the transition from a dominant to a minority culture describes a change from collective sub-tribal groups based on hapu structures living within a subsistence but socially sophisticated society (Papakura, 1986/1938), to a contemporary structure of smaller family or whanau groups who have experienced the effects of introduced diseases, marginalisation, and loss of land and resources. Policies of exclusion and assimilation over 160 years have resulted in a Maori population with poorer health and lower education indicators, lowered life expectancies and over-representation in lower socio-economic classes compared to non-Maori (Ministerial Advisory Committee, 1986). Moeke-Pickering, Paewai, Turangi-Joseph, and Herbert (1998) have described the impact of these changes and the necessity of recognising Maori development needs in psychological research and practice in Aotearoa/New Zealand.

Current census statistics confirm that 60% of the Maori population is under 25 years of age. Young Maori women between 15 and 19 years of age are three times more likely to be mothers than non-Maori. There is a trend to fewer Maori children living in two parent families. There were 81% two parent families in 1981 and 61% in 1991 (Statistics New Zealand, 1994). The statistics, however, do note an increase, from 4% to 9% between 1981 and 1991, of children living in shared households – most commonly children with sole parents living with other relatives.

Metge (1995) has documented these developments in Maori society and whanau structures from her anthropological and sociological research over nearly four decades. Both Metge and Tahana (1978) have noted that Maori have not abandoned their customary beliefs and usages and replaced them with alternative Pakeha practices, but have adapted elements to form practices that can be described as modern Maori. Associated with the customary understanding of whanau, as an extended family unit based on common whakapapa, is the process of whanaungatanga - the interactions between whanau members. Hirini (1996) described a process of whanaungatanga that meant different things to different individuals but he was able to identify consistent aspects of caring, sharing, guardianship, empowerment and planning that encompassed the extended family responsibilities. He confirmed that whanaungatanga, like the concept of whanau, is still practised and is continuing to evolve and adapt to contemporary situations.

These adaptations have been referred to in the literature as the range or diversity of Maori realities (Durie, 1995; Hopa, 1996). Hopa (1996) likened this process of change to a torn whariki (woven floor mat) where the wear and tear of relationships between tangata whenua and tauwiwi (foreigners, non-Maori) has resulted in a whariki torn in many places and worn threadbare in others. On a positive note she wrote that some repair work has occurred, some in a traditional pattern, and some with new materials reflecting the contemporary experience of being Maori in Aotearoa/New Zealand. She raised another definition of whanau, confirmed by census information, as the single parent unit, and pointed out the lack of qualitative and quantitative research on contemporary cultural understandings of whanau and on the role of whanau in child rearing and support.

Ritchie and Ritchie (1970, 1997) have contributed a lifetime of research to child rearing practices and parenting styles in Aotearoa/New Zealand and recorded important and enduring characteristics observed in Maori whanau. However, this work has generally not been utilised by Maori authors in parenting literature (Rickard, 1998) or in Maori-based parenting programmes (Rokx, 1998). While Ritchie and Ritchie (1997) are recognized for their cross-cultural contributions in psychology, and were the first researchers to publish as academics in the area of Maori parenting practices, their work is inclusive of Maori and non-Maori child rearing practices in New Zealand and they quite properly, as Pakeha (non-Maori) researchers, do not claim a Maori perspective.

Godfrey (1992) dedicated a special issue of the *New Zealand Journal of Psychology* to behavioural family therapy and the wider social context. Almost all the research work was conducted overseas and there was no New Zealand or Maori input. However, by 1995 the University of Otago in co-operation with the Children's Issues Centre Trust had established an interdisciplinary centre to address national issues that affect children and A. Smith (1996) noted the importance of the Maori perspective. In her earlier publication (A. Smith, 1992) she had likewise included information on Maori language development in the kohanga reo (Maori language preschool childcare) and kura kaupapa (Maori schools under Maori control). Other authors examined the issues of relevant parenting programmes (McMillan, 1995; Moss, 1996) and biculturalism in parenting (Gatenby & Richards, 1997) in Aotearoa/New Zealand. Howden (1997) summarised available parenting-training and support programmes and the nature of any evaluations of these programmes where these were available. She also reported that Maori family structure had changed with many more children living in one-parent families and, with the decades of urban shift, fewer able to access the support of an extended family household.

These social and demographic changes have meant that Maori women generally have a disadvantaged socio-economic status, are often young parents, experience higher rates of sole parenting, and have a disproportionate responsibility in raising the next generation of Maori. This suggests a need to research effective parenting initiatives for Maori.

## **CHAPTER 2**

### **HE ANGA MAORI: A MAORI FRAMEWORK**

#### **The Treaty of Waitangi**

The Treaty of Waitangi (Appendix B) is an agreement signed by representatives of the British Crown, and iwi and hapu, in 1840. Kawharu (1989) pointed out that most treaties are merely agreements but the Treaty of Waitangi differed in specifying partnership with trust and co-operation between British settlers and Maori. This included protection of Maori fishery and forestry resources and all taonga (treasures) necessary for continuing Maori self-determination under British governance. These aspects of the Treaty are defined under three Articles. Article I relates to kawanatanga or good governance for those resident in Aotearoa/New Zealand; Article II describes tino rangatiratanga or sovereignty for Maori; and Article III offered oritetanga or citizenship to all settlers, being equality and equity between Maori and non-Maori New Zealanders. Researchers have claimed that the nature of the Treaty, as more than an agreement, was largely ignored by the British who continued with land acquisition and settlement plans regardless of Maori interests.

Since the signing of the Treaty many hapu have experienced, recorded, and repeatedly challenged breaches of the Treaty conditions. Over time there developed a sense of powerlessness with no administrative body outside of unsympathetic courts empowered to deal with such grievances. Concerns were aired openly by Sir Apirana Ngata in 1935 (Orange, 1987) but it wasn't until the urban protests of the 1960's and 1970's that equitable legal processes were finally enacted. These protests are generally credited with raising public awareness of injustices. They culminated in the Treaty of Waitangi Act 1975 and the 1985 amendment that has provided a forum for grievances. This Act established the Waitangi Tribunal as the body which was able to "make recommendations on claims relating to the practical application of the principles of the Treaty," (Orange, 1987, p. 246). Despite an obvious weakness in the Tribunal's lack of empowerment in enforcing these recommendations significant social and economic benefits have resulted from well-researched and equitable recommendations.

While the three Articles comprise the original wording of the Treaty the key principles or expressions of these Articles, not specified in the Act itself, have

generally derived from Court of Appeal rulings (Kawharu, 1989). Most commonly the Treaty principles are known as principles of partnership, participation, and active protection of Maori interests. Since 1985 several important social documents have been based on these principles (Ministerial Advisory Committee, 1986; The Royal Commission on Social Policy, 1988) and, subsequently, several frameworks for Maori research have also been derived from these principles. Frameworks and guidelines for Maori research have consistently prioritised the importance of justifying the relevance of the research for Maori, insisted on Maori benefits from the research (L. T. Smith, 1992; L. T. Smith, 1999; Te Awekotuku, 1991), the inclusion of Maori in the research processes (Cunningham, 1998), as well as issues of Maori development and Maori advancement (Health Research Council of New Zealand, 1998). These papers and discussions are relevant to the debate on Maori-centred and kaupapa Maori (Maori focused, Maori themes) research.

### **Maori-Centred and Kaupapa Maori Research**

Cunningham (1998) has noted that while there is not yet consensus on a definition of kaupapa Maori research there are a number of emerging themes in the literature. Most prominent is the theme of 'ka piki te ora o te iwi Maori' (research which has positive outcomes for Maori) (Ranginui Walker, personal communication, September 6, 1999) and the notion of challenging the dominance of the Pakeha world-view in research (Bishop, 1996). Underpinning this is the empowerment of Maori in the research process and the research content.

Thus, kaupapa Maori research is seen as an attempt to conduct research which is sensitive to Maori communities, conducted within a Maori world-view, and upholds Maori values and culture. It typically gives something back to the communities participating in the research, working in partnership rather than a researcher-subject relationship. Hotere (1998), reporting interviews with Maori researchers, noted that for some researchers the kaupapa Maori approach extended to the process being entirely controlled by Maori including the funding processes, all outcomes, and the evaluations.

Again, Cunningham (1998) identified what he saw as the differences between kaupapa Maori research and Maori-centred research as the differences in research standards and control. He asserted that in Maori-centred research the standards and control are mainstream organisations whereas in kaupapa Maori



research the standards and control stay with Maori organisations and the research team is typically all-Maori. He maintained that the recent developments of Maori health providers operating Maori health services and with Maori policy makers now enable kaupapa Maori research to inform the health practices. In terms of a Treaty of Waitangi framework, the kaupapa Maori research parameters would be compatible with Article II sovereignty assertions, and Maori-centred research with Article III citizenship and equity claims.

Debate continues at the broader level over whether kaupapa Maori research should be undertaken only in te reo Maori (Maori language), and only with Maori researchers, as well as at the more specific level of the different processes in a research project. The Health Research Council has been especially active in considering all aspects of the research process and has operationalised these concerns with relevant guidelines (Health Research Council of New Zealand, 1998). The guidelines include consideration of who is undertaking the research with Maori, the dynamics of the research community and participants, and the consent process. Other considerations include the initiatives for the research – who decides on the topic area, the design of the study, and the ownership of the data and results. During the research process issues of analysis and interpretation of data need to be considered as well as dissemination of results.

Many of the kaupapa Maori methodological issues relate to the qualitative issues raised in the earlier section on Research Methodology Literature in Chapter 1. All Maori authors in this area have emphasised reliance on, and responsibility to, the wider Maori community as well as an understanding of kawa (protocol) and te reo (Irwin, 1994; Te Awekotuku, 1991). Most importantly no matter how the research is defined, whether kaupapa Maori or Maori-centred, each stage of the project needs to be viewed in the context of Maori development.

### **Maori Research Models**

The various models for Maori research extend from one extreme where topic areas may be restricted by whanau- or hapu-specific knowledge and beliefs, and which ideally are researched by individuals from within the whanau or hapu, or selected by them, to the other extreme of mainstream topic areas which may involve a team of Maori and non-Maori researchers. It can be seen that a research model that conforms to Article II of the Treaty of Waitangi (Maori sovereignty,

tino rangatiratanga) will include all the issues under kaupapa Maori research and all ethno-specific aspects of research content and process.

Other research models that have not acknowledged a Maori presence or accommodated Maori values could be described as relevant to non-Maori Western world-views. Much of this research is mono-cultural and may be challenged as not providing fairness and equity for Maori under Article III (citizenship, oritetanga), of the Treaty of Waitangi.

The particular issues for Maori research, and Maori researchers, have been summed up in an effective narrative by T. Smith (1998). Smith, based on his own personal life experiences and his separate research experiences, described two realities for tangata whenua researchers. One reality is of colonisation and Maori status according to Western notions and reality, and the second reality is of whakapapa korero (spoken history based on genealogical markers and events) and taonga tuku iho (treasures handed down). He stated that this second reality is marginalised and often unacknowledged in Western realities but that this was the reality for him, his whanau, and his research participants.

Recognising these different realities confirmed that there can be no prescribed model for Maori research. Rather, there can be dialogue and principles where Maori research based in a Maori reality and imbued with Maori values must co-exist with Maori research based in Western institutions and imbued with Western notions regarding research processes. That these research approaches need not be mutually exclusive is again the reality for Maori researchers based in Western institutions. This acceptance of bicultural imperatives also accommodates non-Maori researchers who have contributed, and continue to contribute, to Maori topic areas of research.

The literature has reflected these issues by considering not only the topic areas of research but also ethnicity and identity of the researcher(s). Useful models of collaboration between Maori and non-Maori have been expounded by Cram (1997) and G. H. Smith (1992). Smith (1992) described mentoring, adoption, power sharing and empowering models as options for partnership research. These different approaches can accommodate the principles recognised in kaupapa Maori and Maori-centred research discussed earlier. At a more pragmatic level Herbert and Te Kanawa (1998) promoted consideration of shared values and philosophies within the study area to define the appropriate approach.

We described points of commonality that may be considered as general commonalities and others which are specific commonalities in the context of the Treaty principles.

General commonalities between the researcher and the study area which would satisfy the principles of partnership and participation in a research environment would include:

- Shared philosophy and understandings in the research environment
- Mutual respect for different knowledge bases
- Mutually positive outcomes

Specific commonalities between the researcher and the study area which would satisfy the principle of self-management under the protection principle would include:

- Shared whakapapa
- Shared concepts and language
- Mutually agreed ownership of outcomes

Thus specific commonalities would generally satisfy whanau- and hapu-specific research interests while more general area commonalities satisfy a need where expertise outside the Maori community is desirable in either part or in most of the research. Additionally, we have asserted that the research environment should provide:

- Fair and equal opportunities to explore different understandings and concepts
- Fair and equal opportunities to evaluate the processes
- Commitment to observe and mediate different or opposing needs

In the present study I suggest that keeping these research issues and outcomes in mind will provide a framework for research in the Maori community. Working in the community in ways that recognise the basics of these Maori research models will generate research opportunities to document and evaluate Maori values in child rearing and acceptable parenting practices. Thus Maori research participants can begin to inform on the key issues in, for example, parental and family participation in programmes of support and the areas where there are issues of risk to children and families. Maori research models encourage the process of mutually agreed goals and ways to achieve these goals by recognising and

including tangata whenua knowledge, values and practices where these are conducive to Maori development and progress.

Thus the translation of Apirana Ngata's well known whakatauki (proverb)

*Grow up and thrive*

*For the day destined to you,*

*Your hand to the tools of the Pakeha*

*To provide physical sustenance,*

*Your heart to the treasures of your Maori ancestors*

*As a diadem for your brow*

*Your soul to your God*

*To whom all things belong*

### CHAPTER 3

#### TAA TE MAORI TITIRO: THE MAORI-CENTRED APPROACH

The current project incorporated as far as possible the issues and guidelines for Maori research raised in Chapter 2. This meant respecting both structures and functions in the Maori community and also adhering to academic requirements. The significant features of the Maori community include the recognition of the collective nature of iwi, hapu and Maori services, and the pre-eminent role of kaumatua. I met with relevant agencies and individuals during my research, and I have explained my rationale for advising, including, and collaborating with these individuals, agencies, and organisations.

#### Kaumatua Roles

Both traditional and contemporary Maori social functioning recognise the role of kaumatua in protocol (Salmond, 1983) and as repositories of knowledge (Jones & Biggs, 1995; Stirling & Salmond, 1980). The impact of colonisation and the changing roles of leadership in Maori society (Te Puni Kokiri, 1992; Winiata, 1967) have extended Maori decision-making roles from hapu and iwi groups into welfare (Ministerial Advisory Committee, 1986), justice (Jackson, 1988), education and political arenas. Leadership and kaumatua status in traditional communities was complex and included both male and female paramountcy.

That kaumatua maintain an integral and active part in their communities is confirmed by Durie's (1999) research. Durie reported on the outcomes of two surveys undertaken by Te Pumanawa Hauora and Te Hoe Nuku Roa and described a reciprocal relationship in Maori society between kaumatua and the community. The positive but demanding role of kaumatua is complemented by the assurance of care and respect from the community.

Although kuia (women elders) and koroua (male elders) have complementary roles in marae kawa (formal protocols associated with tribal institutions), Winiata (1967) confirmed in his research that first-born males generally retained the highest status of Maori chieftainship and first-born females generally retained the social status due to birth, but political leadership often passed to the next oldest male. More recently, Walker (1990) has recorded that since the Second World War Maori women have taken up important leadership roles for Maori development and against Pakeha hegemony. As a reflection of

this status, the kaumatua research input in this present study recognised seniority and expertise for both koroua and kuia.

### ***Kaumatua in the Whanau Whakapakari Research***

Noting that one of the themes discussed in kaupapa Maori research is the notion of challenging the dominance of Pakeha world-view research and empowering Maori, developing a parallel structure for Maori research between University and the Maori community is a key strategy. Thus, if the research is located in a Pakeha institution with an academic hierarchy, the aspects of the research located in the Maori community should reflect the Maori hierarchy. This requires kaumatua roles as support and advisors in whatever manner of formality can enhance and progress the research.

In the first six months of my study I enquired widely about Maori service providers working with Maori families. As a consequence I visited and talked with a number of kaumatua in Rotorua, Te Kuiti, and Hamilton, about my ideas for the parenting research. I also intended that my research would focus on client strengths and that participants would not necessarily be recruited from a child and family welfare agency referrals. Thus, the role of kaumatua in my research evolved from the initial informal contacts and discussion to a consulting and then a formal research role for input with the semi-structured interviews as reported in Chapter 4.

During this period I also developed the feedback and meeting procedures to ensure that Maori views on research and final published outcomes were recognised. These feedback form letters are included in Appendix E. The current project incorporated not only formal qualitative data from kaumatua interviews, but also support and advice from kaumatua over 4 years. The kaumatua who were interviewed were identified as key informants or designated cultural experts (Hines, 1993). The emphasis for these senior Maori informants was their active involvement in iwi and hapu development in areas of health, whanau support, employment and tikanga (custom). My project was based largely in Rotorua, with other central North Island locations accessed according to my affiliations and personal connections. Eight kaumatua interviewees were drawn from the Rotorua and Murupara regions (Te Arawa, Ngati Whare, Ngati Manawa, Tuhourangi, Ngati Wahiao, Ngati Tarawhai), Hamilton and Te Kuiti areas (Waikato, Ngati Maniapoto) Te Teko (Mataatua, Ngati Awa), Opotiki (Tuhoe, Whakatohea), and

Taupo (Tuwharetoa). All these kaumatua contributed to the research with the interviews and ongoing contact and discussion. The interview outcomes and feedback comments are discussed in Chapter 4.

### **Iwi, Hapu, and Whanau Structures**

Ballara (1998) argued that the principal unit of Maori organisation before European contact was the smaller descent group of the hapu. She recorded that although there were occasions when the larger iwi and even waka (canoe) groupings were necessary, the iwi developments were largely in response to outside, usually political, pressure. The Ministerial Advisory Committee (1986) provided an historical perspective in their important paper on bicultural recommendations to the Department of Social Welfare. They confirmed that, in general, the governmental approach to Maori problems in the twentieth century has been one of increasing institutionalisation.

This political activity has resulted in a range of agencies and structures within the Maori community ranging from tribal and iwi trust boards, iwi and hapu runanga (tribal and sub-tribal assembly), incorporated societies, to family and hapu incorporations. Families and whanau have responsibilities extending to marae functioning and other community leadership roles. Different Maori communities have different combinations of iwi, hapu, and whanau structures and responsibilities, and researchers require an understanding of these developments – both in an historical and a contemporary context.

#### ***Iwi, Hapu, and Whanau in the Whanau Whakapakari Research***

As indicated, this Whanau Whakapakari research was based in Te Arawa (Rotorua), and also utilised the researcher's whakapapa affiliations with Ngati Paretekawa and Ngati Maniapoto in Te Kuiti and Hamilton. I therefore recognised responsibility to these iwi and hapu structures as the research was being developed.

After exploring the feasibility of conducting the parenting research with the Rotorua Branch of the Maori Women's Welfare League (MWWL) Parenting and Life Skills Programme at Apumoana Marae in Rotorua, letters outlining the research objectives were sent to the Te Arawa Trust Board (iwi), the Tuhourangi Runanga-A-Iwi (hapu) and Apumoana Marae Committee (whanau). These letters were followed by meetings, and additional information was discussed before the research project was started.

### **Pan-Tribal and Urban Maori Agencies**

In past times, although traditional Maori social, political, and economic structures were not included as an integral part of the development of New Zealand many traditional values and practices nevertheless persisted. The original Department of Native Affairs (1861 – 1947) was renamed The Department of Maori Affairs and undertook important welfare and Maori cadetships roles, with Maori working with Maori (Butterworth, 1989). This department was dis-established in 1989 and was replaced with Te Puni Kokiri (The Ministry of Maori Development). The Kotahitanga (Maori United) Movement in the 1840's was revived in the 1970's and the Kingitanga (Maori King Movement), Ratana (Ratana Church) Movement, Maori Congress, and the New Zealand Maori Council are all considered pan-tribal organizations and have all been Maori political development initiatives (Orange, 1987). Some of these have enjoyed more government acknowledgment and support than others.

Relevant to family and whanau support and development have been organisations established by women. The Women's Health League developed from local Maori health committees established by Nurse Cameron with support from Te Arawa leaders in 1937. This organisation has continued to be based mainly in Rotorua and the Bay of Plenty and has been responsible for, among other initiatives, the Tipu Ora Maori Health Service developments at Ohinemutu in Rotorua (Ratima, 1999). The Maori Women's Welfare League emerged from the Maori War Effort in 1943, and the post-war establishment of Maori women welfare officers. These women welfare officers set up committees in their own areas to deal with the severe health, housing and social problems facing Maori communities. In 1951 these women met in Wellington and the Maori Women's Welfare League was officially established under the directive of the Department of Maori Affairs (Szazy, 1993). The Maori Women's Welfare League continues to function as a well-established national organisation with branches throughout Aotearoa/New Zealand. While members of both of these organisations continue their work in a largely voluntary capacity, some of their health and parenting initiatives have had government funding.

Additionally, a number of Maori urban health and counselling agencies provide services for Maori clients. These agencies may operate independently of iwi services for a number of reasons. In some situations it may be seen as more



user-friendly service for Maori clients living outside their own tribal area; at other times the funding or service provision is better identified if it is an independent business.

***Pan-Tribal and Urban Maori Agencies in the Whanau Whakapakari Research***

Both the Health League and the Maori Women's Welfare League, representing pan-tribal Maori agencies, were part of the present study through the Health League and the Tipu Ora Charitable Trust, and through the Rotorua Branch of the Maori Women's Welfare League Parenting and Life Skills Programme. The Rotorua Branch of the Maori Women's Welfare League provided the base for the parenting programmes research, and the Women's Health League were part of the expert interviews and focus group research. In Rotorua, Mana Social Services is an urban Maori counselling agency that provided support and kaumatua input in the course of my research.

**Research Consents and Processes**

Research in the Maori community requires ethics and research approval not only from academic and, on occasion, health ethics committees but also from relevant Maori bodies and agencies and, in some instances, particular individuals. I maintained contact with all kaumatua and organisations involved in the research for the duration of this project. This was either informally at local hui (meetings), or formally with feedback letters and thesis drafts, or formal presentations to groups and agencies (Appendix Z). The University of Waikato Ethics Committee also approved each stage of this research.

**Overview of the Research Process**

The next two chapters describe the qualitative and quantitative studies that were conducted over three years. Chapter 4 outlines the interviews with kaumatua and the six focus groups - three focus groups with Maori service providers and three focus groups with Maori parents. Prior to the interviews I explored the most efficient way to gather qualitative data. Based on international literature on cultural variations in parenting I used a recommended semi-structured interview format (Forehand & Kotchick, 1996). I also included in the interview format the Maori values that had been identified as pre-eminent by participants in the ongoing MWWL Parenting and Life Skills Programmes at Apumoana Marae with which I am associated. There were also suggestions and recommendations on Maori values made during the consultation meetings described earlier in this

chapter. These earlier consultative meetings determined the broad questions and whanau values that are included in the interview format (Appendix D) and the focus group discussion questions (Appendix G, Appendix I)

At the conclusion of Chapter 4 I have summarised the themes and values that were most frequently raised in the interviews and focus groups describing childhood experiences and values that the interviewees associated with Maori families and parenting. Whakapapa and whanaungatanga were paramount in these comments. Feedback from Maori service provider and Maori parent focus groups about Maori services and parent-training programmes described the support for Maori families as whanaungatanga and awhinatanga

Chapter 5 outlines the empirical part of the research comparing a standard parenting programme with a culturally adapted parenting programme. This was conducted as two different two-groups designs. The first part compared the standard parenting programme (SPT) with the first culturally adapted model based on relationships: the Matuatanga Relationships Model (MRM). The Relationships Model was postulated as providing a broader understanding of child behaviour rather than focusing on contingency management. However, the wealth of qualitative data from the interviews and focus groups as described in Chapter 4 suggested to me that a more explicitly Maori values programme may provide better outcomes. The second part of the research therefore compared the SPT with a second culturally adapted model: the Matuatanga Values Model (MVM).

The first part of Chapter 5 provides some context to parent training and the rationale in developing the different SPT, MRM and MVM programmes. Different measures exploring support networks, parent expectations of children, parental self-efficacy, parental self-rating, critical incident scenarios, and programme evaluation are presented as possibilities for quantifying parent-training outcomes. Part I of the research (SPT compared to MRM) used all the measures except the critical incident scenarios as pre- and post-training measures. Part II of the research (SPT compared to MVM) substituted the critical-incident scenarios for the parental self-efficacy measure.

Chapter 6 discusses the research outcomes in terms of the different parent-training programmes and the most useful measures. Chapter 7 reviews relevant indigenous models and proposes a multi-dimensional approach as applicable to these research outcomes.

**CHAPTER 4**  
**NGA MAHI AA IWI: FIELDWORK**  
**Nga Uiui Pukenga: Focused Interviews**  
*Kaumatua Interviews*

Eight kaumatua were included as key informants for the interviews. There were four men and four women with ages ranging from 39 to 65 years ( $\bar{X} = 53$  years) and 60 to 78 years ( $\bar{X} = 66$  years) respectively. This age difference reflects the current life expectancy differential for Maori males and females. Maori life expectancy has increased over the last 40 years, from 54 to 68 years for men, and from 56 to 73 years for Maori women (Statistics New Zealand, 1994). They had between three and eight children each. The average number was five.

Three kuia active in Maori and whanau health and development in Rotorua were contacted initially as the Whanau Whakapakari research and parenting programmes were being developed, and asked if they were interested in being interviewed. All those approached agreed to participate and, additionally, suggested others who could make important contributions to parenting research. One of the kuia who held a regional position in the Maori Women's Welfare League attended a League hui at Apumoana Marae and was proactive in seeking to be part of this research. I contacted one koroua, and the other three koroua were recommended by participating kuia as being prominent in their tikanga and commitment to Maori development, and for the significance of their contributions to Maori parenting. One kuia asked if she could be interviewed with two other koroua as she felt that this was a more appropriate forum for discussing Maori parenting.

Interviews were conducted in diverse locations – my Rotorua office, Mana Social Services office in Rotorua, Rotorua District Council offices, Hopuhopu Tainui Development Centre near Ngaruawahia, and the Ngati Awa Maori Health Centre and Te Tawharau Development both in Te Teko.

A semi-structured interview schedule was developed from Forehand and Kotchick's (1996) recommendations for researching the influence of cultural values on parenting behaviour. These researchers emphasised the importance of acknowledging and incorporating culturally sensitive techniques in research, assessment, and therapy related to parent training. They suggested that

researchers needed to understand cultural influences that affect the development and maintenance of parenting behaviour. In other words, researchers need to establish whether there are specific child outcomes that are seen as desirable in that culture and whether there are culture-specific parent behaviours that are practised and promoted in that culture that may differ from a mainstream culture. Somewhat related to these questions are the issues explored by Peterson, Gable, Doyle, and Ewigman (1997) who identified conflict between participants' cultural and religious beliefs and parent-training intervention goals as a treatment challenge.

Thus, the initial questions in the semi-structured interview included questions about the interviewee's own upbringing, and what parenting in a Maori context meant to them. Additionally, they were asked what they thought contributed to successful parenting and families that functioned well in the community. A third part of the interview raised the question of Maori values. These values were drawn from New Zealand literature as well as informal discussions during the Apumoana Parenting and Life Skills Programme in the period before the research was formalised.

Maori tradition and research confirms that for Maori identity issues continue to be expressed through whakapapa and whanaungatanga. For example, the importance of the extended family, whanaungatanga, and the role of kaumatua in the development of the kohanga reo were discussed by Royal Tangaere (1997). She viewed these activities in the education context as a contemporary substitute for the traditional family and kaumatua groups. Hopa (1996) also raised the question of different understandings of whakapapa and whanaungatanga among contemporary Maori. Again, she noted that the traditional whanau support is often replaced with mixed households, not all related, performing a similar whanaungatanga role with manaakitanga (care) binding the groups together. As noted earlier, Tahana (1978) and Hirini (1996) reported on contemporary Maori families continuing to consider whanau and whanaungatanga as the basis for family functioning, even when the socially dominant Pakeha family functioning is largely based on nuclear family values. Wairuatanga (spirituality) is generally recognised by Maori as an over-riding value or philosophy present in all activities including kawa, tikanga, whakapapa, and all physical aspects of whenua (land) and moana (sea). It is intrinsically included in other definitions such as mana

(power, influence), tapu (sacred), mauri (life principle), as well as the arts of raranga and whakairo (Patterson, 1992). Models of Maori mental health (Durie, 1998), and family functioning (Herbert and Te Kanawa, 1989, September) centralise this value as being integral to good health and effective family functioning.

In the discussions with the Maori parents about values and activities that could be identified as relevant and unique to Maori families the topic of tangihanga was raised. The marae-based tangihanga is one of the few traditional hui that has continued in contemporary Maori society (Salmond, 1983). The tangihanga now fulfills whanau, hapu, and iwi opportunities for kawa, tikanga, whakapapa and whanaungatanga, and is considered essential for learning and understanding te reo and te ao Maori (the Maori world).

Thus, reflecting on the Maori values that were raised in my preliminary project planning the issues of identity, through whakapapa, and family functioning, through whanaungatanga could be anticipated as emerging in research interviews and discussions. Acknowledging the pervasiveness and general acceptance of the role of spirituality in the holistic Maori world-view (Durie, 1998) I considered that discussion of wairuatanga should be included as a value in the interviews. As noted, the tangihanga embodies many of the tangible and spiritual dimensions of Maori traditions (Salmond, 1983) and I included this as a part of the values discussion. I also considered a value that reflected support in a Maori community, where Maori service providers might describe their commitment to working with Maori families as being broader than meeting just required outputs. These workers feel a responsibility beyond the individuals and families, to hapu and even iwi in providing health and welfare services. This support is described as awhinatanga, as caring and embracing. I included awhinatanga as a value for discussion in family functioning.

I considered the above range of Maori values – whakapapa, whanaungatanga, awhinatanga, wairuatanga, and tangihanga – in my research interviews for discussion and for prioritising, if appropriate, by interviewees. There were also opportunities for other values to be discussed in terms of Maori families and parenting.

Morgan (1997) recommended the individual interview technique as the basis for in-depth information and subsequent detailed analysis. However, when

these interviews have cultural information as the basis for research Hines (1993) especially discussed the sensitivity required to ensure that the interview process is culturally acceptable and comfortable. Foremost among her concerns was the role of the sponsoring agency or institution and whether researchers are interested in their own or the community gains. These concerns and issues for research for Maori have been discussed under Maori-Centred and Kaupapa Maori Research in Chapter 2.

Kanohi-ki-te-kanohi (face-to-face) interviews are preferred by Maori, as described in the first Maori health research undertaken by Maori women (Murchie, 1984). This opportunity to meet and discuss should therefore allow a degree of comfort for Maori participants as well as an opportunity to modify or expand any lines of enquiry as recommended by Robson (1993).

For the kaumatua interviews in the current study the interview schedule, an information sheet, and the consent form (Appendix D) were posted to the interviewees after the initial contacts when the research had been discussed and participation agreed to. A date and location for the interview was mutually agreed after this material had been read. Permission to tape record the interviews was sought and it was explained that notes would also be taken. There was also opportunity for karakia (blessing) at the beginning and conclusion of each interview.

Written summaries of the interviews, either transcribed from tapes or based on note taking, were sent to the participants noting the confidentiality of the information and that the analysis would include this information mainly as themes. The participants were also asked to read the summary and to note changes or deletions if they wished. Direct quotes from interview material have been used to illustrate themes and participants were asked to express their preference for identifying these quotes. At a later stage the draft chapter was also sent for interviewee comment (Appendix E).

### *Analysis*

Standard qualitative techniques (Miles & Huberman, 1994) were used in the analysis of the kaumatua interviews. This involved the following procedures:

- (1) Interviews were transcribed and provided the raw text version of the meeting.

- (2) Each interview text was read and re-read to provide summaries from which themes and individual points were noted.
- (3) Detailed examination established the consistency of themes, and also the summaries, where specific questions were analysed separately.
- (4) Direct quotes from the transcripts illustrated central themes and related issues. Where an idea or point was made across all individuals a quote was included from each individual to illustrate the generality or pervasiveness of the theme.
- (5) A final summary outlined the most important ideas and conclusions.
- (6) A reliability check for this analysis using the quotes was developed by using two other coders in an inter-coder consistency calculation as outlined below.

#### ***Inter-Coder Consistency of Interview Analysis***

After I had followed the above steps in the analysis of the transcripts and developed the themes and related issues, one senior researcher (coder 1) and one senior counsellor (coder 2) acted as inter-coder consistency checks for the interview analysis.

- (1) Each theme and related issue from the analysis was explained and described for the use of the coder.
- (2) The direct quotes in each transcript which had been used in the analysis were then highlighted and numbered.
- (3) Coder 1 selected four interviews from the eight transcripts to read and code. Coder 2 coded the same four interviews.
- (4) The coder was then given the highlighted transcript, and the descriptions of the themes and related issues with the Instruction Sheet and the Reliability Form (Appendix J).
- (5) The coder tasks were to read the transcripts and gain an overall sense of the interview, and then to assign the highlighted quotes to the categories. This was done as the coder decided which quotes fitted under each theme or related issue.
- (6) The consistency checks were calculated by the percentage agreement between the researcher coding and each of the other two coders calculated on the quotes assigned to each category. (Note in Appendix J).

- (7) Each coder was also able to read through the section summary and comment on the degree of fit between the interview and the overall presentation.

The results of these calculations are shown in Table 1 for each of the four interviews selected, and for each coder.

Table 1

*Inter-Coder Agreement (%) for Kaumatua Interviews*

	Coder 1	Coder 2
Interview 1	56%	67%
Interview 3	78%	78%
Interview 5	57%	86%
Interview 7	67%	100%

### ***Results***

All eight kaumatua contacted agreed to contribute. All gave permission for tape recording but machine failure resulted in only four interviews being taped. The summaries of the other four interviews were based on researcher interview notes. Two participants also provided extensive notes on their interview forms and two participants had written summaries that they gave to the researcher.

#### ***Interview and Thesis Feedback for Kaumatua Interviews***

As noted earlier in this chapter kaumatua who participated in this research were provided with a transcript of the interviews and, later on, the relevant draft chapter. These participants were asked to note preferences for changes or deletions to the transcripts and the chapter. Of the six participants who responded all provided positive and encouraging remarks. Four participants had no further comments to add, one participant asked that some personal details be deleted from the transcript, and one participant noted a preference for a term other than “kaumatua”. After consultation the quotes from this participant have been identified as “pakeke 1” (adult, senior status)

#### ***Themes, Related Issues, and Topics for Kaumatua Interviews***

Based on comments and recollections that were noted in all eight interviews the interview material elicited three main themes. These were:

Theme 1: Iwi, hapu, and whanau connections and female influence



Theme 2: Values and practices: origin and transmission

Theme 3: Changes in whanau structures and rural/urban upbringing.

There were other comments that related to these themes but which were not raised by all interviewees. These comments have been included as related issues under the themes. For each of the three themes there are two related issues noted under each.

Additionally, there were comments under specific topics that provided relevant data for this research. These topics include information on parenting in a Maori context, the concept of whakamaa (ashamed, shy) and comments on research for Maori. These topics are included after the analysis of themes.

All the interviewees described their upbringing in positive terms, perhaps summed up by:

“In a word and in hindsight, excellent, although I think you take a different view of things when you are a child!” (pakeke 1)

Contributing to these positive recollections were the role of the extended family and especially the presence of older relatives.

*Theme 1: Iwi, hapu, and whanau connections and female influence.*

Demographic questions confirmed that all the kaumatua were born and raised in their own tribal area with the exception of one who was whangai-ed (adopted) as a result of a hapu arrangement. This kaumatua maintained close links with his birth whanau and hapu. All eight kaumatua reported significant input from a grandmother and often another close older female relation, usually an auntie. Related to this was either an explicit mention of male absence (either died or always working) or an implicit assumption of lack of influence, with only female relatives being referred to in the interviews. As well as the nurturing and caring aspects the influence of this female relative was often related directly to learning tikanga and Maori values.

“I too was brought up by my grandparents. It was a kuia model, because it was my kuia, especially my kuia, who grounded me.”  
(koroua 3)

“I never met any grandfathers, but the influence of grandmothers in different ways had a major impact on the values that were practised in the family.”(pakeke 1)

All the kaumatua interviewed referred to the many generations who were part of their upbringing.

“There were so many layers in those days – lots of kuia and koroua.” (kuia 2)

“Growing up in the era where there were so many koro and kuia who had plenty of aroha (love) to give, and certainly much wisdom” (kuia 3)

This confirmed the role and importance of these older whanau members and the close relationships within and across these generations.

“I have one sister and her children are very close to me. I see them as my own children. My sister’s mokopuna, they are my mokopuna. The children of my first and second cousins are like my nieces and nephews. I am very close to them.”(kuia 1)

The role of auntie or uncle was also described as having particular responsibilities.

“I’ve sort of become aware of the nieces and nephews – they come up and talk privately to you. I notice with my nieces particularly, they come and ‘report’. I don’t prompt them to, they just sort of report where they’re at.” (pakeke 1)

“There are times when I might get a ring from the Police officer saying that your daughter has been caught at a place drinking under age. Nine times out of ten, the policeman will know who I am and that I’m not the parent but I still say to the Police that I will come and pick her up.” (koroua 4)

***Related issue 1a: Iwi, hapu, and whanau roles.*** Although some issues of identity were explicitly described, the question relating to how these kaumatua saw themselves certainly reflected their own understanding of their community status. Thus, these eight interviewees described their various roles as

- community leader
- obligations to hapu and iwi
- kaumatua role
- serving my people
- everybody’s Nanny
- Maori psychologist because we deal with it every day

- Minister of religion to share the beauty of Maori culture
- uncle and koro to all

**Related issue 1b: Pakeha influence.** Two kaumatua in this group reported a Pakeha parent or grandparent. One had a Pakeha mother who lived with their [Maori] family on a communal marae setting and another had a Pakeha grandfather. This interviewee noted that her grandmother refused to speak English so she assumes that her grandfather spoke, or at least understood, Maori. These descriptions confirmed that the Pakeha parent/grandparent was assimilated into the Maori community and there were no recollections of challenges to the village or whanau values as a result of these intermarriages at that time.

**Theme 2: Values and practices: origin and transmission.** The interviewees were asked directly about values and practices considered important for Maori whanau. As discussed earlier in this chapter, these values for Maori have been confirmed in relevant literature and this question was designed to elicit some sense of priority of values for parenting. Additionally, I was interested in what might be different for families when these values were prioritised. To explore this issue the following question was put:

“All the following Maori values have been considered important in parenting discussions

WHAKAPAPA

WHANAUNGATANGA

AWHINATANGA

TANGIHANGA

WAIRUATANGA

These all have a role but if you had to consider one of these values that contributes most to effective parenting which one would that be?”

Four of the eight interviewees (three females and one male) responded with WHANAUNGATANGA as the most important. Two others (males) responded WAIRUATANGA and one other (male) included WHAKAPAPA and WHANAUNGATANGA together. One (female) of the eight kaumatua noted that all were important and she could not prioritise.

Although whanaungatanga was the most frequently prioritised value the comments suggested that the presence or activities associated with this value were often more implicit than explicit.

“Whanaungatanga is the extended group dynamics. It is based on the principle of both sexes and all generations supporting and working alongside each other.” (kuia 3)

‘Probably growing up in our family [of twelve], I didn’t know the word whanaungatanga until I left. So it wasn’t about anything that we actually discussed. It emerged from the practices and the environment that actually promoted whanaungatanga.’ (pakeke 1)

Most interviewees discussed all the other values positively and noted that they each contributed to the other. One koroua lamented the pressure that tangihanga placed on people – the kuia, the pae tapu (male orators), the cooks and people travelling to tangihanga. He saw this as a negative. Others noted that it was an opportunity for whanau connections and an opportunity to link back to tikanga.

Throughout the interviews Maori parenting and family values were subject to the pervasive and inclusive nature of spirituality. A wide range of other practices including caring and sharing, honesty and integrity, contact with and an understanding of natural things were also mentioned. So the key components for Maori whanau according to these eight kaumatua were:

- “whakapapa, family focus, relationships. It all comes down to the wairua. How well you are within yourselves, looking at the Tapa Wha, the four corners (wairua, hinengaro (mind), tinana (body), and whanau.” (kuia 1)
- “values of virtue – be honest, work hard, contribute and care for each other. Instilling tikanga and the obligations and responsibilities of being a member of a collective. Wairuatanga is at the centre of this wellness.” (pakeke 1)
- “whanaungatanga for me incorporates all the other values. Kinship, caring and sharing of the whanau within the realms of wairua, whanau, tinana and hinengaro.” (kuia 2)
- “te taha wairua has always been important to me – the sense of the divine remains instinctive to me. Spending time at karakia and hui.” (kuia 3)
- “part of a whanau where whanaungatanga was paramount. Great care and sharing in things material and spiritual.” (kuia 4)
- “values of cleanliness and a rural lifestyle. Being brought up with the understanding of tapu and the wairua.” (koroua 2)

- “to care and understand nature and people and the relationships between them. To value and respect life and property. The taha wairua is the one that binds all these things.” (koroua 3)
- “Whakapapa is not just family genealogy, but it’s also important that you can actually say ‘hullo’ to who is sitting there. The most important aspect is that it exists, that it relates everybody to everybody.”(koroua 4)

As noted earlier, the women in the whanau had a key role in the transmission of these values. Their roles were summarised as:

“I have very good memories of my kuia. This is where I saw Maori values. Anything I know came from that period.” (kuia 1)

“I spent a lot of time with my auntie, so I knew where my other tribal affiliations were.” (koroua 4)

A more contemporary view of transmission of values, recognising contemporary Maori community structures, was expressed by one kuia who commented,

“The cohesive unit is the whanau, the extended whanau. These were the values that we grew up with and these are the values of the kura kaupapa, the kohanga reo, the whanau concept. This is where the parenting programmes can be part of the overall concept. The kura have the mother and father figure, the kohanga bring in the kaumatua.” (kuia 4)

***Related issue 2a: Wairuatanga and religion.*** Five of the eight kaumatua specifically included religion (Ringatu and Catholic) as a significant part of their upbringing, and all interviewees included the value of wairuatanga as underpinning family and community functioning. Three kaumatua raised wairuatanga as part of the Whare Tapa Wha (Four Corners of the House) (Durie, 1998) and Mana Kainga (values of the household) (Herbert & Te Kanawa, 1998) models. The range of responses from all kaumatua expressed wairuatanga as part of specific religious rituals as well part of an holistic approach to understanding wellness.

Several references were made to the male role in families, which may be associated with the male roles in religion, or a sense of male leadership from historical recollections, or a combination of both.

“Men were served first.” (kuia 2)

“The boys in our family appeared to be treated as special.” (kuia 3)

While the males were seen as leaders they were not, in contrast to the female roles, always seen as part of inclusion or transmission of values and activities in families.

***Related issue 2b: Education.*** Three of the kuia recalled an emphasis on education noting that at least one of their parents also had some education. This emphasis was part of the acceptance of education as a tool of progress as encapsulated in the whakatauki translated at the end of Chapter 2.

“Koro was a firm believer in education. He sent us all away to secondary schools except for our oldest sister.” (kuia 3)

“Our mother still wanted us to retain something of our Maori, so she sent us to Whakarewarewa School to learn all the things Maori.

After school we went out to play with our Pakeha friends.” (kuia 1)

***Theme 3: Changes in whanau structures and rural/urban upbringing.***

Although there was no direct question on family size three of the eight interviewees especially commented that there were between ten and 14 siblings in their families, and often their parents were from similarly large families. These three kaumatua coincidentally all parented three children in their own families. Four of the remaining five interviewees had between six and eight children of their own.

A rural and farming setting was described as underpinning much of the learning and transmission of values by three of the kaumatua (kuia 3, koroua 2, koroua 3). Three others described learning Maori values from spending time with a grandmother (kuia 1, pakeke 1) and the remaining three described a communal whanau based and traditional Maori village upbringing (kuia 2, kuia 4, koroua 4). As noted earlier, five of the kaumatua included the influence of introduced religion and also wairuatanga as influential in their values formation.

***Related issue 3a: Maori-Pakeha differences.*** Comments on Maori and Pakeha relationships were noted in five interviews. Three of these were very positive.

“We denigrate our Pakeha friends, but there are some good things in there. I would like to take the better parts of both cultures and marry them together.” (koroua 3)

One noted the cultural differences,

“There was not much contact with Pakeha, except at school. We never went to their homes.” (kuia 2)

and one recalled an experience of awareness of racial differences when young.

“I realised that we weren’t the same as our Pakeha neighbours. I felt confused and I ran home.” (kuia 1)

**Related issue 3b: Absence of violence.** Significantly, each one of the eight kaumatua reported that there had been no violence in their own upbringing and all described feelings of shock and helplessness when they first encountered episodes of family violence

“I was never around violence, never around alcohol. I remember when we went to the premiere of *“Once were Warriors”*.

Everybody could relate to it [the violence] and honestly I was the only one who couldn’t relate to it.” (koroua 4)

**Parenting.** The generally agreed aspects of parenting in a Maori context were inclusive of:

sharing....

“I think sharing is the biggest thing in terms of a Maori context”  
(koroua 4)

stable relationships....

“A stable marriage providing a continuous and ongoing relationship in the family” (kuia 4)

birth as a joyous occasion....

“When a mokopuna was born there was joy throughout the family. It strengthened the family and hapu. Every birth was a special occasion and it reflected on the whanau and on the tribe.” (kuia 1)

love and nurturing....

“Nurturing and responsibility for the safe upbringing for children within the whanau.” (kuia 2)

recognising the impact of modelling and learning from the environment....

“Role modelling – providing for family with pickles and relishes.”  
(kuia 2)

“Well what my Nana says, and I go along with it. These are the four things she said: honesty to yourself and to others as a trait here to inculcate into children as best you can; whanaungatanga, being

good to one another and look after one another; to work as hard as you can, and throughout your life; continue to educate yourself to learn to think, learn to weigh up things. She said that if you do that you will have a sweet life. It wasn't until she was 101 when she sort of delivered this pill! Our kids had grown up by then. They were in their teens. But the point is, those were the values that she lived by. She instilled them in her children and it has been handed down. And you get along the path and you discover, I've been conned man! We've been doing this all along." Because no-one tells you what to do." (pakeke 1)

storytelling....

"The education, the storytelling, the sharing." (kuia 2)

"The stories - even a telling off was a long story." (kuia 4)

accepted behavioural techniques....

"I learnt about discipline when I visited a mother using *Parents as First Teachers* – that it can be a learning thing, and not just a hitting thing." (kuia 1)

and finally the female influence....

"The mother. A good mother is actually the power." (koroua 2)

While these practices and features of relationship stability and acceptance of standard behavioural learning principles can be recognised in many contemporary families the features for Maori families are the emphasis on sharing for both practical care-giving and also shared pride and joy in family members. This shared extended family inclusion in happy events also occurs in relation to the sharing of grief and shame, and was raised in the comments on whakamaa.

**Whakamaa.** During these interviews it became evident that elements of whakamaa may be misunderstood and that shyness per se may not necessarily be a valued attribute. In the course of my interviews I asked four of the eight interviewees for their comments on whakamaa.

These four kaumatua generally agreed that the idea of being shy or ashamed was much more evident and mentioned more often now than in times past. One kaumatua commented that it was associated with changes following colonisation.

"Maori society wasn't an individual society, so one didn't have to



feel whakamaa because you were part of a bigger thing. After colonisation individuality was promoted and this created differences in wealth between a Maori community and a Pakeha one. There was a whakamaa that existed then.” (pakeke 1)

Also, that being shy had come to equate with being humble which was seen as more desirable than being whakahihi (showing off).

“Whakamaa was something that I lived with and felt it was the right way to practise.” (pakeke 1)

There was also agreement that the concept had become a barrier to developing self-esteem and confidence and was seen as a Maori problem.

“Instead of ‘whakamaa’ we should be using the word ‘ashamed’. Maori bureaucrats are dropping Maori cultural beliefs and values into practice. They are trivializing these words and concepts.” (kuia 2)

Whakamaa was still seen as associated with certain losses or lack of knowledge, and that being confident in one’s culture was the mechanism to address this.

“Whakamaa is connected to cultural identity. If they are strong in cultural identity you wouldn’t see whakamaa to whakaiti (reduce, belittle).” (kuia 2)

“At the marae everybody knows their place. Whakamaa comes about when things have been breached in the procedure.” (kuia 4)

There were suggestions that whakamaa be actively acknowledged.

“Whakamaa is a lack of understanding and generates a negative feeling. The more people understand whakamaa the better we can deal with it.” (koroua 3)

“As generations have gone on I think whakamaa has diminished, providing the right environment is created. Whakamaa actually restricts people from developing their full potential.” (pakeke 1)

This overall sense of whakamaa being a collective response to a difficulty, for example for Maori adjusting to individual values coming from a collective society, has become equated with being humble and not putting oneself forward. The interviewees in this research, while recognising the value of whakamaa where the marae and hapu have to function collectively, all agreed that it shouldn’t be

applied in the more individualistic Pakeha society and that it doesn't have a role in Maori development.

**Research for Maori.** All kaumatua were asked for their thoughts on research for Maori. Five of the eight kaumatua explicitly raised a preference for Maori to undertake research with Maori.

“Maori researchers will know what to aim for.” (kuia 4)

“It is better [for me] to be interviewed by a Maori woman, and then everything is in balance. I can't be diminished.” (kuia 2)

Three interviewees insisted that the researcher needed to be sensitive to Maori issues and appropriately qualified. Two interviewees also agreed that on occasion non-Maori researchers were acceptable. One kuia described an American researcher, fluent in te reo, whom she felt was acceptable.

“He had a good rapport with M. [Maori social work lecturer]. He has lived up at Ruatahuna and he has really been ‘Tuhoe-fied’, and he's a fluent speaker.” (kuia 1)

One kaumatua agreed the te reo (the language) was the missing link. Intellectual property and copyright concerns were expressed by two kaumatua and two kaumatua also raised concerns about the negative focus of much research on Maori.

“Research is a dead loss for Maori when we have to answer to society in an *economic* manner. We [Maori] answer to society in a *social* manner so we need research to point to a developing people and [highlight] our positive contribution. Research can be a way to turn around the negative to the positive.” (koroua 3)

One comment pointed to working and being interviewed in groups as being more acceptable for Maori in research. This interviewee felt that Maori should be given the choice in research projects to either be part of a group or an individual participant(s). He had noted that at many hui it was often more productive to let the groups process the information before getting a response or a decision.

### ***Summary of Kaumatua Interviews***

Three central themes were identified from the interviews. Firstly, the close tribal connections for these individuals and the influence of females, not only nurturing and physically caring for whanau, but as repositories of whanau

and hapu knowledge and as the main transmitter of Maori values (“the kuia model”). Secondly, given that traditional Maori society was a collective society, the enduring values of sharing and whanaungatanga were explicitly and frequently included in the reminiscences and comments on parenting in a Maori context. Four of the eight kaumatua concluded that whanaungatanga was the value that contributed most to effective parenting support and one noted both whakapapa and whanaungatanga. Religion (formal) and wairuatanga (Maori spirituality) were also seen as a pervasive and positive value. Thirdly, the changes in whanau structure were implicit in the reports of diminishing family size and the move from rural settings.

Related to these three themes more individual descriptions were categorised as related issues. Thus, the tribal connections and kaumatua influence were further noted by how each of these kaumatua saw their role in whanau, hapu, and iwi. All saw themselves as having a deep sense of responsibility to protecting and promoting whanau, and the wider hapu/iwi community. Wairuatanga was also seen as an underpinning value. These kaumatua had generally experienced an intact and multi-generational whanau upbringing characterized by an absence of violence and the positive nature of the whangai process. Being nurtured in homes of grandparents and aunties and uncles.

The notion of whakamaa was described explicitly by one interviewee as becoming more prevalent and having a profound effect on Maori well-being and development as a response to the impacts and influences of colonisation. For several kaumatua it reflected an erosion of cultural identity and that it was seen as restricting people from developing their full potential.

Comments on research for Maori confirmed the preference for Maori researchers but that sensitivity and expertise, for Maori and/or non-Maori, were important attributes.

## **Nga Roopu Taketake: Focus Group Meetings**

### *Maori Service Provider Focus Groups*

Three Maori service providers were invited to contribute to this study. Profiles of these provider groups are in Appendix F. In summary, all providers were described as working under kaupapa Maori (Maori focus) – providing a service for Maori clients, delivered by Maori workers and responsive to Maori values. All providers were hapu or iwi based although each of the three had slightly differing origins. One provider group was established as a direct response to government initiated iwi devolution of social services, one was a hapu generated health agency arising from the Women’s Health League and accessing mainly health-related funding, and the third provider was established as a marae trust where all the marae in the tribal area were invited to be part of an incorporated trust. This provider group accessed a range of health, social services and employment training funding. All focus group participants drawn from these Maori service providers were Maori. Over two thirds of the participants (67%) had completed tertiary diploma level training or above, a further 22% had completed certificates in training, and the remaining 11% (two out of 18 participants) had not completed secondary schooling. Family sizes, reported for 15 of these participants, ranged from one to seven children with an average of between three and four children.

Group 1 had six female participants aged 35 to 59 years ( $\bar{X} = 46$  years). They were described as the community services team which included whanau health, social work, parenting, and child protection responsibilities. Four of the six participants had grown up in their own tribal area and three participants who had grown up locally were now working locally also.

Group 2 had five participants, three men and two women. Their ages ranged from 29 to 62 years ( $\bar{X} = 48$  years). Four of these participants were in a social work team and the fifth was a social work trainer. All five participants had been raised in their own tribal area and four participants were currently working in their own tribal area.

Group 3 had seven participants, all women, who ranged in ages from 42 to 61 years ( $\bar{X} = 52$  years). The participants were responsible for child health and

strengthening families. Six of these women had been raised in their tribal area and were currently working in their own area.

The focus group rationale and procedures were drawn from Morgan's (1997) guidelines on the utility of focus groups in qualitative research. Focus groups are particularly recommended where the research is based on shared cultural knowledge and where social interactions in the group discussions can facilitate understanding of common experiences as well as the range of different experiences. Morgan (1997) reported that while interviews provided individual in-depth information, as achieved in the kaumatua interviews, focus groups allowed for group interactions and stimulation of topics of interest. Morgan suggested that learning about group participants' experiences was often more useful as data than an individual's opinions as it provided a broad perspective and revealed how attitudes and opinions originated.

The focus group questions developed for this research included questions on participants' own upbringing experiences as well as their observations and reflections on families who were clients of their service. A number of questions also canvassed ideas on the best ways to teach parenting skills to these families and the role of Maori values in their own parenting work with families.

While the challenge for the researcher is to observe, record and analyse the consensus and diversity in a group discussion, Hughes and DuMont (1993) have provided a detailed inventory of the essentials of focus group research. They noted that components of group make-up, number in the group, characteristics of the moderator or facilitator, interview schedule and the physical setting can all influence outcomes. Krueger (1998) detailed options for collecting information and important qualitative considerations in analyzing this information including frequency, extensiveness, and intensity of comments.

The procedures for the three Maori provider focus groups were similar to the kaumatua interviews. In each instance the initial contact was the Chairperson of the Trust where permission was sought to contact the groups of social services and health teams. These three groups were then sent a covering letter, the information sheet, a consent form and copies of the focus group questions (Appendix G). There were opportunities to meet with the teams and several of the individual workers in the course of the research before the focus group meeting

took place. These were opportunities for discussion and questions from individuals.

All focus group discussions were held in the seminar or conference rooms of the provider group and, once a date was confirmed, the researcher checked for any other requirements from the groups regarding protocols and their preferences for presenting and approval of the information recorded. Equipment included an overhead projector for transparencies, a tape recorder and tapes, note-taking material, and extra copies of information sheets, consent forms, and focus group questions.

All participants had read the material before the researcher arrived and each meeting was opened with introductions, a further explanation of the research, and signing of consent forms. Permission was obtained for tape recording. The focus group questions were distributed to the participants and were also put on transparencies to ensure a cohesive discussion. As noted earlier, the schedule of questions included reflections on their own upbringing as well as reflections on the families who are referred to the service. Each meeting took between two and a half and three and a half hours and was either preceded, or followed, by a lunch or afternoon tea. There was opportunity for karakia at the opening and closing of the discussion. All three focus group discussions were taped and summaries were transcribed from tapes and notes. The three groups were sent copies of the themes as written up in draft for comment and feedback with a form similar to the kaumatua interview and thesis feedback (Appendix E).

### *Analysis*

The analysis was conducted as for the kaumatua interviews earlier in this chapter. However the transcripts were more varied than the interviews because group participants sometimes cued each other to frame things in particular ways, and there was often a group discussion around particular topics. There were also interruptions at times as participants agreed or disagreed with the speaker. This group interaction is a feature of focus groups and the facilitator observes and records the points of consensus and the points of diversity (Morgan, 1997).

The three focus group transcripts analysed for this study reflected the different dynamics for each group (Krueger, 1998). One group decided to let each participant systematically contribute to each question and participants frequently commented that they supported the previous speaker or that their experiences

were similar, or different. The analysis for this group was correspondingly systematic. The other two groups had more diverse experiences and the participant contributions varied somewhat. In some instances where a participant felt strongly they would immediately contribute – so there was more emotion generated in the responses.

Analysis of focus group dialogue requires identifying convergent themes or common experiences. Thus, if a similar experience or description was generated from each of the three groups this was noted. At other times one whole group was unanimous about a particular topic but other groups did not reflect this. Again, this is noted in the results.

The results are presented as themes. These are grouped or prioritised according to the frequency of mention and where there was generality across groups. More specific comments considered relevant are also noted as either related issues or as individual comments. As in the kaumatua interview analysis specific topics are included after the analysis of themes and related issues.

#### ***Inter-Coder Consistency of Focus Group Analysis***

The reliability process for the focus group discussion was similar to the process for the kaumatua interviews. The transcripts were analysed for themes and related issues. Again, one senior researcher (coder 1) and one senior counsellor (coder 2) provided the inter-coder reliability checks. These results are shown in Table 2 for one selected focus group discussion. The coding details are summarised in Appendix J.

Table 2

#### ***Inter-Coder Agreement (%) for Maori Service Provider Focus Group***

	Coder 1	Coder 2
Focus Group 2	71%	82%

### ***Results***

#### ***Interview and Thesis Feedback for Maori Service Provider Focus Groups***

All three Maori service provider groups returned the feedback form and all signified approval for the analysis of themes including the direct quotes used in the draft notes that were sent to them. The quotes illustrating the themes are

followed by (1), (2), or (3) which indicates which of the three focus groups made the comment.

***Themes, Related Issues, and Topics for Maori Service Provider Focus Groups***

Analysis of the focus group data elicited four main themes. While the first three of these themes were similar to three of the themes identified in the kaumatua interviews the content of the themes represented different experiences and a reflection of the different age group in the Maori service providers. All the focus groups had clear ideas that Maori service providers worked differently from Pakeha and this was identified as the fourth theme. For the Maori service providers the four themes were:

Theme 1: Tribal connectedness

Theme 2: Maori values

Theme 3: Changes in whanau structures

Theme 4: Maori-Pakeha relationships.

The specific issues for parenting were analysed under Theme 3: Changes in whanau structures, as many of these descriptions and concerns raised in the focus groups were related to the smaller family sizes and absence of extended family support. Theme 4: Maori-Pakeha relationships was raised and discussed by all focus groups and was therefore considered as a theme, particularly in relation to health and welfare providers working with Maori families.

While many of the family issues that were raised in these focus group discussions were issues relevant for all contemporary families there were themes and issues considered unique to Maori in these settings. The first theme of tribal connectedness remained an important consideration even though as noted, under Theme 2: Maori values, later in this section some participants had not experienced this themselves.

***Theme 1: Tribal connectedness.*** Of the 18 participants in the three groups 15 were raised in their own tribal area and 14 participants were also currently working in Maori social services providers in their own tribal area. As the groups reflected on issues around upbringing their recollections emphasised the sense of shared resources and shared responsibilities.

“Now, when I was young, all those old people took part in my upbringing and I never questioned it.” (1)



“In that era we were a close community where we had the marae there.”(2)

“Just to be able to depend on their aunties and whanau around them. To ask for help if you ever need help.” (3)

Again, the grandmothers and aunties and uncles were also reported as playing a significant role in upbringing and discipline

“I had just as much contact with my father’s brother and his wife, and my mother’s brother and his wife [as my mother and father]. I had a lot of activity with a lot of adults. Heaps of them. For three years I stayed at my aunty and uncle’s, and they were just across the paddock. But I stayed for three years. It was like a long, long weekend. I think I went there to ride the horses and I had a kai and slept there. And I went back to my place to get some more clothes, but it was like that. But my Mum knew where I was. She could even see me from the house. I was just over there. But that’s quite common - staying at someone else’s house. I liked my uncle’s cooking better than my mother’s. All you needed was a bit of butter in the frypan. Whitebait.” (2)

“I would get up early and do my chores, and then run over for a play at the marae. My uncle, he’d stop me at the fence, and he’d say, ‘Come over here’, and he’d have this little manuka broom and I’d have to sweep all around. Another time he’d have a tin of Jeyes’ Fluid and tins of water. It was all long-drops in those days.”(3)

There was no consensus on whether these focus group participants had raised their children in the same way as their own upbringing. The three participants who remembered a harsh upbringing with a father being in the army, a strict Pakeha Catholic mother, or a father on shift work and tired, grumpy, and violent were determined not to bring their children up in a similar negative atmosphere. Some felt that they had spoilt their children but recognised that changing whanau structures, including being a single parent, and the effects of television and cars and peer group pressure meant a changing environment for their tamariki and mokopuna.

“Oh, I destroyed my children [laughter], spoilt them. I tried to instil in them [what my parents] – how they brought me up. But unfortunately, when you are bringing your children up on your own . . .” (3)

**Theme 2: Maori values.** In each of the three focus groups there was one participant who specifically reported that they were raised with no Maori values. One participant described her family as becoming dysfunctional when her mother died young (1), another was raised in an urban environment with a father in the railways away from tribal connections (2), and a third was brought up by a Pakeha grandfather never having Maori values of her own (3). Significantly, each of these three participants considered themselves lucky to have married Maori partners with strong whanau values and they have been conscientious in exposing their own children to these values. One has sent all her five children (ages 8 to 19 years) to kohanga reo even at times when she couldn't afford it.

There was, therefore, unanimity on the importance of Maori values. In response to the direct question on Maori values the first and third focus groups also unanimously endorsed whanaungatanga as the most important value in working with Maori families. The participants in the second group were not unanimous and noted that “they all come at different times” and that “tangihanga and whakapapa are also points of connection.”

**Related issue 2a: Wairuatanga and religion.** Wairuatanga, as a more pervasive sense of Maori spirituality, was viewed positively but there was no consensus on formal religion which was discussed as both a positive and negative influence.

“We were brought up as Mormons. My mother and father were Mormons. My family was very musical. So our philosophy, even today, is that a family that sings together stays together. And we learnt that from the Mormons.”(3)

“Well, I didn't have any control over my grandchildren. My daughters married Catholic husbands and they send their children to Catholic schools.” (3)

“My mother was Irish and Catholic and my father was Maori. I was raised in a very religious background. My father's mother

lived with us. Unfortunately for my Dad and grandmother the Maori side was suppressed.” (1).

**Related issue 2b: Mixed messages and loss of identity.** Participants, while agreeing on the importance of Maori values, were aware of the mixed messages about being Maori and expressed some anger and confusion at this.

“In contrast to my [Irish Catholic] mother's side which was very rigid. She [Maori grandmother] was quite often not considered because she did not speak up. My father lost his own Maoridom through that and it wasn't until his mother died that that really came out. I didn't appreciate his grief and loss until then. That whole loss did not really come out until she died. The depth of his grief was beyond his control.” (1)

“I can still hear my Mum. These little statements. She'd say, “Don't do that! That's a Maori way of doing things! “ My boy painted the fence in the weekend. “Don't you paint that a Maori colour!” I'm looking at her and if it was anybody else apart from my mother I'd want to talk more about that.” (2)

“It wasn't a kohanga, it was a play-centre. I set it up because my reo was no good. And to me, the reo then didn't mean anything. I couldn't care less about it. It wasn't until I got to my late 40's that I was ashamed of not knowing how to speak the reo.” (3)

These three participants followed their statements with an explanation of the lengths that they were going to with their own children to ensure te reo and confidence in tikanga. However, the negative influences regarding traditional Maori value were seen as pervasive.

“There are a whole lot of negative things out there that tell us, tell our people, that they are no good.” (1)

“Now my kids are questioning the Kingitanga. Hard and fast. They are giving it heaps.” (2)

“The world is totally different now and I quite feel aroha for my kids. I try to keep myself well so that I can be around for my mokos” (3)

**Related issue 2c: Lack of transmission of values and the role of education.** There was a suggestion of a ‘whakamaa generation’ in describing themselves as

colonised Maori with a lack of confidence in Pakeha things. Coincidentally, the same three participants who had grown up with no Maori values also raised these feelings of unworthiness, or whakamaa, when they tried to pursue Maori values. They felt that a lack of confidence in pursuing their own Maori heritage and not knowing their heritage had also made them feel less confident in the Pakeha world.

“I appreciate what was said about that whakamaa. That actually happened to me. You almost feel that you are undeserving of that right. You have to earn that right. There is so much to learn, and because you are an adult those values are much harder to pick up.”(1)

“Sadly our kaumatua are dropping off like flies and you get the rangatahi coming in. But where do they get to learn those skills? They’ve got to go to university. And that’s that whakamaa period I always think. Because our kaumatua told us, ‘Be quiet! You shouldn’t be heard.’ Because they thought they’d live forever. And that’s where the big generation [gap] is. And there are some Maoris in their 60’s and 70’s even, gone to university.” (2)

“When you go to tangis – if you know your reo, and you know your waiata, then you’ve got your competence.” (3)

While the kaumatua had referred to older relatives, most often the grandmother, in teaching Maori values the participants in these focus groups enthusiastically endorsed the kohanga reo as the most important programme for pre-school Maori language and tikanga acquisition. This Maori initiative started in the late 1970’s and is now well-established. It provides the necessary access for these adult participants to ensure that their own children had tikanga and te reo. A government pre-school initiative which provides support and child management strategies for families with infants and pre-school children, *Parents as First Teachers*, has been developed with a Maori emphasis and was also seen by one focus group as assisting Maori families working with the Maori service providers. Education in general was raised particularly as a goal for families.

“Well, now I think it [the goal for families] is more on education because there is such a thing with jobs. Now they’re finding that their parents are on their case. You’ve got to do well.” (3)

“And *Parents and First Teachers*, that’s good. I’ve got a couple [of families] and they’ve had five babies and they’ve just got *Parents as First Teachers* and they say, ‘Gee, I wish I’d had them when I had my first baby.’ They help them, giving them those skills.” (3)

**Theme 3: Changes in whanau structures.** In Group 3, the topic of family size was raised. Five of the seven participants noted their immediate family having between 10 and 19 siblings. There were also several generations of big families before that. However, they described a trend to smaller families and none of their own children had big families.

“Of my grandmother’s family, there were 10, and she was the only one who had 10, or a big family. And of her 10, my mother was the only one who had a big family. The others only had one or two, or none.”

“Of my mother’s 14, they all had 14 each!”

“Have your children had big families?” “No!” (3)

**Related issue 3a: Desired child behaviours.** The groups were asked about child behaviours and the child behaviours they perceived as most appreciated by parents seeking help with the services. These behaviours were reported as:

“Compliance. Complain that kids have no ears. Kids who don't listen.”(1) (2) (3)

”Respect. That has been identified the other way by children too, because that is one of their priorities. They want [to be respected] as well.” (1)

“Obedience.” (2)

“Showing affection, I love you Mum, I love you, Dad.” (3)

**Related issue 3b: Child problem behaviours.** These can be summarised as the influence of alcohol and violence and the difficulties that young mothers particularly face without the support of extended whanau. Services saw their role as support and awahi (embrace) to compensate for this loss of extended family presence and support. Group participants also referred to these smaller families where young children were much more influenced by television and peer pressure than by grandparents and other family members.

The child behaviours described as the most difficult for these parents were described as:

“Violence and non-compliance.” (1)

“Communication problems and using fists.” (2)

“Coping with kids demands, fighting in families and living within budgets.”(3)

**Related issue 3c: Parent problem-solving.** While all three groups emphasised that service providers needed to develop long-term relationships with families covering many facets....

“That’s the quick method, putting them into [short-term] counselling, or whatever.” (2)

....the specific child management techniques of reinforcement, discipline and timeout were positively endorsed.

“I’ve seen them work really well for some people. I’ve seen it over at R.M.’s place with his little fellow. He can do it at his patch. They come from a real tearaway group of people over there. It worked really well. I was so surprised.” (2)

The effects of modelling were also mentioned.

“I always put it back to the parents to do the things that they want their children to do, because that is the only way the children are going to learn. They’ll learn from other people alright – some good habits – but they should really be learning from their parents. Parents need to get their act together – big time.” (2)

**Theme 4: Maori-Pakeha relationships.** Across all groups there was a general feeling of dissatisfaction with Maori-Pakeha relationships: the bicultural initiatives....

“What has happened to us since we tried to work in this whole partnership deal. We have adapted well, but at the same it has left us over here somewhere [still disempowered].” (1)

the feeling of Pakeha authority....

“I never had any Pakeha where I lived. They were either the police, the dental nurse or the cops.” (2)

reflecting a sense of bias and prejudice....

“A report was published by Social Welfare of an evaluation of Family Group Conferences. The author found that for the same offences the Maori offenders were more likely to receive a

custodial sentence. The contradiction was that at those conferences there were a significant number of support people. So even though for Maori more people came to support the offender they still, for some reason, ended up getting a custodial sentence where their counterparts who, for the same or similar offences with less support, got a non-custodial sentence.” (2)

There was also explicit recognition of different values in family functioning.

“ I would rather work with 60 Maoris than with one Pakeha, and I have my reasons for that. I find Pakeha are just involved with their own kids' health, always in a hurry. They had the most beautiful homes – had everything in it. One child could be 7 years, the baby could be 3 or 4 months, but they're highly stressed because they can't get this, and they haven't got out to do that, and baby wakes up, oh so many hours. They drive you crazy that lot. I've always said I would rather work with 60 Maori than one Pakeha. Maori are so humble. Providing their kids have a good kai and they're warm, and Maori values like the reo and that.” (3)

***Related issue 4a: Maori-oriented services.*** Significantly, all three groups gave clear descriptions of the ways that they thought that their Maori service was different from equivalent Pakeha services.

Group 1:

- Consistency of support and awahi
- Face to face korero
- Taking time. ‘Ma te wa’ - wait and see!

“Your instinct kicks in, in quite alot of cases. Don't rush it, because it might be quite different from what you feel? Nei ra? I suppose the wairua part of you comes into play with the wairua of that whanau you are working with. So it is not coming to a conclusion that is wrong and what you are sensing is something that needs to be addressed, although they don't want to at that stage. For me, that's alright if there's another time to go back. If safety is at stake then we have to [act immediately].”

## Group 2:

- Korero with them first. Where are you from?
- Try not to rush, build rapport
- Hang in there with them. That's 'ma te wa'!
- You have to have a lot of tolerance and perseverance
- Long term support and being there when they recognize the problem and are ready to make the change
- I think that's the difference when we work with our people – we can cry with them, we can laugh with them, we can go through the ups and downs, we growl them, whatever. That's probably the difference I think. Whereas the other one [mainstream service] would go in, and that's it."

## Group 3:

“For myself, when you go into a home, well, I’ve been told by a couple of parents who’ve been to [agency], that the nurse will just go in, weigh the baby, check the baby, do the length, write in the book and out the door. Within, say, 10 minutes. For me, as you walk in, ‘Well, kia ora! How’s things?’ You have a cup of tea or a kai before you even get to do the baby. You are there to awhi the mother and listen to anything that she wants to talk about. When you’ve finished with the baby the visit doesn’t finish there. She might have any other little korero that she wants to talk to you about, and you’re there to awhi them. They end up trusting you. They even look forward to you going around.”

***Summary of Maori Service Provider Focus Groups***

The nature of the focus group discussion questions, while encouraging discussion about participants’ own upbringing, also included discussion points about the families who were seeking assistance from the Maori service providers.

Under the first central theme of upbringing the majority of the participants recalled their childhood as part of a large extended family. Although they were often impoverished there was a feeling that everyone was the same. Again, for many, the feelings of close tribal connections and the influence of senior relatives were expressed and confirmed. While the kaumatua group had referred most



often to a grandmother as the significant influence the Maori service providers referred to aunts and uncles playing an important role.

There was also an acknowledgement of the impact of negative Maori stereotypes on Maori themselves. This meant that the second central theme described as Maori values and transmission was discussed somewhat differently from the kaumatua interviews. While a few participants explicitly described having no Maori values in their upbringing, and being given mixed messages about being Maori, there was still general agreement about the importance of Maori values. The Maori value that was seen by most participants as the most facilitative in working with families was whanaungatanga.

As a related issue the importance of wairuatanga and religion were raised. There were, however, several instances where [formal] religion was seen as incompatible with Maori values but all agreed on the value of wairuatanga. Also, as another related issue under Maori values, was a discussion about negative attitudes or mixed messages on being Maori compounded by many older Maori not being taught te reo and tikanga by their elders. This generated the comments about whakamaa and the fact that Maori of all ages were now more likely to go to universities to learn te reo and tikanga.

While some participants regretted that tertiary institutions had assumed an increasingly important role in transmission of Maori values further reference to education in the form of a Maori delivered preschool education programmes was viewed very positively. However, there was no doubt that the Maori-initiated and Maori-delivered kohanga reo was seen as the most important programme for transmission of language and values.

The third central theme was of changes in whanau structures with many participants describing drastically reducing family sizes, frequent references to the influence of alcohol, violence at home and the impact of television, and the child behaviours reflecting these disturbances.

It was noted in the kaumatua interview summary that there were some comments on the awareness of Maori and Pakeha differences as the kaumatua were growing up. These differences were raised more often in the Maori service provider focus groups with all three group discussions conveying an overwhelming sense of dissatisfaction with Maori-Pakeha relationships. The comments were general enough for this to be expressed as a fourth main theme

and are characterised as feelings of unfairness in bicultural situations, value differences and differences in Maori service delivery. These should be seen more in the broader sense of Maori development rather than as personalised prejudice.

There were some demographic differences between the participants in the focus groups and the kaumatua group. The mean overall age for the Maori service provider focus groups was 49 years, 10 years younger than the kaumatua group, and their families were, on average, between three and four children. The kaumatua group had, on average, five children.

### *Maori Parent Focus Groups*

Three focus groups of Maori parents and caregivers were facilitated at Apumoana Marae. The participants were mainly attendees at the MWWL Parenting and Life Skills Programme but others were attending because of interest in the focus group session. There were 43 participants in total, 42 female and one male. All participants identified as Maori.

All participants were either parents or caregivers who were assisting with whanau care. Two women were childless aunts who lived near family and contributed to childcare (a sister, and a sister-in-law) and two others were young people (one male aged 17 years, one female aged 18 years) who accompanied whanau to the session. Of the 41 participants who reported on family size one participant had eight children and the remainder had six or fewer children. The average family size of these remaining 40 participants (including the four participants with no children) was between two and three children.

The demographic information from these Maori parent groups showed that 51% of the participants had not completed secondary schooling. A further 25% had completed secondary schooling but had gained no other qualifications. The remaining 24% had either completed tertiary certificates or diplomas. The majority of participants over the three groups were sole parents. The participants who reported that their partner did not live with them in their household were 67%, 62% and 56% in the three groups respectively. Sixteen out of 43 participants reported living with a partner in the household.

Group 1 had 21 participants ranging in age from 17 years to 74 years ( $\bar{X}$  = 39 years), median age 30 years; Group 2 had 13 participants ranging from 19 years to 82 years ( $\bar{X}$  = 39 years), median age 37 years; and Group 3 had 9

participants ranging from 17 years to 75 years ( $\bar{X} = 41$  years), median age 35 years. More than two thirds of each group were raised in the local Te Arawa tribal area (71%, 84% and 67% respectively), which was also where the groups were facilitated. The overall average age for all participants in the three groups was 39 years.

Procedures for setting up the Maori parent focus groups were similar to the other interviews and focus groups. Permission was gained from the MWWL Parenting and Life Skill Programme Co-ordinator to include one session per term on this discussion about parenting. The parenting discussion group was included in the term planning brochure (Appendix H) and a separate panui (advertisement) was given to parent programme attendees to encourage others to participate.

The schedule of questions for the first two Maori parent groups was similar to the questions for the Maori service provider group discussion. This included recollections of their own upbringing as well as their comments and reflections on what they felt was the most useful way to learn about parenting skills. They were also asked about the role of Maori values in parenting. As a result of the first two groups responses, the third Maori parent group had a slightly different question schedule with more detail on the role of Maori values in Maori families and parenting.

One week prior to the focus group, programme attendees were given an information sheet and the consent form, as for the Maori service provider groups (Appendix G), and a copy of the Maori parent focus group questions (Appendix I). The research project was also discussed with them at this time.

The focus group discussion began for each of the three groups with karakia and waiata (song, hymn), and then the research was introduced. Each of the attendees was invited to participate, or observe if they preferred. Consent forms, which had already been completed prior to the meeting, were collected. Others were also completed at this time. Additional material was distributed to the attendees who wished to contribute. Permission was obtained for tape recording but background noise and technical problems meant that written notes only were used in the analysis. Questions were displayed on an overhead projector and the researcher wrote responses on extra transparencies so that all contributors could follow the discussion.

The first two focus groups included questions on upbringing and values, child behaviours and ways of teaching parenting skills. The third group did not have questions about their upbringing but were given more questions relating to Maori values in parenting (Appendix I). Each group took between one and a half and two hours and concluded with karakia and waiata, and a shared lunch. On completion of the focus groups a small poster with some of the discussion points was made for the participants with photographs of their children taken during the sessions. This was presented to them as a koha (thank you gift) for their participation.

### *Analysis*

The data for analysis for these three groups were taken from the notes written on the transparencies as the discussion proceeded. The method of recording participant responses as notes directly with no tape recording backup, and with the larger group sizes, resulted in a series of comments under each question heading. These notes were analysed according to the same procedures described for the kaumatua interviews at the beginning of this chapter. The material was read and the themes identified. Where there was consensus or diversity this was also noted. The data from these three groups showed more diversity in responses than the Maori service provider groups' responses. This was possibly because of the bigger group sizes and the wider age range in each group.

To explore whether the group sizes and age ranges impacted on the group processes additional analysis was undertaken across these groups to check for numbers of responses to each question and the detail in these responses. Most of the responses recorded were of one or two sentences. Responses three sentences or longer from one individual were identified in the analysis as a 'detailed response'. It was intended that if the groups were identifiably different in response patterns each group would be reported independently.

As will be shown in the Results section later in this chapter the first two groups had more similarities than differences. The third group approached each topic with a more in-depth discussion and this is reported under Theme 2: Maori values and changes in society, as noted later in this chapter.

### *Inter-Coder Consistency of Focus Group Analysis*

On completion of the analysis of the transcripts the senior researcher and the senior counsellor carried out inter-coder reliability checks for the interview analysis. The level of agreement was calculated as before for the kaumatua group and the Maori service provider group (Appendix J) and is shown in Table 3.

Table 3

#### *Inter-Coder Agreement (%) for Maori Parent Focus Group*

	Coder 1	Coder 2
Focus Group 2	78%	85%

### *Results*

The first two groups of 21 and 13 participants were presented with the same 11 questions. Overall there were 97 responses recorded from the smaller group and 90 from the larger group. The disparity resulted from two questions where the smaller group recorded 13 and six more responses respectively than the larger group. Otherwise there were three questions where both groups had the same number of responses and five other questions where the larger group was more responsive. In total the group of 21 had eight detailed responses and the group of 13 had seven. The first two groups were similar in their frequency of responses and in the number of times that a detailed explanation was offered.

The third group was introduced to the questions slightly differently. They were asked directly about Maori values before being asked about parenting problems and assistance. This group of 9 participants spent over an hour on the first three questions relating to Maori values and 50 of the 76 responses were recorded for the first two questions about whakapapa and whanaungatanga. In the end, only five out of 11 questions were covered. Thus the third and smallest group generated more in-depth responses and took longer to cover each topic than the first two groups.

The quotes used to illustrate the themes are identified as (1), (2), or (3) to show which of the Maori parent groups had made the comment.

### ***Themes, Related Issues and Topics for Maori Parent Focus Groups***

There were four main themes identified for these Maori parent focus group data. Three of these themes were similar to the earlier kaumatua interviews and Maori service provider focus groups although with a slightly different emphasis. The four themes were:

Theme 1: Upbringing

Theme 2: Maori values and changes in society

Theme 3: Family issues

Theme 4: Parenting programmes

Under the first theme, although recollections of sharing were evident, there was no mention of tribal connections and few mentions of extended family. This theme reflected the reality for the younger age group of Maori parents who were represented in these focus groups. The second theme of Maori values and changes in society recorded more detail of these social changes and more specific activities related to what was defined as Maori values.

Many of these participants were young parents. They provided important insights on what they considered as desired and problem child behaviours as well as ways of dealing with these problems. While there was recognition of the usefulness of reinforcement, and the ineffectiveness of physical discipline, many of the comments on desired child behaviours continued to reflect the ideas of conformity and collective identity rather than individual independence and initiative. The fourth theme of parenting programmes summarised the aspects of parenting programmes that these focus group participants considered important.

***Theme 1: Upbringing.*** Two focus groups responded to this question confirming that for many participants there were recollections of shared family care and activity

“some got kai, others cooked” (2)

and freedom,

“There were paddocks all around us and we had freedom.” (2)

and closer whanau.

“It was closer whanau then. Good interaction with all the whanau.” (2)

For some participants strictness and hard discipline was described. This was reported in three instances where a parent had been in the army. Two

participants felt that this [ex-army] parent was strict, but that it worked, and one said that she had similar rules for her children. One other participant described a harsh upbringing, she thought as a result of her mother having been in the army, and she didn't want her harsh experience for her own children.

“I was brought up hard (discipline), and I try not to do the same with my kids.” (1)

Grand-parenting and holidays away with whanau were not discussed and the only extended family members who were mentioned as contributing to their children's upbringing was one comment about aunts....

“I was the youngest of five girls and my mother died when I was young, so my older sisters brought me up. I was the only one of my family who married and had children and I didn't know anything. Their aunts brought them [my children] up.” (1)

**Theme 2: Maori values and changes in society.** Information from all three focus groups was included in this analysis on Maori values. Again, there was general agreement on the importance of Maori values. These included aroha (compassionate love for others) and respect, and were considered important, not just in Maori settings on the marae, but in the home as well. The discussions in each of the groups revealed practical understanding of Maori values.

“My whole family knows the tapu about sitting on the table.” (1).

“I was brought up with Maori values. It's about tikanga, and it is like going on to the marae. You start with Io (God) and it is about respecting one another.” (2).

“Knowing about the tribe and how you got here, and your family, their religion, your faith and your beliefs.” (3).

Group 2 were asked, “If there were Maori values in a family what would you see?”

- Children may stay in different households
- Aunts and uncles are very important (Nans too)
- Different ages – older ones protective of younger ones
- Instead of a cup of tea, you get a meal
- Everyone holds on to the baby. You pick them up.

They were also asked, “What are the Maori values?”

- We look after our own
- We feel at home with our own
- One’s grief is everybody’s grief
- If you win the lotto – look out!

Two groups generated discussion that revealed some ambiguity about the role of these Maori values for future generations.

“I was brought up with Maori values, but I won’t put it on my kids. There have been changes in the family [structures]. We practically lived on the marae.” (2).

“It has changed. We weren’t allowed to speak Maori when I was young. It was only after I married and lived at Rotoiti that I spoke Maori. You have to want to learn.” (2).

Others who felt that they missed out on Maori values were more definite in their responses.

“I was brought up with very little of the marae. It is harder as you are older, easier when you are young.” (2).

“But our children have to know and have to be taught.” (2)

“My adopted parents don’t even allow me to have anything to do with Maori and now I am desperate to find out who I am and where I belong.” (3).

“It’s important for them [families] to know.” (3).

The discussion on Maori values in the first two groups was wide ranging and included comments on tapu, te reo, whakapapa, whanaungatanga, tikanga, marae involvement, aroha and respect, and the giving of koha. When the concepts of whakapapa, whanaungatanga, awhinatanga, tangihanga and wairuatanga were presented to the third group the main discussion concentrated on whakapapa and whanaungatanga.

In these Group 3 responses there was unanimity about the importance of whakapapa. Over one third (29 out of 81 recorded responses) of the discussion centred on this topic.

“It is a way of looking into and understanding your background.”(3)



“Whakapapa – you have two lots.” (3)

“I’ve tracked mine down for my children’s sake, so they know who they are.” (3)

Several mothers described the experience of being adopted, and described this as feeling lost.

“I’m around people who know who their whanau is and I wish I knew who my whanau was.” (3).

Some were adopted within whanau but still regretted often not knowing the other parent’s whanau.

“I’ve got three teenagers and they might end up in a relationship with their own uncle.” (3).

Similarly, the discussion on whanaungatanga accounted for one quarter (21 out of 81 responses) of the responses and revealed a range of understandings and experiences of the concept.

“Whanaungatanga is what life is all about – trust, openness.” (3)

“At my Family Group Conference they let my family make the decision. The family has to make the decision and not walk away after the conference. They have to support. Mine didn’t. I was let down.”(3)

The remaining concepts of awhinatanga, tangihanga and wairuatanga generally revealed a theme of support and inclusiveness from the Group 3 discussion.

Awhinatanga: “When there is no support from family, you need to seek help from others.”(3)

Tangihanga: “It doesn’t matter who [died], you need to go to pay your respects.” (3)

“If you see someone there it lifts your grief.” (3)

Wairuatanga: “To have a balance between our religion, church and Maoritanga.” (3)

Learning and transmission of these values was referred to only in passing in all three groups.

“A lot of kaumatua have that wisdom. Whanaungatanga and all that.”(1).

“They do it at school now. Usually from their grandfather down.”(3)

**Theme 3: Family issues.** Two focus groups were asked to reflect on child behaviours that were appreciated by them as parents and then on other behaviours that they found difficult. There was general agreement on the following behaviours.

**Related issue 3a: Desired child behaviours**

- Obedience
- Good manners and listening skills
- When my daughter says, “Mummy I love you.”

Two young parents saw initiative and independence as important goals for their children.

One group discussion raised the issue that children being fluent in te reo had made them much more assertive. It was generally agreed that children who spoke Maori were more confident but could have problems with Pakeha teachers.

**Related issue 3b: Child problem behaviours.** Difficult behaviours were described as....

- Rebelliousness, stubbornness, fighting
- Tantrums
- Demands, cheekiness
- Peer pressure

**Related issue 3c: Parent problem-solving.** Parenting help suggestions included....

- Patience and time out for the parent
- Find out from the child what the problem is first
- Routine and responsibility
- Have some form of authority

....and it was suggested that the following should be avoided....

- Violence, threats and smacking
- Bad unhealthy attitude from parent (poor role models)

....and that it was....

- Good to have someone that you admire

Two groups were asked directly about their thoughts on child-management techniques such as reinforcement, disciplines and time-out. There was unanimous

support for learning and using these skills. Several participants recalled situations where they had used reinforcement.

“I know that reinforcement can help a child finish a job. If you always reinforce and acknowledge the work that they have done.”

When asked what stresses interfere with doing a good job as a parent, the responses predictably reflected the economic and social stresses of mainly sole parents dependent on social welfare income.

“Financial”

“Having no food, no love”

“Isolation and loneliness. Not looking after yourself.”

“Being a mother and a father.”

“The way that we have been brought up (indicating that it wasn’t good and had affected her own practices).”

**Theme 4: Parenting programmes.** All three focus groups were asked what they thought was the best way to teach parenting. Of the 21 responses recorded over the three groups, one third (7 out of 21 recorded responses) identified the following themes of:

(1) Sharing and support, and interactions between group members

“The company – being with all adults.”

“I feel I can bring my friends and whanau.”

“The coming together.”

“Gaining more support.”

(2) Safe environment in the programme

When asked what would make it most likely for these parents to participate in a parenting programme almost two thirds (17 out of 27 recorded responses) identified the need for a safe environment with positive support.

“You can say things and not get pulled down.”

“When you feel you can contribute.”

“I want to have a safe place where I feel welcome.”

(3) Personal warmth of facilitator

Two thirds of the responses (5 out of 8 recorded responses) identified personal qualities in a person who could help them with their problems – including warmth, patience, and genuineness. The remaining three responses identified

quality of information and life skills and experience as important. Whether the facilitator was Maori or not was mentioned in two responses.

“Caring people, not necessarily Maori”

“For myself, it is good to have a Maori facilitator.”

(4) Whanaungatanga and awhinatanga

Group 3 described the MWWL Parenting and Life Skills Programme as demonstrating whanaungatanga,

“It was really cool finding out the connections [whanau at the programme].”

and awhinatanga,

“There are some good support groups. The best support from this group is learning from each other and supporting each other.”

#### ***Summary of Maori Parent Focus Groups***

In general, the Maori parent focus groups discussions provided a lot more diversity in their responses than the kaumatua interviews or the Maori service provider groups. This appeared to reflect more diversity in their own life experience, a wider age range including more younger people, and the fact that these groups were responding as parents who were facing the day-to-day parenting and family challenges, often without a partner. This was in contrast to the kaumatua, who were seen as cultural experts, and the participants in the Maori service provider groups, who were generally seen as skilled helpers in the Maori community.

The first theme of upbringing described shared activities, communal cooking and childcare and was consistent with the kaumatua and Maori service provider groups who had similar recollections of time spent with extended family. However, the comments from the Maori parent focus groups differed from the kaumatua interviews in that there was no explicit discussion about the role of a kuia or grandmother. Grandparents were not identified as playing a direct role for these families. There was one mention of the role of aunties from a parent who was the only one in her generation who had married and had children. There was mention of harsh discipline in three instances where the parent had been in the army.

The second theme of Maori values resulted in wide-ranging discussions in these parent groups. Although there was unanimity in the importance of these

values in their own lives their comments for the future generations were less certain. These Maori parent groups were the only ones who emphasised that young people should be free to make their own choices about learning te reo and tikanga and Maori values. Several individuals commented that times, and families, had changed and that it was probably no longer as relevant in their day-to-day lives. One point that was consistent with the kaumatua and Maori service provider groups was that acquiring and experiencing Maori customary views and understanding more formal tikanga when you were younger was easier than when you were older. Also consistent with the Maori service provider groups' statements were the comments from individuals who felt that they had missed out on Maori values in their own lives and were more insistent than the others that young people should be taught. The impact or role of education in terms of relevance for Maori appeared to be less of an issue for these Maori parents and was raised only in passing as in doing whakapapa as a project in schools. The comments on the role of education may be a reflection on the different educational attainment between the Maori parent groups and the Maori service providers. For the Maori service providers 67% had completed a tertiary diploma, 22% had completed a tertiary certificate of training, and 11% were educated to secondary level. The Maori parent group participants reported 76% educated to secondary level with the remaining 24% having completed tertiary certificates or diplomas.

Related to the third theme of family issues, the demographic information from 41 of the 43 participants in these groups revealed that one participant had eight children and the average family size of the remaining 40 was between two and three children. The average family size of the participants in the Maori service provider groups was between three and four children and the kaumatua averaged five children. This confirmed earlier information of smaller family sizes for the current generation. The family issues raised in these parent and caregivers focus groups reflected the same child management problems as those noted in the contemporary literature. Compliance and listening were generally agreed as the most desired behaviours and non-compliance and tantrums as the main problems.

There was also general agreement that a child's fluency in te reo Maori, usually through the kohanga reo, increased the child's confidence. This was the only explicit mention of a value or practice related to Maori identity. In general the Maori parent focus groups endorsed the importance of sharing family

responsibilities in the discussion on Maori values. Two young parents suggested independence and initiative as desirable goals for their children and made no explicit comments about developing family responsibilities.

All the groups viewed the standard child management techniques of time-out and positive reinforcement strategies as the best way of managing these child behaviour problems. This contrasts particularly with the kaumatua interviews where there was an emphasis on sharing, stable relationships and the element of joy in the birth of a child. More than half of these Maori parents and caregivers were living in households without their partners. Many did have some whanau support with a grandparent or an auntie but the features of the extended family were not discussed and emphasised as in the kaumatua and Maori service provider groups. Challenging social circumstances were also evident in the responses about parenting difficulties where lack of food, lack of money and loneliness were frequently mentioned.

When discussing preferences for parenting programmes and programme facilitators the Maori parents in these focus groups emphasised broad and inclusive qualities. Thus they were unanimous in desiring company and support and a safe environment in a parenting programme. Personal qualities of warmth, patience and genuineness in the facilitator were raised ahead of the ability to provide information. There were several individual comments that identified whanaungatanga and awhinatanga as being features of the Apumoana MWWL Parenting Programme.

### **Whakakapinga: Conclusions from Interviews and Focus Groups, and Implications for the Whanau Whakapakari Research**

The most important conclusion from the interviews and focus groups was the consistent affirmation of whakapapa and whanaungatanga as key concepts in effective individual and family functioning. The ways that these concepts were expressed reflected to some extent the different age composition and life experiences of the three different groups of kaumatua, Maori service providers, and the Maori parent groups. The kaumatua groups described these concepts of whakapapa and whanaungatanga in terms of tribal, whanau and kuia connections, all integral to the transmission of values. The Maori service provider groups considered tribal connectedness and the experience of being raised in their own tribal area and being part of the extended family as key descriptors of effective

family functioning. This group made less mention of extended family providing guidance in Maori tikanga. The Maori parent focus groups were less specific in ascribing Maori concepts to their ideas on childhood but did emphasise close whanau and shared activities.

This emphasis on sharing was the second important conclusion over all the groups. In discussing Maori values the kaumatua and Maori service provider focus groups were unanimous in the sense of shared activities and responsibilities. The Maori parent focus groups were more ambivalent in their attitude but still considered sharing to be important in most aspects of family functioning. This included gathering and cooking of food, shared hospitality, and childcare shared among various relations.

These conclusions on the importance of whakapapa, whanaungatanga, and the nature of sharing and supporting in families provided an important framework as I developed the Whanau Whakapakari parenting sessions in Chapter 5. It was clear that a sense of identity and a sense of collective belonging for both individuals and families were considered distinguishing features for Maori whanau. In general, parenting programmes and descriptions and measures of parent and family functioning do not include aspects of genealogy and family connections or ways of managing the demands of the extended family.

These descriptions of family functioning for Maori had both theoretical and practical implications for the Whanau Whakapakari research. Firstly, the theoretical aspects of describing parenting and parent-child interactions clearly needed to acknowledge and include parent and child interactions and relationships with others in the extended family. It was emphasised in these interviews and discussions that nieces and nephews are included as one's own children and that the children of these nieces and nephews are like one's own mokopuna. Responding to and managing the demands of an extended family is seen as a natural extension to responding to and managing the demands of one's own children. Thus the nature of parenting measures of, for example, parent involvement, parental bonding, or parent discipline strategies realistically must consider whanau involvement, whanau bonding, and the views of the wider family on discipline strategies.

The practical implications of these whanau views by Maori included developing ways of operationalising and including these concepts in parent-

training programmes. I was able to review the information from the interviews and focus groups and integrate some views and comments into the parenting sessions. For example, some participants had described the ways that they had learnt their whakapapa through attending whanau hui, birthdays, tangihanga, and from photographs in their homes. These practical strategies and suggestions in whakapapa could be incorporated into aspects of child development and personal identity.

Whanaungatanga in a parent-training session should include aspects of identity within one's own hapu and what this means to each parent. Some parents had described close whanau and others had raised families on their own away from their tribal area. These suggestions could also assist parents in describing their own whanau and how they saw the role of extended family relating to their own circumstances.

The Maori service providers recognised the importance of patience and perseverance in embracing and supporting families. They emphasised that support shouldn't be problem-focused but focused on rapport, understanding, trust, and allowing time ("ma te wa") for the families to make the changes. This meant that discussing the concept of awhinatanga in a parenting session needed to emphasise the importance of families identifying with the support and awhi that would allow them, the parents, to make their own decisions on changes.

In terms of goals for parent-training for contemporary smaller families the desired child behaviours still reflected the elements of control that are associated with collective societies. There was more emphasis on obedience and compliance than on independence and achievement. An important finding was the positive endorsement for te reo, as well as values of aroha and respect. Thus, in spite of a number of participants reporting experiences of mixed messages about being Maori, the loss of identity, and that they often were not able to learn from their kaumatua the response in general appeared to be to further pursue Maori knowledge rather than further adapt to the dominant Pakeha culture.

For some of these participants attending university had enabled them to pursue Maori knowledge but many others described the key role of the kohanga reo and kura kaupapa in the teaching of te reo and tikanga. Several participants described the positive differences and confidence in their tamariki and mokopuna as a result of attending the kohanga and the kura. These Maori organisations were



also suggested as places where the parenting skills could be taught naturally with parents and kaumatua in attendance.

The overall aim for this research project was to provide best outcomes for the participants. All the discussions had endorsed the standard behavioural strategies of reinforcement, time out, and discipline and it was therefore important to provide these standard techniques for all participants and to explore how these could be enhanced and adapted for a Maori parent group. While some of the content issues of effective parenting in a Maori setting appeared to relate to the aspects of identity, extended family functioning and shared activities, some process issues could also be considered. For example, the Maori parents and caregivers focus groups emphasised their preference for a safe and non-threatening environment where they could share and be supported by other parents. They also recognised personal warmth, genuineness and patience in the facilitator as important. This confirmed that the setting and facilitation of parenting programmes was considered at least as, if not more important than the skill level of the facilitator. The interest and endorsement of standard child-management strategies from all these participants suggested that the Whanau Whakapakari sessions needed to explore and deliver these recognised skills, while considering the content and process adaptations to accommodate Maori views on child-rearing practices and whanau expectations.

**CHAPTER 5**  
**NGA MAHI MATUATANGA MAORI:**  
**PARENTING PROGRAMMES FOR MAORI**  
**Whanau Whakapakari Parent Training**  
*Parent-Training Programme Development*

The principles of parent training were developed from research on behaviour modification and, as earlier stated, most such parent-training programmes are based on learning theories. Behaviour change programmes incorporating behavioural learning principles were widely applied in the 1960's in many institutions and agencies where a degree of behavioural control and change was seen as desirable. In time, the role of what are termed cognitive factors was recognised and so these were incorporated into behaviour change strategies, again based on empirical findings.

The role of these cognitive factors in determining parental understandings and expectations has been explored (Azar & Twentyman, 1986) and these factors are recognised as playing an important part in parent training outcomes (Stern & Azar, 1998). Azar (1991) described incorporating such cognitive factors into an information processing view of parenting. She has systematically researched parental expectations of child behaviours and parent-child relationships and shown that these cognitively determined expectations are influential mediators in parental behaviour.

Both Azar (1991) and Peterson et al. (1997) have researched the underlying predictors of parents' expectations of child behaviour. These researchers concluded that accurate child developmental knowledge together with an adequate level of parental cognitive functioning enhanced the accuracy of parent interpretations of child behaviour (Peterson et al., 1997). Accurate knowledge of the different stages of child development has also been established as a key element in developing effective interventions (Forehand & Wierson, 1993). The role of cultural variables in has been considered in parenting behaviour (Forehand & Kotchick, 1996), in parenting assessments (Azar & Benjet, 1994), and in parent attendance at programmes (Peterson et al., 1997). It was my intention to explore these variables in a Maori context by developing a culturally adapted parent-training programme and comparing the outcomes from this with those from a standard programme

Studies comparing and contrasting the different behavioural and cognitive approaches in parent-training programmes were reviewed by Graziano and Diament (1992). In the studies reviewed Standard Parent Training (SPT) was either compared with another *different* approach, for example cognitive therapies, and in others SPT alone was compared with SPT *combined* with another approach. In five of the ten studies reviewed where SPT was compared with another *different* approach SPT appeared, in general, to be more effective than the other parent training approaches. In a further four comparisons there were mixed results with SPT being more effective for certain outcome measures and other types of training being more effective on other measures. In one study (Horn, Ialongo, Popovich, & Peradotto, 1987) the alternative treatment (cognitive-behavioural self-control therapy) was deemed more effective.

A similar qualified outcome to Horn et al. (1987) was found by McGimsey, Lutzker, and Greene (1994) who explored adult-child interaction skills. These researchers found that Planned-Activity Training (PAT) with a focus on antecedents was as effective as Contingency-Management Training (CMT) in improving parent-child interactions and child management. They concluded that learning when to praise and when to ignore children might be an “effective” skill but that “affective” skills were critically important for significant improvements in parent/caregiver and child interactions. They recommended that affective skills training should be included in behaviour management training packages.

Graziano and Diament (1992) also reviewed four studies where SPT alone was compared with SPT *combined* with other treatments approach. Three of these studies found that combination therapies were no more effective than SPT alone and one (Griest & Forehand, 1982) found the combined package more effective. Griest and Forehand (1982) reviewed the relation between three variables (parental maladjustment, marital difficulties, and dysfunctional extra-familial interactions) and concluded that there was a relation between each of these family variables and child behaviour problems. Their data also suggested that outcomes of parent training were adversely affected by the presence of two of these variables – parental maladjustment and marital difficulties. They commented that comparisons of parent training alone with parent training plus treatment of family problems needed more research.

It is clear that that family, social, and cultural variables provide both the background for ways that individuals experience and learn their own parenting behaviours and also provide the context from which they can understand and make changes in their behaviour (Griest & Forehand, 1982). Parent-training programmes may accommodate these family, social, and cultural variables to a greater or lesser degree depending on the population and the desired programme outcomes. Puckering, Rogers, Mills, Cox, and Mattson-Graff (1994) described a multi-dimensional model of parenting which provided the basis for a group intervention (NEWPIN). This multi-faceted approach allowed mothers to deal with their own historical psychological problems and, with support, to develop positive child-centred interactions. While the NEWPIN project was reported to be very effective in improving women's self esteem, and alleviating depression and social isolation, parenting changes as measured on a detailed pre-coded observational system were minimal. As a result a concurrent parent training intervention was planned. These researchers subsequently reported on a single case study that included this Mellow Parenting model into the NEWPIN Programme (Puckering, Evans, Maddox, Mills, & Cox, 1996). A one-year follow-up of this confirmed positive lifestyle changes and parenting style gains.

The viability of a programme in a community and the importance of change for clients are related to the social importance of the programme outcome and the acceptability of treatment goals. Therefore, for a parent-training programme to be successful there needs to be a determination of the level of programme support and of its acceptance in a community as well a negotiation of mutually respected outcomes. Foster and Mash (1999) have described the issue of social validation and they confirmed that the community has a role in evaluating programme outcomes when research is conducted in a real-world context.

### ***Social and Cultural Validity of Parent-Training Programmes***

Evaluating the acceptability of the goals of individual parenting interventions and the outcomes of parent-training programmes introduces the debate on 'social validity' first discussed by Wolf (1978). He pointed out that questions of 'social importance' were necessarily subjective value judgements and therefore inconsistent with the objective scientific principles of applied behaviour analysis. Sensibly, the debate recognised the importance of the programme and community interface and suggested that society needed to validate the social

significance of the goals of a programme, the social appropriateness of the procedures, and the social importance of the effects (Wolf, 1978). These judgements are now accepted as indicators of social validity and are typically gathered as questionnaire responses from people other than the programme planners or researchers (Kazdin, 1977; Kazdin, Siegel, & Bass, 1992).

Schwartz and Baer (1991) warned that many concepts of social importance might be antithetical to society as a whole. They cited women's liberation and the functional equality of racial, ethnic and religious minorities as examples of programme goals that would have shown little social validity and less than unanimous support when first mooted. Foster and Mash (1999) discussed the importance of assessing the relevance of traditional modes of therapy and treatment procedures for ethnically diverse clients. They emphasised the multi-dimensional nature of the concept of social validity and noted that there were at least two main dimensions – treatment acceptability and treatment importance. In other words, a highly rated acceptance aspect of a treatment programme may contribute little or nothing to psychological outcomes and vice versa.

Thus the notion of cultural validity can be judged as the acceptability and viability of a programme intervention in a cultural setting. In Aotearoa/New Zealand the Treaty of Waitangi has increased understanding and acceptance of bicultural issues (Orange, 1987) and provided a framework for discussing and evaluating cultural validity. For example, Pihama (1993) used a Treaty of Waitangi base to expound a kaupapa Maori analysis of the preschool parenting training *Parents as First Teachers*. The Maori conceptual framework for the *Parents as First Teachers* programme was based on *Te Whariki* (Ministry of Education, 1996), the first bicultural early childhood curriculum statement, and *Ahuru Mowai* (Early Childhood Development Unit, 1997). Another document that acknowledged the importance of cultural validity by including Maori values and priorities was *Te Anga Whakamana* (Ratima, Durie, Allan, Morrison, Gillies, & Waldon, 1995). *Te Anga Whakamana* proposed a Maori delivery service for disability. These publications identified the importance of a culturally appropriate philosophy and emphasised whakamana (empowerment) and te ha o te tangata (respect) as values as well as specific developmental and whanau involvement issues. In relation to Maori parenting programmes I have discussed

these values in respect of who initiates the programme, what is the programme content, and how it can benefit the Maori community (Herbert, 1999).

Focus on the failure to persist in parent-training programmes (Frankel & Simmons, 1992) or to even to participate in such programmes (Sanders, Tully, Baade, Lynch, Heywood, Pollard, & Youlden, 1999) has identified important cultural and cognitive factors that can act as barriers to success (Peterson et al., 1997). These factors may be unrelated to parenting practice skills and are often not acknowledged. Peterson et al. (1997) discussed potential conflict between programme treatment goals and the participants' cultural and religious beliefs. They emphasised the importance of understanding and including material relevant to the beliefs of the programme participants and suggested that participants and facilitators needed to identify mutually positive outcomes when planning parent-training programmes.

Participant endorsement of a programme provides a measure of the social and cultural validity of the programme. These endorsements are a measure of acceptability and viability and not necessarily a measure effectiveness (Schwartz & Baer, 1991). However, even programmes that are effective may not be of use if they don't have social and cultural relevance. Therefore, negative reports and lack of endorsement of a programme are important and can be monitored from participant evaluations.

### ***Programme Outcome Measures***

As discussed in Chapter 1 there is no agreement on methods of assessment of competence in parenting. For the present study a range of measures was considered so as to explore as many aspects of parent opinions, knowledge of parenting, and parenting practices as feasible. Because the study involved an intervention it was important to include measures that could also record changes in responses as a result of parent training.

Some measures of parenting have been designed to elicit responses to specific parent-child situations. One of these is the Parent Opinion Questionnaire (POQ). The impetus for the development of this questionnaire was noted by Azar, Fantuzzo, and Twentyman (1984) who identified a lack of empirical research in the area of maltreating parents and the absence of literature on target behaviours and, hence, effective interventions. They reviewed contemporary assessment studies of maltreating families and concluded that although complex

cognitive judgements preceded abusive responses a questionnaire eliciting specific perceptions of appropriateness of child responses at particular ages was a useful indicator in differentiating maltreating and non-maltreating mothers. The POQ consists of single statement items that were developed from case-worker reports of inappropriate judgements they had observed in their maltreating clients and that had resulted in abuse or neglect situations.

Further research confirmed that the POQ gave significantly higher scores for maltreating mothers than for a control group (Azar, Robinson, Hekimian, & Twentyman, 1984), had adequate test-re-test reliability, was able to classify 83% of abusing and control mothers correctly (Azar & Rohrbeck, 1986) and contributed to the cognitive understanding of teenage mothers-at-risk (Azar, 1989). More recently Azar has applied this questionnaire to small samples of diverse populations (Azar & Houser, 1993) and found that, overall, unrealistic expectations of child behaviour distinguished abusive parents regardless of race. They concluded that because of differences in subscale scores, and differences when the questionnaire was presented in the native language, cognitive and language differences needed to be further researched.

A variation on the POQ format of eliciting an “agree” or “disagree” response to a single statement is the strategy of providing a short scenario or vignette and asking a parent to describe what they would do in this particular situation. This method was researched by Pridham, Denney, Pascoe, Chiu, and Creasey (1995) who claimed that scenario descriptions of child rearing problems provided a familiar situation where a mother’s responses would provide an indication of their style of parenting. They claimed that parenting responses and parenting style in turn provided the environment for the child’s cognitions and personal-social development. Scenario-based questions set up problems or dilemmas for the parent to interpret and then generate solutions in the responses. Allowing open-ended responses meant that both the number and the quality of the responses could be analysed.

Azar, Robinson, Hekimian, and Twentyman (1984) found that mothers who maltreated their children did not generate as many solutions to typical child rearing problems as mothers who did not maltreat their children. Pridham et al. (1995) reported from earlier research that generating a number of solutions indicated flexibility of thought, resourcefulness, persistence with a problem and

increased chances of resolving a problem. These authors also postulated that generating a number of solutions may underlie a style of parenting that is responsive to the child and supportive of the child's development, whereas generating few solutions may indicate a more controlling and less responsive style. Pridham et al. (1995) developed hypothetical child rearing problems, for example, a fractious infant or a non-compliant adolescent (see Appendix T) and examined the quantity and quality of solutions that 128 mothers of children of all ages generated and the problem-solving processes they employed.

Other questionnaires have been developed to explore the concepts of self-efficacy which is considered an important cognitive mediating mechanism in parenting responses. Azar reported on the impact of negative self-efficacy in her research (Azar, 1989; Stern & Azar, 1998). Stern and Azar (1998) researched cognitive problems in two parenting populations – abusive parents and parents of aggressive teenagers – and described a range of distorted cognitions operating negatively on parent-child exchanges. Low self-efficacy was included as one of the cognitive distortions. Similarly, MacPhee, Fritz, and Miller-Heyl (1996) reported that changes in parents' confidence and self-esteem were strongly related to greater use of nurturant child-rearing practices. These researchers found that changes in parent satisfaction and self-efficacy predicted improved child-rearing practices and a greater sense of competence. I decided, therefore, to include in the present study a self-rating scale on parent satisfaction and competence.

A self-rating measure of parenting was developed by MacPhee and his associates (MacPhee, Benson, & Bullock, 1986) who asserted that feelings of satisfaction with parenting were important in predicting improved parenting practices. These researchers found a complex relationship between these feelings of satisfaction and improved parenting practices. They concluded that feelings about oneself as a parent are an important condition for better child rearing.

Extensive research has confirmed the influence of personal social networks in positive family functioning. More specifically, MacPhee, Fritz, and Miller-Heyl (1996) examined ethnic variations in personal social networks and the influences on child rearing. These researchers found variations across three groups of low-income parents (American Indian, Hispanic, and Anglo) with kinship groups for American Indian and Hispanic families contributing more actively to child-rearing and social support than in the Anglo group who relied on



domestic partners and friends. In all groups it was found that feelings of self-efficacy mediated the usefulness of the support and that the affective rather than the structural dimensions of the networks were more consistently related to parenting outcomes. Seagull (1987) had earlier shown that the individual's perception of the adequacy of the support was as important as the type of support.

Questionnaires and self-rating scales based on or derived from the above measures were included in the present research design and are discussed under Whanau Whakapakari Research Measures later in this chapter.

### ***Programme Integrity***

In developing a programme protocol consideration must be given to both maintaining the integrity of the programme while being responsive to any particular needs of the programme participants. Yeaton and Sechrest (1981) noted that useful and conceptually relevant treatments may prove ineffective if allowed to depart from the treatment protocol and they define integrity as the degree to which the treatment is delivered as intended.

Dane and Schneider (1998) explored a range of situations where treatment implementation had been adapted for client needs and reviewed whether issues of programme integrity assessment had been addressed. They found that only 39 of 162 early intervention studies reviewed had implemented some sort of integrity check. They also noted that, although these studies had included reports of treatment integrity as part of the implementation, the studies where there had been variations in application had supplied no variations in analysis to acknowledge these programme changes.

Dane and Schneider (1998) suggested that the notion of treatment integrity was nevertheless compatible with adapting interventions and that documentation of programme changes was the key to reporting integrity. While agreeing that there was a lack of consensus among investigators as to what constituted programme integrity they identified five aspects of integrity or fidelity from the literature: degree of adherence to the original programme as prescribed; exposure or the number/length of sessions; the quality of delivery related to leader enthusiasm and preparedness; the responsiveness of the participants; and programme differentiation to ensure that participants received only the planned interventions. They argued that trained observers or professionals were less susceptible to reporting bias than programme providers or participants. Dane and

Schneider (1998) further proposed that if a programme is flexible and can be fine-tuned in active collaboration with the participants then treatment integrity could reflect this without compromising the programme principles.

In my initial planning for the Whanau Whakapakari sessions I explored the aspects of parenting programmes that could maintain integrity but still be responsive to client needs. Indeed, many validated parenting programmes (Sanders, 1992a) continue to be widely and effectively delivered while still raising the necessity of responsiveness and possible adaptations (Sanders, 1992b). Along with the cultural relevance of parent-training programmes there were relevant programme features to consider in order to maximise participation. These features included not only adapted programme content but also the physical setting, the optimum number of sessions, and the best ways of including client needs in planning the programmes.

#### ***Whanau Whakapakari Programme Development***

Establishing the setting to develop and test effective parent training strategies for Maori while incorporating values and practices as described in Chapter 4 required community work and liaison. Being based in Rotorua I followed up the local parent-training programmes that are run in a regular basis in the Rotorua area. Three of these programmes, the James Family Parenting Programme, the Princess of Wales Health Camp Parenting Courses and the Specialist Education Services Positive Discipline Programmes were run with prescribed topic areas over a set number of sessions. Another two had no set number of sessions, and provided ongoing support. One of these, the Salvation Army Parenting Course, was an ongoing programme but had no particular Maori focus and the other, the *Parents as First Teachers* pre-school parent training, was run by Specialist Education Services under contract. It was not feasible to introduce a research component into these programmes that either had prescribed content or no cultural focus. A sixth parenting and life skills programme was marae-based and run as an ongoing programme under the auspices of the Rotorua Branch of the Maori Women's Welfare League. The programme was flexible in content and had a main focus on supporting Maori parents. This was the programme that eventually provided the basis for implementing my Whanau Whakapakari research.

The importance of developing Maori-focused health and welfare programmes in Rotorua is obvious given the nature of the community and the significant Maori population. Rotorua city, located in the Bay of Plenty region, is an inland city known for its many lakes and thermal attractions and has an urban population of 64,500. This area was first occupied in the 14<sup>th</sup> century by descendants of the *Te Arawa* canoe who had travelled inland from the coastal settlement of Maketu. This exodus from Maketu took place during the time of Rangitihī, a chief noted for great achievements. Most of the lakes districts iwi are descended from his children and are known as Nga Waru Pumanawa o Te Arawa (The Eight Beating Hearts of Te Arawa). These iwi took the name, *Te Arawa*, as a mark of respect for their canoe (Stafford, 1967/1991).

Rotorua has been a popular tourist destination for over 150 years, and it is one of the few cities in Aotearoa/New Zealand that has grown up with and around the original Maori settlements and villages. At the present time Maori constitute 34% (21,900) of the Rotorua urban population and the Bay of Plenty has the third highest Maori presence in any region, after Gisborne and Northland.

Throughout the Rotorua and Bay of Plenty region social support services and programmes should ideally reflect this population make-up. In fact, Maori parents and Maori families generally accessed the parent-training programmes that I initially researched. In several programmes the majority of the client group were Maori. However the only programme that had the flexibility to include research-based sessions was the Rotorua Branch Maori Women's Welfare League (MWWL) Parenting and Life Skills Programme.

This programme was established through the Rotorua Branch of the Maori Women's Welfare League in 1990 at Apumoana [the youngest son of Rangitihī] Marae, and continues to be held one day a week during primary school terms. A full description is included in Appendix K. As I am secretary for the Apumoana Marae Committee, and also a member of the Maori Women's Welfare League, I was able to keep both of these organisations informed as the research project developed. I was also available in the community for informal discussions.

There appeared to be similarities between the parents who attended the MWWL Parenting and Lifeskills Programme and the programme philosophy and the NEWPIN participants and programmes as described by Puckering and her associates (Puckering, Rogers, Mills, Cox, & Mattson-Graff, 1994). Thus the

NEWPIN programme was described as a volunteer befriending project aimed at helping mothers in a deprived inner city. While some of the mothers were referred by social agencies, the project was open to any women with at least one child under five who wanted help with parenting. The 'expert' model was not used and other mothers were as likely to offer solutions as the volunteers. Many of the families referred to the NEWPIN programme were described as 'hard to reach' because of long-term problems, multiple stressors and their suspicion of social work and psychological services.

The MWWL Parenting and Life Skills Programme is an ongoing marae-based programme for Maori and non-Maori parents run by volunteers with mainly self-referred parents and caregivers. It is open to any parent, grandparent or caregiver who wishes to attend. The programme has the stated aims of improving parents' confidence, self-esteem and positive attitudes. Participants are encouraged to know themselves through Maori values and each session is started and finished with waiata and karakia. Parents are encouraged to form support networks and, similar to the NEWPIN project, both the volunteer staff and participants offer each other support and advice. In general the programme participants and the volunteers work closely together and although there is input from health and social support representatives for the weekly sessions the participants decide on the programme schedule each term. Many of these parents have low levels of educational achievement, are from lower socio-economic backgrounds, and have contacts with welfare agencies. Some of the parents would be considered 'hard to reach' by welfare agencies.

As mentioned, the programme staff are volunteers and during the three years of my research I also worked as one of the volunteer staff. Along with the parent-training sessions I was able to contribute as a tutor for cooking and raranga harakeke (flax weaving). This allowed continuity of contact with participants during term time. The existing MWWL Parenting and Life Skills Programme has ten sessions for each of the four terms and typically included sessions on child and whanau health issues, identifying crisis and violence, addiction and counselling support information, budgeting skills training, cooking sessions, craft, and raranga harakeke sessions together with the weekly tikanga, waiata and karakia.

Prior to my introducing the Whanau Whakapakari programmes there was no formal parenting package offered within the MWWL Parenting and Life Skills

Programme. I was therefore able to contribute my professional experience and expertise in child and family clinical work and dedicated parenting training sessions to enhance the existing parenting and life skills topics.

Developing and delivering a research-based programme within an existing community programme recognises the elements of action research. Greenwood and Levin (1998) described three essential elements in action research as: generating new knowledge through a research-based approach; offering trained facilitators and researchers to participate in projects; and aiming to alter and enhance an existing situation. My research approach recognised these elements and also best outcomes for participants. Action research states democratic aims which recognise both the value of research and the value of community involvement. Introducing research-based parenting sessions required the preliminary advice and consents for parents interested and willing to participate in the research and also offering the sessions to all other attendees. Parents in the sessions were able to participate in the session without participating in the research and I ran the sessions within the time frames expected in the regular sessions.

The MWWL Parenting and Life Skills Programme was advertised each term through the local media and through word of mouth. I designed a brochure for the programme, which included my Whanau Whakapakari sessions, and this was mailed out to agencies. The MWWL Programme has an enrolment form to record parent demographics, phone contacts, transport needs, how they heard about the programme, and what they would like to achieve. There is opportunity for feedback each term and an end-of-year graduation at the marae. The programme does not have a follow up system although many of the parents do remain in the Rotorua area. During my research I planned for consenting participants to provide demographic information, pre-and post-training measures, programme evaluations, and follow up information all related to the Whanau Whakapakari research.

Drawing on the empirical evidence reviewed in the Parent-Training Programme Development section earlier in this chapter, and the general interest and endorsement of standard child management strategies from the kaumatua interviews and focus group discussions in Chapter 4, it seemed that the present study could provide best outcomes for the research participants by offering a

Standard Parent Training (SPT) programme to all participants. The standard programme could be compared with an adapted training programme, that is, SPT *combined* with the cultural adaptations. Programme adaptations addressing cultural issues could also consider the relevance of the parent training to particular populations and the issues of social and cultural validity. This meant that the research design could compare and contrast a SPT programme with the Matuatanga Model (MM) programme.

### ***Whanau Whakapakari Standard Parent-Training (SPT) Sessions***

After the approvals and support from the Maori community for this research had been established the Whanau Whakapakari sessions were developed as part of the MWWL Parenting and Life Skills Programme. Because the programme attendees typically contributed to the decisions on each term programme the Whanau Whakapakari research sessions required planning with, and acceptance from, the attendees. I was mindful of gaining the interest and approval of attendees for the research programme and that we needed mutually beneficial outcomes. To increase the sense of relevance and involvement for the participants, photographs of the attendees' and their children were taken during activities. Parents were given copies of these photographs and selected photographs were also included on overhead transparencies to illustrate aspects of the skills under discussion.

The Whanau Whakapakari sessions also had to be compatible with, and enhance, the range of skills already included in the term sessions. In particular, the sessions had to be meaningful to the programme attendees in terms of social and cultural validity. Optimum numbers of sessions for training effectiveness have not been well researched in the literature although Hampson and Beavers (1996) reported that more training sessions attended generally predicted better programme outcomes. From existing MWWL Programme attendance records I decided that three sessions would not unduly compromise the research training and would still allow time in the remaining seven sessions for cooking, health and welfare and weaving sessions. Irregular patterns of attendance would clearly be a factor for the research data.

The results of my qualitative research with the kaumatua group and the focus groups showed endorsement of standard child-management strategies and suggested that inclusion of standard child-management techniques was important

for all participants particularly since there was no parent-training package included in the existing MWWL Parenting and Life Skills Programme. I therefore developed a Standard Parent-Training (SPT) programme based on Child Development, Communication and Positive Interactions (Appendix L). The content of the three sessions was drawn from the New Zealand-based publications of A. Smith (1992) and Stewart (1983). A. Smith (1992) has provided a thorough resource on children's development with a New Zealand focus and Stewart (1983) has developed a clear, practical guide for New Zealand parents. The Child Development session (Appendix L) was the first session in the present study. The session included factual and research information as well as opportunities for parents to discuss issues and concerns about their own children. Many of the mothers had children ranging in age from pre-school to teenagers. As the parents were keen to include and discuss teenage issues the Child Development session was designed to provide information from infancy to adolescence.

The second session was based around communication which had been raised as an issue in family functioning in the earlier focus group discussions. Effective child-management strategies depend on understanding and effective use of communication. This Communication session (Appendix L) was also illustrated with photographs taken in earlier sessions of adults and children interacting. It was designed to emphasise the differences between adult and child communication and ways that parents could ensure effective communication. A. Smith's (1992) text also provided some practical examples of opportunities for stimulating communication between adults and children.

The final session was described as Positive Interactions (Appendix L), and was drawn again from A. Smith's (1992) research and discussion on the elements of the ways that children learn. The session highlighted aspects of the application of contingencies of reinforcement, and of modelling, and the influential role that parents have on children and children's experiences and learning. This session also elaborated on the management strategies of reward, time-out, and punishment and drew examples from Stewart's (1983) publication. These three sessions comprised the Standard Parent Training (SPT) Programme.

#### ***Whanau Whakapakari Matuatanga Model (MM) Sessions***

Two culturally adapted Matuatanga Model (MM) parenting programmes were developed in the course of this research. The first was the Matuatanga

Relationships Model (MRM) (Appendix M) which emphasised the quality of matua (parent), tamariki (child), and whanau (extended family) interactions and relationships, within the context of understanding the areas of Child Development, Communications and Positive Interactions. As discussed previously, the experiences for Maori whanau include shared childcare, extended family roles and responsibilities, the influential role of grandparents and also kaumatua in the community. The MRM training sessions recognised the importance of these whanau interactions in child management strategies where grandparents and aunties can play an influential role in family decision-making.

The second culturally adapted programme, the Matuatanga Values Model (MVM) (Appendix N), was developed to recognise Maori values as established and discussed in Chapter 4. The values that were identified as important included whakapapa, whanaungatanga, and awhinatanga. Extensive literature has confirmed the importance of identity in promoting positive self-image. Durie (2001) has claimed that identity is a necessary pre-requisite for mental health and, further, that cultural identity is facilitated not only by access to culture and heritage but also by opportunity for cultural expression and endorsement. The sessions based explicitly on Maori concepts and values can be seen as endorsing social and cultural validity. The Matuatanga Values Model (MVM) programme (Appendix N) presented the Whakapapa session and the Whanaungatanga session in the language that had been expressed during the kaumatua interviews and the focus group discussions. As can be seen in the session outlines these concepts were operationalised and expressed in practical ways in the sessions. For some participants the reality that family and whanau are not the main supports was acknowledged by the inclusion of the third session on Awhinatanga. The focus of this session was to explore skills and confidence in seeking the appropriate supports outside family if this was necessary. The Maori service providers in Chapter 4 had described their role as “awhi” for families in need.

Part I of the research compared SPT with SPT *combined* with MRM. These SPT + MRM sessions are referred to as MRM. A range of questionnaires was administered as pre- and post-training measures and these are discussed later in this chapter. Part II of the research adapted some of these measures and



compared SPT *combined* with MVM sessions. These SPT + MVM sessions are referred to as MVM.

### **Whanau Whakapakari Method**

#### ***Whanau Whakapakari Participants***

As I noted earlier, the parents and caregivers who attended the MWWL Parenting and Life Skills Programme were able to join at any stage during the term. Although they were encouraged to attend all sessions many came only once or twice. Therefore, in designing the three Whanau Whakapakari sessions it was clear that many participants would not attend three consecutive sessions.

The irregular patterns of attendance have been alluded to under Whanau Whakapakari Programme Development earlier in this chapter and were clearly influenced by a number of factors. Many families lacked transport and lived in rented accommodation. Poor rental accommodation resulted in frequent moves. This sometimes meant that pre-arranged programme pick up vehicles didn't get to the right address to pick them up. Some mothers did not have a telephone contact and did not advise of changes of address.

Frequently related to poor accommodation and low incomes were child and family health problems. Some mothers had difficulty in maintaining medical checks and would visit the doctor only when there was a serious illness. This meant that these mothers would stay at home if a child was unwell and they would miss a parenting session. If they did not visit a doctor or seek medical advice the child occasionally spent time in hospital with more serious complications, or a condition that had become chronic, and the mothers would miss weeks of the programme.

Parents with irregular attendances often had other appointments with Family Court lawyers perhaps related to safety and custody issues with children and ex-partners or meetings with social workers from Child Youth and Family Services usually related to children in care and benefit payments. From time-to-time mothers would report being just too tired to come. This may have been related to lifestyle with late nights, drinking and drug use, family crises, or a family bereavement. Within extended families the death of a relative and the tangihanga over several days was a significant event. Often mothers were away for days and on occasion weeks staying with relatives.

These situations suggest that parents who attended all three sessions consecutively in a programme and completed valid pre- and post-measures, may have been better motivated, or had fewer of these events in their lives, at the time of the research. This self-elimination from the research population should be considered with the results and will be discussed again under Whanau Whakapakari Part III later in this chapter. Additionally, a small number of parents were able to continue attending over a number of programmes and to complete a series of measures. These results are discussed later in the chapter under Repeat Attendances.

There were no exclusion criteria for this research. The demographic information on participants provided a useful description of individuals and whanau who were interested and responsive to parent-training programmes. Similarly, while there were measures and questionnaires during the research there was no formal assessment of quality of parenting skills and no comparisons between individuals or groups apart from the programme comparisons. This was consistent with the programme kaupapa (philosophy) of providing support and skills enhancement for all parents and caregivers who were motivated to attend these sessions.

### ***Whanau Whakapakari Research Measures***

A selection of measures exploring responses to specific parenting related situations, as well as questionnaires designed to assess self-efficacy and feelings of parenting competence, were compiled and administered in both Part I and Part II of the research as pre- and post-training measures. These measures are discussed below. Demographic information was also requested from participants.

#### ***Cover Sheet and Parent Support Networks (Appendix P)***

The Parent Support Networks measure was designed for the present study and consisted of four questions intended to provide a description of the level of whanau and social support as perceived by the participants. The first two questions asked the participants who they see during the week and who is important to them. The third question gauged whether the participants felt they had sufficient and appropriate support and the final question asked about who could be the most help if they had a problem. This questionnaire was administered in Part I of the research.

### ***Parent Opinion Questionnaire (Appendix Q)***

The Parent Opinion Questionnaire (POQ) (Twentyman, Plotkin, & Dodge, 1981) is an 80-item questionnaire exploring parent opinions and interpretations of child behaviour. Each item is a statement about an expectation of child behaviour. For example,

“It is acceptable for a 14 year old to take part in adult activities such as drinking and smoking”,

or, “A 7 year old is old enough to set his or her own curfew and meal times”.

The items have an “agree” or “disagree” response and parents and caregivers are asked to circle one for each item. The responses were scored according to the scales (Appendix Q) where “agree” is considered the less adaptive response and is scored 1, and the “disagree” response is scored 0. Six subscales were scored: Self-Care, Family Responsibility and Care of Siblings, Help and Affection to Parents, Leaving Children Alone, Proper Behaviour and Feelings, and Punishment. The scores from these six subscales are then added to provide a total score. The test-re-test reliability over a 12-week period for 16 mothers on the total score was .85, with the six subscales’ reliabilities ranging from .34 to .87 (all but Leaving Children Alone were greater than .65). Azar and her associates have reported validation studies on these subscales and total scores as pre- post-training measures (Azar & Twentyman, 1984) as well as establishing significant differences in POQ scores for maltreating and control parent populations (Azar, Robinson, Hekimian, & Twentyman, 1984; Azar & Rohrbeck, 1986) with up to 83% of mothers correctly classified as abusive. More recently the POQ has been used with diverse ethnic populations. Azar and Houser (1993) re-analysed data from previous studies and examined the differences in scores from 21 African American and 30 Caucasian mothers. They found that while African American mothers had more unrealistic expectations [as defined by POQ] than Caucasian mothers, when abuse status was examined significant within race differences were still evident.

### ***Parental Self-Efficacy Questionnaire (Appendix R)***

Based on the notion of self-efficacy as a cognitive mediating mechanism in coping and making behavioural changes (Bandura, 1977), gaining mastery of situations (Bandura, 1982), and feelings of empowerment (Ozer & Bandura,

1990), a 23-item questionnaire was developed for the present study as a self report measure of feelings of self-efficacy.

The 23-item questionnaire for the present study was drawn from three earlier questionnaires that explored self-efficacy. The first two items were drawn from the Pearlin Self-Efficacy Scale (Pearlin, Menaghan, Lieberman, & Mullan, 1981) which has a reported alpha coefficient of .77. These questions explored: the sense of mastery and self-efficacy,

“There is really no way I can solve the problems that I have.”

“I can do just about anything that I set my mind to.”

The next four items were taken from Moen and Erickson (1995) self concept and general life satisfaction measures with reported alpha coefficients of .58 and .59 respectively. These questions explored parental responsiveness, discontent and detachment, as noted below.

maternal discontent,

“I don’t enjoy the children as much as I would like to.”

“I would like to spend more time with the children.”

and maternal detachment.

“I often feel that I have to get away from the children.”

“I feel that I will enjoy life more when the children are older.”

These authors applied a self-referenced norm designating scores above the median as indicating high overall well-being.

The final 17 items making up the 23-item Parental Self-Efficacy Questionnaire were adapted from the Parenting Sense of Competence (PSOC) Scale (Gibaud-Wallson & Wandersman, 1978 cited in Johnson & Mash, 1989). Johnson and Mash (1989) reported that the PSOC had shown theoretically expected correlations with general measures of self-esteem and functioning and with observed parent and child behaviour. Preliminary evidence for the validity of the Efficacy and Satisfaction dimensions had been offered by the differential correlations of these scales to parent and child characteristics of .82 and .70 respectively.

All of the original items had three or six point Likert scale responses. For the present study the 23 items in the Parental Self-Efficacy Questionnaire were presented with an “agree” or “disagree” response. The items were scored as 0 for the response considered most adaptive and 1 for the least adaptive. The scoring

schedule is noted in brackets with the questionnaire in Appendix R. The affirmative responses were summed for the questionnaire score. The questionnaire was administered as a pre-and post-training measure in Part I of the research to provide a self-report measure of the status of self-efficacy of participants and to assess whether the measure recorded any changes post-training.

***Parental Self-Rating Scale (Appendix S)***

Based on the Self-Perceptions of the Parental Role Scale (SPPR) questionnaire (MacPhee, Benson, & Bullock, 1986) a 10-item Parental Self-Rating Scale was developed for the present study. MacPhee, Benson and Bullock (1986) had reported on item and factor analysis, and validity. They found that self-perceived maternal incompetence was most strongly related to unmanageable child behaviour and discordant parent-child relationships. For the present study the items and scoring were simplified from the original scales. The questions were written to reflect parent understanding of the specific topics covered in the Whanau Whakapakari sessions (Child Development, Communication, and Positive Interactions) as well as feelings of coping, being supported, and ability to support others. It had a three-point rating response scale and was designed to reflect the areas most often raised as problems.

“How do you rate your support networks?”

“How do you rate your anger management?”

the areas covered in the three training sessions,

“How do you rate your understanding of children’s need at different ages?”

“How do you rate your communication with your children?”

concluding with,

“How do you feel about things right now?”

The last question recognises that for many research participants their day-to-day events may take priority over issues of quality of communication with children. To make this scoring consistent with the other questionnaires the ratings were marked 0 for the highest feelings of satisfaction, 1 for the middle rating and 2 for the lowest rating. Overall, the lower the participant’s total score the better the feeling of coping and satisfaction and understanding of child needs.

### ***Critical-Incident Scenarios (Appendix T)***

Utilising the notion of eliciting responses to specific situations or scenarios, as discussed earlier in this chapter, two sets of three scenarios were developed for the present study. There was a set of three scenarios as a pre-training measure and a set of three as a post-training measure (Appendix T). Each set was introduced by talking to the mothers about handling their family problems. They were then shown the set of three pre-training vignettes. These reflected the topic areas of the three sessions in each programme – Child Development, Communication, and Positive Interactions.

In developing this measure four of the six vignettes were drawn from Pridham et al. (1995) and two were generated from the experiences of attendees at the MWL Parenting and Life Skills Programme. Thus the pre-training measure included Scenario 1 (Pridham et al., Appendix A, number 1), Scenario 2 (Pridham et al., Appendix A, number 7) and Scenario 3 from parent attendee experiences. The post-training measure included Scenario 1 (Pridham et al., Appendix A, number 2), Scenario 2 (Pridham et al., Appendix A, number 8) and Scenario 3 from parent attendee experiences.

Responses to these scenarios were scored for frequency - the actual number of actions suggested - and the quality of these actions according to three descriptive categories – *assistive*, *coercive*, or *neutral*. If the response assisted the child in understanding the mother's expectations and/or provided some approaches to problem-solving for the child and/or enhanced the child's sense of efficacy and worth in the community then these were categorized as assistive solutions (Pridham et al., 1995). Similarly, these authors described responses that were consistent with authoritarian parenting style as coercive responses. Such responses did not involve communication of expectations or give the child any opportunity to enact or learn desired behaviour. A third category was developed for the present study which was neither actively assistive nor coercive. Such responses as offering a crying baby a bottle without establishing whether or not there was some other physical discomfort or complaint was categorised as neutral.

### ***Programme Evaluation Form (Appendix U)***

A 20-item Programme Evaluation Form was based on Kazdin, Siegel, and Bass's (1992) evaluation inventory format with a number of questions adapted for the present research. These included selections of the following questions:

- exploring enjoyment of the programme (encouraging participation),  
 “How much did you enjoy these sessions?”  
 “How much did you look forward to your sessions?”
- sense of skills enhancement (responsiveness to session content),  
 “Please rate how much you think you learnt from these sessions.”  
 “Please rate how much information you now have to deal with children.”
- learning enhancement related to the session topic areas (self-ratings of gaining skills or gaining understanding),  
 “To what extent are you able to use what you have learned about child development?”  
 “Has what you have learnt changed the way you *react* to your tamariki/mokopuna?”  
 “Has what you have learnt changed your *understanding* of your tamariki/mokopuna?”

Presenter qualities were rated:

“How did you find the session presenter?”

“How well did the presenter understand your feelings and concerns?”

and whether the marae setting was important or not.

“How important do you think it is to have these sessions on a marae?”

The questionnaire concluded with two open-ended questions about the most and the least enjoyable parts of the Whanau Whakapakari programme and an overall rating of 1 to 5. Only the Programme Evaluation Forms of participants who attended all three sessions in each Whanau Whakapakari Programme were included in the analysis.

All the pre-training measures were collated in a single questionnaire booklet and given to the participants at the start of the first session. All the post-training measures, including the Programme Evaluation Form, were collated in a second booklet and given to the participants at the end of the third session. Different measures in the booklets were colour coded to assist the participants. The demographic information (Appendix H) was collected at the first or third session.

Before the research sessions three people were invited to complete a questionnaire booklet as a pilot to check on question formats and to provide some indication on time for completion. As a result of this my original networking

support measure of concentric circles (Antonucci, 1986; Kahn & Antonucci, 1984) was abandoned as being too time consuming to explain and complete, and too difficult to categorise into useful and comparative scores. The alternate Support Networks Questions were included. One of these pilot respondents also pointed out that some of the programme participants were likely to respond to the questions according to events in their lives on a day-to-day basis rather than an overview of their feelings about parenting and that this could impact on the reliability of measures. A question was added to the Parental Self-Rating Scale. It asks directly,

“How are things for you right now?”

It was agreed that these current status indicators were important for participants who may be facing daily challenges in partner relationships, budgets, difficult teenagers, and drug and alcohol problems.

The pilot respondents took between 30 and 45 minutes to complete the questionnaire booklet. My introduction and instructions about filling in the questionnaires took 10 minutes. The instructions included a brief outline about the idea of each different questionnaire. This was the same as the explanation given on the cover sheet of the booklets.

### ***Whanau Whakapakari Research Procedure***

Parents and caregivers attending the MWWL Parenting and Life Skills Programme were invited to participate in the Whanau Whakapakari research initially through a panui (Appendix O) which was distributed at the sessions. It was also sent to others who had expressed interest through both parent and volunteer staff contacts. The sessions were also included in the MWWL Parenting and Life Skills brochure (Appendix V). A week before the first Whanau Whakapakari session attendees were offered the Information Sheet and Consent Forms (Appendix O). I also discussed the research with the group at this time.

Six Whanau Whakapakari programmes were run over three years and are referred to as Programme 1 through to Programme 6. Part I of the research was Programmes 1 to 4. The parent-training interventions were run as SPT in Programme 1 and 4 and MRM in Programme 2 and 3. Part II was the final two Whanau Whakapakari programmes, Programme 5 and 6. The parent-training interventions were run as SPT in Programme 5 and MVM in Programme 6.



In summary, Part I of the research compared the SPT programmes with the MRM programmes. Part II of the research compared the SPT programme, with the MVM programme. There were three sessions in each programme, and the sessions were run over three consecutive weeks. Each session ran for between two and three hours. All of the programme outcome measures described earlier were used as pre- and post-training measures with two variations. The Parent Support Networks was administered in Part I and not Part II. The Parental Self-Efficacy Questionnaire was administered in Part I and replaced by the Critical Incident Scenarios in Part II. A summary of the programmes and the outcome measures is shown in Table 4.

Table 4

*Whanau Whakapakari Programmes and Outcome Measures*

	Part I		Part II	
	SPT (Programme 1 & 4)	MRM (Programme 2 & 3)	SPT (Programme 5)	MVM (Programme 6)
Support Networks	√	√	×	×
POQ	√	√	√	√
Self Efficacy	√	√	×	×
Critical Incident	×	×	√	√
Self-Rating Scale	√	√	√	√
Programme Evaluations	√	√	√	√
Demographic Information	√	√	√	√

When the Whanau Whakapakari programmes were being promoted a kuia involved with kohanga reo recommended a certificate of completion. A small booklet was also designed to provide a summary of the sessions. Each session had time for attendees to contribute comments and these comments were summarised and included in the programme booklet. A cooking module was a popular part of the term activities and a recipe of the participants' choice was added to the programme booklet. So, for each of the six Whanau Whakapakari programmes a certificate of completion and a programme booklet were produced (Appendix W). The booklet had the sessions dates and the names of all the participants on the cover and included three session summaries (in different colours), the parents' comments, and a recipe.

Programme Integrity Forms (Appendix X) for the current project were written as a checklist, to reflect three of the five aspects of programme integrity raised by Dane and Schneider (1998):

- *adherence to the session outline* (participant introductions, questionnaires distributed and explained, sessions outlines explained)
- *participant responsiveness* (developmental stages on overheads and stimulating discussion on parent issues)
- *session delivery*: either a Standard Parent Training topic or the Matuatanga Model (specific questions were included to reflect the slightly differing session content of each programme – SPT, MRM and MVM)

Maori professionals from the Specialist Education Services in Rotorua and the Tuhourangi Runanga were invited to the sessions to complete these forms. However the runanga representative was unable to attend and a qualified Maori teacher who was the MWWL Parenting and Life Skills Programme co-ordinator, but not part of the research completed forms for two sessions. A Maori trained nurse and specialist school visitor from Specialist Education Services completed the forms for two other sessions.

### **Whanau Whakapakari Part I: Standard Parent Training (SPT) and Matuatanga Relationships Model Training (MRM)**

The participants in Part I who attended Whanau Whakapakari Programmes 1 or 4 were offered the SPT Programme and those who attended Programmes 2 or 3 were offered the MRM Programme.

#### ***Method Part I***

##### ***Participants***

Fifty parents and caregivers, 48 females and two males, participated in at least one session in Part I of the research. Actual numbers of participants in each session varied, as shown in Table 5, for the four programmes in Part I. These are not summed as participants were encouraged to attend all three sessions (1), (2), and (3), and many participants attended more than one session. The average number of parents participating in each session was 10.

Table 5

*Numbers of Participants in Each Session of Whanau Whakapakari (Part I)*

		SPT Participants Programmes 1 and 4		MRM Participants Programmes 2 and 3	
Session					
(1)	Child Development	12	6	Child Development	11 10
(2)	Communication	13	5	Communication	3 9
(3)	Whanau Interactions	11	6	Whanau Interactions	14 13

Participants who attended three consecutive sessions are shown in Table 6. In total 14 parents completed all three sessions in at least one of the four programmes (7 participants in SPT and 7 participants in MRM). Participants in the SPT programmes were seven Maori women ranging in age from 18 to 57 years ( $\bar{X} = 36$  years). Participants in the MRM Programmes were six Maori women and one Pakeha women ranging in age from 28 to 46 years ( $\bar{X} = 34$  years). Twelve of these 14 women (86 %) were sole parents and all reported their income as social welfare benefits. Four parents attended two programmes and completed six sessions. These participants are identified in brackets in Table 6. Only the first programme attended was analysed with these results. The repeat attendance results are discussed later.

Table 6

*Numbers of Participants Completing Three Sessions of Whanau Whakapakari (Part I)*

SPT Participants		MRM Participants	
Programme 1	5	Programme 2	3 (+ 2 repeats)
Programme 4	2 (+ 2 repeats)	Programme 3	4
Participants in Results		7	

Nine of these 14 participants reported that they had not completed secondary schooling, 3 had completed secondary schooling but had no further training, and 2 had completed further certificate level training. As noted earlier, 13 participants identified as Maori and 1 as Pakeha. These iwi affiliations are reported in Table 7

with 10 of the 14 identifying with the local area (Te Arawa) or the adjoining areas (Tuhoe or Tainui).

Table 7

*Iwi Affiliations of Participants in the Whanau Whakapakari Research (Part I)*

Iwi	Participants
Te Arawa	5
Tuhoe	4
Tainui	1
Ngapuhi	2
Kahungunu	1
Pakeha	1
Total	14

***Materials***

For each session the prepared material included overhead transparencies of the topic areas. Photographs of the parents and children were also prepared on transparencies complete with relevant headings. An overhead projector was used with extra blank sheets so that parents' comments could be written up during the discussion periods. The questionnaire booklets and extra copies of information sheets and consent forms were available with pens and extra blank paper for note taking.

***Procedure***

Once the participants were settled the first of the Whanau Whakapakari sessions opened with a formal introduction and explanation of the research. This was repeated briefly at each session to accommodate new participants. After the introduction the consent forms were collected and the pre-training measures were distributed. On completion the questionnaires were collected and the first overheads were displayed. Each of the SPT sessions proceeded as described in Appendix L with a different topic for each of the three sessions - Child Development, Communication, and Positive Interactions.

The MRM sessions repeated these three topics but each session was introduced as Matuatanga Relationships Model training. An overhead and handouts (Appendix M) were prepared to provide an introduction on relationships and interactions which incorporated the extended family and the marae base. The discussions about these interactions and relationships was included with each of

the topic areas. Participants were encouraged to consider their children and their parenting styles in terms of how they managed their relationships with their children and with their extended family responsibilities.

Each session took about two hours and extra time was taken on the first and third session to complete the questionnaires. Within this time the presentation varied from talking to the overheads in a didactic manner, but with participant input, to discussing the overheads with the photographs of the children and generating behavioural examples from these and from their own experiences. At times during the sessions participants were also asked to list some events or strategies that they either had used successfully, or thought they might use, to deal with a problem. Often the mothers suggested strategies to each other and this was encouraged as many of them shared similarly challenging circumstances.

The pre- and post-training measures for the seven participants who completed the SPT Programmes were compared with the pre- and post-training measures for the seven participants who completed the MRM Programmes.

### ***Results and Discussion Part I***

#### ***Research Data***

*Attendances:* All completed questionnaires were identified by code numbers. The code numbers were cross-checked with the programme enrolment and attendance lists as some parents attended Sessions 1 and 3 and completed pre- and post-training measures without attending three sessions. These questionnaires were not used in this analysis.

*Missing or Incomplete Data:* Results from participants where more than 10% of the responses were missing were not used in the analysis.

*Recoding:* If a participant had attended all three sessions, and had completed all questionnaires with at least 90% of the responses completed, these questionnaires were included in the analysis. Of these questionnaires some still had responses missing and others had responses which were unclear. Missing responses were coded 99 and unclear responses were coded 98.

The data printouts showed the 98 and 99 responses, and there were two processes for recoding. Where there was no response recorded (99) it was recoded consistent with that participants response for the other (pre- or post-) measure. This was consistent with no change. If this wasn't possible it was

coded the same as the response for another similar question. For example, items 15 and 22 in POQ both occur in the Proper Behaviour and Feelings Scale.

15. A 3-4 year old can be expected to behave and not cry when the mother is upset.

22. A 3 year old child usually knows when his mum or dad is upset and that he should stay out of the way at these times.

In the Parental Self-Rating Scale if most of the responses to the 10 items were in the middle of the response alternatives (scoring 1 in the 0 to 2) range then the missing response was also coded 1.

Where the response was unclear or qualified (98) the response was examined in the original questionnaire and coded according to the overall response style of the participant. Examples of unclear responses included a circle being placed around both **A . . . .DA**, or a comment being added, for example in the Parental Self-Efficacy Questionnaire.

4. I would like to spend more time with my children      **A . . . .DA**  
*I only have them at night, then they're at school*

6. I often feel that I have to get away from my children      **A . . . .DA**  
*Maybe now and again. But I do miss them and I make it up to them.  
Smiles, cuddles, treat*

Again, checking with the response to a similar question and coding consistent with no change was adopted as the most conservative and valid response. When it was clear that the participant was providing a thoughtful answer this was generally coded as 0 as being the adaptive or 'better parent' response.

### ***Analysis and Discussion***

*Parent Support Networks.* Responses in this questionnaire were scored as indicated in Appendix Q with each support individual or group being categorised 1 through 8. The participant responses provided a description of current contacts as well as the perceived level of satisfaction with support networks. The first analysis showed which individual or group the parent had regular contact with. Table 8 summarises the number of participants indicating their contact with each category of support networks for both the SPT and the MRM groups. These numbers show that there were similar patterns of contacts with support networks for both SPT and MRM groups. I will discuss the results as a single group of parents.

Table 8

*Number of Participants Indicating Their Contacts with Support Networks (Part I)*

	Friends	Partner	Whanau	Work	Church	Agency	Community	Totals
SPT (n=7)	3	1	7	1	3	2	4	21
MRM(n=7)	6	3	4	1	3	2	3	22
Totals	9	4	11	2	6	4	7	

Participants could indicate more than one individual or group in their regular contacts although the totals have confirmed that both groups made similar numbers of responses (21 and 22). Thirteen of the 14 mothers identified between two and five different supports. The parent who indicated only one type of support had identified whanau. Further responses for this participant also indicated that whanau were important, that she would like to see more of them, and that whanau would be the group who would help in any problems. Overall, the whanau contacts were reported with the highest frequency and contacts with friends the next most frequent.

Participants were asked which individuals or groups would be helpful in assisting with problems. Table 9 summarises the responses for all 14 participants. Four parents identified one individual or group who could assist with any problem, and 10 parents identified more than one. The frequency of mention totals indicated that whanau was seen as the most important support in helping with a problem and that friends were next most important. Partners were not identified as part of these support networks. Demographic details showed that 12 of the 14 participants were sole parents.

Table 9

*Frequency of Mention for Categories of Support Networks for Part I Participants (N=14)*

	Main support	Contributing to support	Frequency
Whanau	2	7	9
Partner	0	0	0
Friends	1	6	7
Church/marae	1	3	4
Other community	0	3	3

If the individuals or groups whom the parents had nominated as either wanting to see more often, or being able to assist with their problems, also appeared in their reported current contacts it was interpreted as the parent being satisfied with current support networks. The participant responses are summarised in Appendix P. One parent in the group of 14 reported no contacts with friends, partner or family, but did report contact with agency and community support. This parent also indicated that she would like to see more of community counselling services. It appeared that these community services were seen by her as the supports that were most likely to assist her with any problems. Although this responses would be described as extreme, with the absence of the more informal whanau and friend support, it clearly met the needs of this parent at this time.

In general the participants appeared to have positive support networks with 79% (11 out of 14) of the parents having current contacts with the individuals or groups they identified as important to them. These support networks were also seen as helpful with 79% of the parents reporting current contact with the individual or group they saw as helping them with their problems. A further 2 parents were seeing at least one of the two individuals or agencies they saw as helpful. In total 13 of the 14 mothers had access to support networks that they identified as positive.

The question asking the parents which group or individual they would like to see more of revealed that around two thirds (64%) were currently seeing these people but wanted to see more of them. One third identified individuals or groups who they didn't have current contact with, but they wanted to see. Of this latter group two wanted to see more of their whanau and two wanted to see more of their partner. Overall, the data suggest that both SPT and MRM groups had positive and accessible support networks.

These results suggest that although the demographic data describe many of these parents as having low educational achievement and high rates of sole parenting their support network descriptions are more intact than Wahler's (1980) "insular mothers". These parents can identify and access support networks, the most frequent being the whanau group. I have discussed contemporary whanau structures in Aotearoa/New Zealand in Chapter 1 and noted the trend towards smaller family groups, more sole parenting, and recognising the role of kohanga



reo and kura kaupapa in providing affirmation and support for and by Maori. In spite of these changes the role of whanau, and the process of connecting with whanau (whanaungatanga), were confirmed in the kaumatua interviews and focus groups discussions in Chapter 4 as key elements in Maori identity.

During the introduction processes, in the attendance patterns, and also in the group discussions I was able to observe and note whanau identification for many of the parents attending the programmes. The most frequently observed whanau interactions were with a family member of the same generation. Most often this was a sister, or a cousin of the parent, and next most often a partner's sister or cousin who attended with the parent. These sisters or cousins were seldom in the same household and although they shared some childcare responsibilities, their primary connection in attending the programme together was to give each other confidence and some affirmation.

For some parents their own mother or mother-in-law would also start attending and I observed different interactions between these generations. On two or three occasions a mother had come with a daughter because she was concerned about the care her mokopuna was receiving. On other occasion the mother was genuinely interested in the course having heard about it from her daughter. A son and his mother-in-law became regular attendees. This kuia considered her son-in-law as the preferred caregiver of her mokopuna. Where the parent and grandparent relationships were seen as endorsing the childcare skills of the parent, these whanau tended to either share a household, or live close by, and attendance at the parenting programmes was consistent. Where there was dissatisfaction with childcare the whanau attendances were less predictable and the parent was often less interested in the programme.

Thus for programme activities the whanau group tended to be restricted to same generation family members or a mother or mother-in-law. This suggests that whanau identified by parents in the support networks questions are likely to be immediate family members rather than extended family members. However, the introductions at the beginning of the sessions and the informal discussions during the sessions revealed that the parents valued wider hapu connections and took pleasure in establishing these extended family friendships during the sessions. Contemporary whanau embracing mainly immediate family members is consistent with descriptions of the upbringing experiences of many of the younger

Maori parents reported in Chapter 4. This group made little mention of grandparents, aunts and uncles being an integral part of their childhood although they still affirmed the importance of whakapapa connections and whanau. They demonstrated this interest in extended family in their introductions and in group discussions.

*Parent Opinion Questionnaire (POQ).* This 80-item POQ was developed originally to assess differences between maltreating and non-maltreating parents. The questionnaire has six subscales identifying parent expectations of children in the areas of Self-Care, Responsibilities, Affection, Child Alone, Proper Behaviour, and Punishment. These six POQ subscale scores are made up of the sum of the responses to 10 items, scored 1 or 0. A score of 1 is considered indicative of a less informed parenting decision and a score of 0 is interpreted as a more adaptive parenting decision. Thus, the higher scores are more likely to identify less adaptive and a lower score more adaptive parenting decisions. The subscale scores are summed to provide a total score.

Table 10 summarises the means and standard deviations of the POQ total score and the six subscale scores pre- and post-training for Part I participants in the SPT and the MRM Programmes. A repeated measures ANOVA shows a significant within-subjects improvement between pre- and post-training scores for both groups ( $F(1,12) = 6.034, p < .05$ ). The effect size, measured by the partial  $\eta^2$ , of .34 is considered by Cohen (1988) as denoting a medium effect. The effect size guidelines have taken the small number of participants into account under Cohen's (1988) conventions. The reported test-re-test reliability of the POQ suggests that this improvement in post-training scores may be attributed to the parent-training intervention. The repeated measures ANOVA shows no significant difference between the SPT and MRM programmes ( $F(1,12) = 0.354, p > .05$ ) and the partial  $\eta^2$  of .026 denoted a minimal effect.

The means and standard deviations of the POQ subscales and total scores indicate a trend of post-training improvement with a more consistent improvement across the subscale scores following the MRM programme. Five of the six post-training subscale scores improved in the MRM programme while two of the six improved in SPT. The subscale score that showed neither increase nor decrease was the Punishment scale.

Table 10

*Means and Standard Deviations of the Pre- and Post-Training POQ Subscales and Total Scores for SPT and MRM (Part I)*

	Pre-Training		Post-Training	
	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>
SPT (n=7)				
POQ Total	9.43	4.76	8.71	3.90
Self-Care	1.71	1.38	1.14	0.90
Responsibilities	1.86	1.21	1.14	0.70
Affection	2.57	0.98	2.71	2.36
Child Alone	0.29	0.49	0.57	0.53
Proper Behaviour	2.14	1.95	2.29	1.98
Punishment	0.86	0.90	0.86	1.07
MRM (n=7)				
POQ Total	8.71	7.67	6.14	5.15
Self-Care	1.57	1.40	0.71	0.76
Responsibilities	1.57	2.07	0.86	1.46
Affection	2.14	2.67	1.71	2.14
Child Alone	0.57	0.79	0.14	0.38
Proper Behaviour	2.57	2.15	2.43	1.62
Punishment	0.29	0.49	0.29	0.49

*Parental Self-Efficacy Questionnaire.* This questionnaire was administered to provide a measure of the status of self-efficacy of participants and to assess whether the measure recorded any changes post-training. Table 11 reports the means and standard deviations for both the SPT and MRM participants for pre- and post-training. A repeated measures ANOVA showed no significant pre-post differences ( $F(1,12) = 0.70, p > .05$ ) and no significant differences between the different programmes ( $F(1,12) = 1.506, p > .05$ ). The partial  $\eta^2$ s were .055 and .112 respectively. Thus there was a small, but non-significant, effect of the programme type. Given these inconclusive results, and reasoning that parent responses to specific statements and specific situations appear to be a more accurate indication of more complex cognitive reasoning, the Self-Efficacy Questionnaire was replaced in Part II of this research with the Critical Incident Scenarios. The theoretical basis of these scenarios has been discussed under Whanau Whakapakari Research Measures.

Table 11

*Means and Standard Deviations for Pre- and Post-Training Parental Self-Efficacy Scores for SPT and MRM (Part I)*

	Pre-Training		Post-Training	
	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>
SPT (n=7)				
Self-Efficacy	8.43	3.64	8.43	3.95
MRM (n=7)				
Self-Efficacy	6.00	1.83	7.00	2.71

Because there were no significant differences between the SPT and MRM scores on the self-efficacy measure the data were combined for further descriptive analyses. As discussed under Whanau Whakapakari Research Measures earlier in this chapter the Parental Self-Efficacy Questionnaire included questions drawn from measures of sense of mastery (Questions 1 & 2), maternal responsiveness (Questions 3 & 4), and maternal discontent (Questions 5 & 6). Therefore, in addition to the analysis on the total scores the participant responses to these six questions were analysed to assess these concepts and to explore whether the responses these questions changed post-training

The pre- and post-training responses of the 14 participants to the six questions were analysed under each of the headings according to whether there were changes post-training. If the score remained as 0, the desired response, it was categorised as No Change Positive. Similarly, scores that remained as 1 pre- and post-training were No Change Negative. Scores changed from 1 to 0 it were categorised Change to Positive and from 0 to 1 categorised as Change to Negative. Table 12 shows the percentages of participants in each category. Ninety three percent of participants were in the No Change Positive category indicating a positive sense of mastery. Almost three-quarters (71%) were similarly stable and positive in terms of maternal responsiveness. The percentage of participants reporting maternal discontent showed that 25% were not contented either pre- or post-training. Forty seven percent reported being contented pre- and post-training, with 14% becoming more positive. Fourteen percent became positive and 14% became more negative post-training. Thus, while the overall picture of the sense of mastery and maternal responsiveness was positive, the

sense of maternal discontent showed that 39% (25%+14%) of the participants reported negative feelings either pre- or post-training or both.

Table 12

*Post-Training Changes in Scores for Parental Sense of Mastery, Maternal Responsiveness, and Maternal Discontent (Part I)*

(N=14)	No Change Positive 0-0	No Change Negative 1-1	Change to Positive 0-1	Change to Negative 1-0	Totals
Mastery	93%	3.5%	3.5%		100%
Responsiveness	71%	14%	4%	11%	100%
Discontent	47%	25%	14%	14%	100%

*Parental Self-Rating Scale.* The Parental Self-Rating Scale was adapted for the present study. It was designed to reflect the specific topics covered in the SPT training (Child Development, Communication, and Positive Interactions), confidence in dealing with problems, rating of support networks, ability to provide support for others, and current situation. The scoring of this scale was designed to be consistent with the other measures. Lower scores reflected better feelings of satisfaction and coping and higher scores reflected feelings of being less able to cope. Table 13 summarises the means and standard deviations for both SPT and MRM groups pre- and post-training. A repeated measures ANOVA showed a significant pre-post difference ( $F(1,12) = 5.959, p < .05$ ) with a partial  $\eta^2$  of .33 denoting a medium effect. There was no significant difference between the SPT and MRM programmes ( $F(1,12) = .037, p > .05$ ) and the partial  $\eta^2$  of .003 denotes close to no effect.

These results show similar trends to those reported for the POQ, with both groups showing a significantly lower mean score post-training and medium effect size for improvements after SPT and MRM programmes. These changes may be indicative of feeling more able to communicate with, and understand, children and coping in general.

Reflection on the makeup of the questions in the Parental Self-Rating Scale suggests that there was no opportunity to rate feelings about family relationships and interactions. Changes in these areas may not have shown up on this measure.

Table 13

*Means and Standard Deviations for Pre- and Post-Training Parental Self-Rating Scores for SPT and MRM (Part I)*

	Pre-Training		Post-Training	
	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>
SPT (n=7) Self-Rating	8.43	3.15	6.00	3.46
MRM (n=7) Self-Rating	7.14	4.67	6.57	3.21

The data for SPT and MRM were combined for two further analyses on parent support networks and the current situation for these parents. In Question 2 participants rated their support networks and in Question 10 they were asked how they felt about things right now. Scores of 0 (Excellent) and 1 (Good) for support networks were categorised as Positive and scores of 2 (Not Very Good) were categorised as Negative. Similarly, the current situation scores of 0 (Very Good) and 1 (O.K.) and were categorised as Positive and scores of 2 (Not Very Good) were categorised as Negative (Appendix S).

Post-training changes for support networks and current situation are shown as percentages in Table 14. Responses for support networks show that 86% (12 out of the 14) scored either 0 or 1 on both pre- and post-training measures and were categorised as Positive. In the post-training responses the two participants who scored 2 reported an improvement to 1 and five other participants' responses improved from a score of 1 to a score of 0. This suggests that attending the programme improved the sense of support for 50% of the participants. Thus, 57% of participants described their support as Good post-training, and 43% as Excellent, confirming that all participants were satisfied with the level of their support at the completion of training.

Responses to the question "How are things are now?" show that 93% (13 of 14) participants responded with a 1 (O.K.) or 0 (Very Good). These responses were categorised as Positive. Three participants showed changes post-training and two (14%) of these were positive changes.

Table 14

*Percentages of Participants Maintaining or Improving Positive Support Networks and Changes in Current Situation Post-Training (Part I)*

(N=14)	Percentage of Participants Maintaining Positive Scores (0 or 1) Post-Training	Percentage of Participants Changing to Positive Scores (2 to 1, or 1 to 0) Post-Training
Support Networks	86%	50%
Current Situations	93%	14%

When asked about their current situation these 14 participants did not show the variability that might have reflected their challenging circumstances. It had been suggested in the pilot questionnaires, discussed under Whanau Whakapakari Research Measures, that the day-to-day challenges for some parents might be reflected in variability of responses on the measures. Question 10 in the Self-Rating Scale indicates that only 3 out of 14 participants changed their response post-training. Of these, 1 participant reported things as being worse and 2 participants reported things improved. It should be noted that these scores were for the 14 participants who completed three consecutive sessions. Scores may have been different for the 22 participants who attended sessions once or twice and were non-completing participants.

*Programme Evaluation Form.* All 14 participants in Part I completed the Programme Evaluation Form. This 20-item questionnaire had 18 rating questions from 1 (less useful/interesting) to 5 (very useful/interesting). The questions covered such areas as the enjoyment of sessions, the sense of personal learning enhancement and skills acquired, an evaluation of presenter qualities, the importance of being in a marae setting, and an overall programme rating. There were two open-ended questions for feedback on the most, and least, enjoyable aspects of the programme. The results from the 18 rating questions are combined with the ratings from the Part II participants and are presented later in this chapter under Whanau Whakapakari Part I and Part II: Evaluation Ratings and Booklet Comments Results.

Questions 18 and 19 asked for comments about the most, and least, enjoyable parts of the sessions and overall comments. These comments were

analysed for frequency and content. Responses to the most enjoyable part of the sessions were the same for the SPT and the MRM participants. All were positive. Five participants in each group enjoyed all of the programme and 2 participants enjoyed sharing their experiences with others.

From the comments 4 of the SPT participants confirmed that they had enjoyed everything, 2 others commented on an increased awareness of parenting issues and the usefulness of the group discussions, and 1 participant felt that completing the questionnaires was not enjoyable. In the MRM group 6 out of 7 participants responded “none of these” for the least enjoyable parts of the programme, and 1 participant provided a lengthy response commenting on the presenter’s ‘inspiration and wairua and beautiful way of talking to us.’

Table 15 summarises the content of the comments relating to the programmes from these two questions. These comments have been coded as Skills Acquired, Programme Recommendation and Programme Enjoyment. Of the 6 SPT participants who added comments three related directly to Skills Acquired, two to Programme Recommendation and one to Programme Enjoyment. Of the 5 MRM participants who added comments three related to Programme Recommendation and two to Programme Enjoyment. There were no comments from the MRM group on Skills Acquisition.

Table 15

*Participants’ Responses in Programme Evaluation (Part I)*

	Skills Acquired	Prog. Recommendation	Prog. Enjoyment	No Comment
SPT (n=7)	3	2	1	1
MRM (n=7)	0	3	2	2

While the programme evaluation data show that participants in the SPT group rated the programme more highly than MRM participants on the specific questions on programme content the overall ratings suggest that the MRM participants experienced higher overall enjoyment. It is possible that enjoyment and acceptability of a programme points to increased social and cultural validity of the MRM programmes.



*Whanau Whakapakari Programme Booklets (Appendix W)*. I produced a Whanau Whakapakari Parenting Booklet for each of the four programmes in Part I of the research. Two of these booklets, one from Programme 1 (SPT) and one from Programme 3 (MRM), are shown in Appendix W. These booklets were compiled as described under Whanau Whakapakari Research Procedure earlier in this chapter and included the session material, parents' comments, a recipe, and end pages with karakia, and acknowledgements. Parents' comments included in these booklets were examined as part of the programme outcome and are presented together with the comments from Part II later in this chapter under Whanau Whakapakari Part I and Part II: Evaluation Ratings and Booklet Comments Results.

### **Whanau Whakapakari Part II: Standard Parent Training (SPT) and Matuatanga Values Model Training (MVM)**

The participants in Part II who attended Whanau Whakapakari Programme 5 were offered Standard Parent Training (SPT) and those who attended Programme 6 were offered SPT + Matuatanga (Values) Model (MVM).

#### ***Method Part II***

#### ***Participants***

Twenty-nine parents and caregivers, 28 females and one male, participated in at least one session of Part II of this research. Table 16 shows the attendance pattern for Part II. As in Part I, these attendances are not summed as participants were encouraged to attend all three sessions.

Table 16

*Numbers of Participants in Each Session of Whanau Whakapakari (Part II)*

	SPT	Programme 5	MVM	Programme 6
Session				
(1) Child Development		11	Child Development	11
(2) Communication		12	Communication	10
(3) Whanau Interactions		10	Whanau Interactions	12

The average number of parents participating in each session in Part II was 11. With Part I averaging 10 parents attending sessions the programme attendance over two years was considered stable. In total 8 parents completed three sessions in either the SPT or the MVM training. Participants in the SPT

Programmes were five Maori women with an age range of 25 to 58 years ( $\bar{X}$  = 40 years). Participants in the MVM Programmes were three Maori women with an age range of 21 to 61 years ( $\bar{X}$  = 45 years). Six of these 8 participants (75%) were sole parents and reported their income as social welfare benefits.

Three participants completed both SPT and MVM training. These participants are identified in brackets in Table 17. Again, only the first programme attended and completed was analysed with these results. The repeat attendance results are discussed later in this chapter.

Table 17

*Numbers of Participants Completing Three Sessions of Whanau Whakapakari (Part II)*

	SPT Participants Programme 5	MVM Participants Programme 6
Participants in Results	5	3

Of these 8 participants 6 reported that they had not completed secondary schooling. Two had completed secondary schooling but had not accessed any further training opportunities. These participants reported their iwi affiliations as shown in Table 18 with 5 of the 8 participants identifying with the local area (Te Arawa) or the adjoining areas (Tuhoe or Tainui).

Table 18

*Iwi Affiliations of Participants in Part II of the Whanau Whakapakari Research (Part II)*

Iwi	Participants
Te Arawa	3
Tuhoe	1
Tainui	1
Ngapuhi	2
Ngati Porou	1
Total	8

### ***Materials***

The same equipment and prepared material for Part I was used for Part II. However, the MVM training had additional overheads at the beginning of each of the sessions based around the three different Maori values of Whakapapa, Whanaungatanga and Awhinatanga (Appendix N). The practical aspects and comments around these values were drawn directly from the kaumatua interviews and focus group discussions in Chapter 4. An overhead projector was used for the transparencies and blanks and extra paper were available to note down comments as in Part I.

### ***Procedure***

The general procedure as outlined in Whanau Whakapakari Research Procedure earlier in this chapter was followed in Part II. The SPT sessions proceeded as described in Appendix L. The MVM training repeated these three topics but each session was introduced as Matuatanga Values Model training with additional overhead transparencies describing some practical aspects of Maori values. A selection of these overheads is shown in Appendix N.

The Whakapapa session, for example, was introduced as the key to identity and photographs taken in earlier sessions were shown. These photographs showed the different generations of grandparents with mokopuna and included comments about whanau hui, family photographs, and marae activities such as tangihanga (where whanau connections are made and information about whakapapa is explained in oratory). The importance of talking about these topics with tamariki was highlighted with reference to child development and was followed by the SPT Child Development session material.

The Whanaungatanga session included overheads with photographs of infants, mothers and grandmothers and a selection of words in te reo Maori for the different generations – pepi, tamariki, rangatahi (youths), matua, whaea (older woman), papa, kuia/koroua – and the different whanau connections and relationships. The importance of positive whanau environments as a positive learning environment for children was raised. The session continued with the ways that children learn and the SPT Positive Interactions session material was then covered.

The Awhinatanga session emphasised the aspects of support – seeking support and supporting others. Particular aspects of the Maori environment were

discussed and the value of ongoing support. The photographs for this session showed of attendees assisting each other with their children and enjoying friendship and helping. The value of good communication and the people and agencies that participants felt comfortable communicating with were discussed and this led on to the SPT Communication session material.

The information for MVM was more specific than the introductory information for the MRM sessions in Part I. The MRM sessions in Part I had focused more on the interrelationships and interactions within the extended family and were more process oriented on ways of identifying and managing whanau relationships. In Part II the MVM sessions focused more on content and the importance of identity and whanau.

There were two changes in Part II in the pre- and post-training measures. The Parent Support Networks was not included and the Parental Self-Efficacy Questionnaire was replaced with the Critical Incident Scenarios (Appendix T). The pre- and post-training measures for the 5 participants who completed the SPT Programme were compared with the pre- and post-training measures for the 3 participants who completed the MVM Programme.

## ***Results and Discussion Part II***

### ***Research Data***

Missing and incomplete research data from Part II were checked and recoded as described for Part I.

### ***Analysis and Discussion***

The data from Part II included pre- and post-training results on the Parent Opinion Questionnaire, the Parental Self-Rating Scale, and the Critical Incident Scenarios. The evaluations included the Programme Evaluation Form and the comments from the Programme Booklets.

*Parent Opinion Questionnaire (POQ).* Table 19 shows the means and standard deviations from the POQ for the SPT and the MVM participants for pre- and post-training. A repeated measures ANOVA showed no significant difference between pre- and post-training scores for the programmes ( $F(1,6) = 1.956, p > .05$ ) but the partial  $\eta^2$  of .25 shows a medium effect for this small sample (Cohen, 1988). There was no significant difference as a result of the type of programme (SPT or MVM) ( $F(1,6) = 2.908, p > .05$ ) but, as in Part I, the partial  $\eta^2$  of .326 denotes a medium effect. While caution must be exercised in drawing conclusions from the

small sample size, and being mindful of the limitations as outlined by Aron and Aron (1999), it is acceptable to comment on the reasonable effect sizes obtained in both comparisons in Part II. The POQ totals and the six subscale scores all improved for the SPT group post-training and the SPT and MVM training accounted for around 33% of the variance in the data.

Table 19

*Means and Standard Deviations for Pre- and Post-Training POQ Subscales and Total Scores for SPT and MVM (Part II)*

	Pre-Training		Post-Training	
	$\bar{X}$	SD	$\bar{X}$	SD
SPT (n=5)				
POQ Total	17.40	11.30	12.20	7.46
Self-Care	3.00	2.83	2.60	1.52
Responsibilities	3.40	2.07	2.00	1.00
Affection	4.20	2.59	2.80	1.79
Child Alone	1.40	0.89	1.40	1.14
Proper Behaviour	4.00	2.83	2.20	1.92
Punishment	1.40	1.52	1.20	0.84
MVM (n=3)				
POQ Total	24.00	8.16	24.34	13.05
Self-Care	4.67	3.51	5.00	4.00
Responsibilities	5.00	1.73	5.00	2.65
Affection	7.00	1.00	5.34	2.08
Child Alone	1.67	0.58	2.34	1.53
Proper Behaviour	4.00	2.65	6.00	3.61
Punishment	1.67	1.15	0.67	0.58

*Critical Incident Scenarios.* Table 20 shows the pre- and post-training responses for each of the 5 participants in the SPT group for each of the three scenarios. As noted earlier, the responses were scored for the number of actions suggested as well as the quality. Coding for quality was based on Pridham et al. (1995) who described coercive and assistive actions. The present study included additional coding for neutral actions. The post-training scores show no increase in the number of assistive responses, a small change in neutral responses, and a reduction in the number of coercive responses.

Table 20

*Pre- and Post-Training (SPT Programme) Responses to Critical-Incident Scenarios*

SPT (n=5)	Pre-Training			Post-Training		
	Coercive	Neutral	Assistive	Coercive	Neutral	Assistive
Scenario 1	1	1	0	0	1	0
Scenario 2	2	0	0	1	0	0
Scenario 3	0	2	0	1	1	0
Participant 1 Totals	3	3	0	2	2	0
Scenario 1	1	0	0	0	0	0
Scenario 2	1	0	0	1	0	0
Scenario 3	1	1	0	0	1	0
Participant 2 Totals	3	1	0	1	1	0
Scenario 1	0	2	0	0	1	1
Scenario 2	2	0	0	0	0	2
Scenario 3	0	0	2	0	0	2
Participant 3 Totals	2	2	2	0	1	5
Scenario 1	0	1	1	0	1	2
Scenario 2	0	0	2	0	1	0
Scenario 3	0	0	4	0	1	2
Participant 4 Totals	0	1	7	0	3	4
Scenario 1	0	2	2	0	1	1
Scenario 2	3	0	0	2	0	0
Scenario 3	0	2	2	0	0	2
Participant 5 Totals	3	4	4	2	1	3
SPT Totals	11	11	13 (35)	5	8	12 (25)

A paired-samples t-test showed that this change was significant for the coercive responses pre-training ( $\bar{X} = 2.2$ ,  $SD = 1.3$ ) to post-training ( $\bar{X} = 1.0$ ,  $SD = 1.0$ )  $t(4) = 3.207$ ,  $p < .05$ ). The  $\eta^2$  of .72 for pre- and post-training coercive responses indicates a large effect (Cohen, 1988). Although this suggests that the parenting programme intervention might account for a large proportion of the variance Pallant (2001) recommends caution in assuming that the planned intervention has caused the reduction in coercive responses. She suggests that

without a control situation other variables, even general group discussion between participants, could lead to some changes. The changes for the neutral and assistive responses were not significant and the effect sizes were calculated and were close to zero.

Table 20 shows that while the overall number of responses was fewer post-training (pre- 35 and post- 25) the SPT response totals show that the post-training change is reflected mainly in the reduction in the number of responses in the coercive category. In terms of child safety fewer coercive responses would be one of the desired outcomes of a parenting intervention.

Table 21 shows the responses from the three participants in the MVM programme. All participants showed a decrease in coercive responses (from 6 to 0) and an increase in assistive responses (from 6 to 10). The paired-samples t-test showed no statistically significant differences post-training (coercive,  $t(2) = 3.464$ ,  $p > .05$ ; neutral,  $t(2) = -1.732$ ,  $p > .05$ ; assistive,  $t(2) = -1.109$ ,  $p > .05$ ). However, calculation of  $\eta^2$  for the effect size for the three categories showed large effects for the coercive (.86) and neutral (.6) categories, and a medium effect for the assistive (.37) category. Again, acknowledging the small sample size and the absence of a control group that was not subject to the intervention, it appears that the reduced number of coercive responses is an important outcome. An advantage of the assistive category is that not only can the less punishing responses be scored but positive changes can also be shown. In the case of the MVM participants the responses post-training were all in the desired direction of a reduced number of negative and an increased number of positive responses.

The total number of responses pre- and post-training was virtually unchanged (pre- 17 and post- 18) after the MVM training. Neither the SPT nor the MVM Programmes showed increases in the numbers of solutions generated.

Two examples of coded parent responses (SPT Participant 3, and MVM Participant 3) on the Critical Incident Scenarios are included in Appendix T. The style of responding is likely to reflect the level of formal education reported by these participants

Table 21

*Pre- and Post-Training (MVM Programme) Responses to Critical-Incident Scenarios*

MVM (n=3)	Pre-Training			Post-Training		
	Coercive	Neutral	Assistive	Coercive	Neutral	Assistive
Scenario 1	1	1	0	0	1	1
Scenario 2	2	0	0	0	0	2
Scenario 3	0	0	2	0	0	1
Participant 1 Totals	3	1	2	0	1	4
Scenario 1	1	1	0	0	2	0
Scenario 2	0	0	1	0	1	1
Scenario 3	0	0	2	0	0	1
Participant 2 Totals	1	1	3	0	3	2
Scenario 1	0	2	0	0	2	1
Scenario 2	1	1	0	0	0	3
Scenario 3	1	0	1	0	2	0
Participant 3 Totals	2	3	1	0	4	4
MVM Totals	6	5	6 (17)	0	8	10 (18)

*Parental Self-Rating Scale:* As noted in Part I this 10-item questionnaire included questions that were specific to the SPT Programme as well as questions on support, confidence and current situation. There were no questions that identified satisfaction or positive ratings for Maori values. It was therefore considered possible that any differences in post-training scores for SPT and MVM groups might be less likely to reflect values-related changes. A repeated measures ANOVA found that there was no significant difference post-training for SPT or MVM groups ( $F(1,6) = 2.556, p > .05$ ) but the partial  $\eta^2$  of .3 suggests a medium effect. There was no statistically significant difference between the SPT and MVM Programmes ( $F(1,6) = 0.392, p > .05$ ) and close to zero effects. This pattern is consistent with the Part I Parental Self-Rating results with a medium effect size across both programmes but no effect size for the different programme types.



Table 22

*Means and Standard Deviations for Pre- and Post-Training Parental Self-Rating Scores for SPT and MVM (Part II)*

	Pre-Training		Post-Training	
	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>
SPT (n=5) Self-Rating	8.60	4.51	7.8	4.32
MVM (n=3) Self-Rating	6.96	2.98	6.18	2.42

As in Part I the responses to Questions 2 and 10 in the Parental Self-Rating Scale were combined (SPT + MVM) and further analysed to assess the participants' rating of their support networks and their rating of their current situation. Table 23 shows the percentage of participants who maintained a positive rating pre- and post-training and the percentage of those who scored higher post-training. A total of 75% of participants rated their support networks Good (63%) or Excellent (13%) before the programmes. A further 13% rated their support networks as improved post-training.

The participants' current situation was rated as positive by 50% of the participants before and after the programme and 38% rated their circumstances improved at the completion of the programme as shown in Table 23.

Table 23

*Percentages of Participants Maintaining or Improving Positive Support Networks and Changes in Current Situation Post-Training (Part II)*

(N=8)	Percentage of Participants Maintaining Positive Scores (0 or 1) Post-Training	Percentage of Participants Changing to Positive Scores (2 to 1, or 1 to 0) Post-Training
Support Networks	75%	13%
Current Situations	50%	38%

*Programme Evaluation Form.* All 8 participants in Part II completed the Programme Evaluation Form. The results from the 18 ratings questions are combined with those from Part I and presented in the next section. The open-ended questions (Questions 18 and 19) were coded for Skills Acquired,

Programme Recommendation, and Programme Enjoyment . These results are shown in Table 24.

Four of the 5 SPT participants added comments. Three SPT participants commented on the skills acquired. For example,

“Reinforcement increases a person’s behaviour. Learning more about punishment and positive things.”

One participant commented on programme enjoyment:

“This is a learned experience from my own upbringing. Choice. Primo!”

All 3 MVM participants added comments. One parent recommended the programme to young mothers and 2 others commented on programme enjoyment:

“I recommend young Mums to come along to Apumoana Parenting and Life Skills.”

“Was so awesome to hear the young mothers’ remarks and awareness.”

As in the MRM Part I group there were no comments from the MVM Part II group on specific skills acquisition.

Table 24

*Participants’ Responses in Programme Evaluation (Part II)*

	Skills Acquired	Prog. Recommendation	Prog. Enjoyment	No Comment
SPT(n=5)	3		1	1
MVM(n=3)		1	2	

*Whanau Whakapakari Programme Booklets (Appendix W).* As for Part I, booklets were prepared after each programme in Part II. Booklets for Programme 5 and Programme 6 were compiled and are shown in Appendix W. Parents’ comments that were recorded during the sessions are discussed with the Part I comments in the next section.

### **Whanau Whakapakari Part I and Part II:**

#### **Evaluation Ratings and Booklet Comments, Results and Discussion**

A comparison of the Part I and Part II participant responses on 17 of the 18 ratings questions in the Programme Evaluation Form is shown in Table 25. Data are drawn only from the participants who completed three sessions.

Table 25  
*Programme Evaluation Ratings for Part I and Part II*

	Part I		Part II	
	SPT (n=7)	MRM (n=7)	SPT (n=5)	MVM (n=3)
<i>1. Please rate how much you think you learnt from these sessions.</i>				
A great deal	5	71%	80%	67%
Quite a lot	4	29%	20%	33%
Some	3	14%		
A little	2			
Nothing	1			
<i>2. How many more skills do you think you have now compared to when you started?</i>				
A great deal more	5	57%	40%	33%
Quite a lot more	4	43%	60%	67%
Some	3			
A little more	2	14%		
None	1			
<i>3. How much did you learn about changing children's behaviour?</i>				
A great deal	5	57%	40%	100%
Quite a lot	4	43%	40%	
Some	3	14%	20%	
A little	2			
Nothing	1			
<i>4. Please rate how much information you now have to deal with children.</i>				
A great deal more	5	43%	60%	67%
Quite a lot more	4	43%	20%	33%
Some	3	14%	20%	
A little more	2			
Nothing	1			
<i>5. How much did you enjoy these sessions?</i>				
All the time	5	100%	80%	67%
Most of the time	4		20%	33%
Some of the time	3			
A little of the time	2			
Not at all	1			
<i>6. How much did you look forward to your sessions?</i>				
All the time	5	57%	40%	67%
Most times	4	29%	60%	33%
Some of the time	3	14%		
A little of the time	2			
Not at all	1			
<i>7. How did you find the session presenter?</i>				
Very good	5	100%	80%	100%
Pretty good	4		20%	
O.K.	3			
Not very good	2			
Very poor	1			
<i>8. How well did the presenter understand your feelings and concerns?</i>				
A great deal	5	86%	80%	100%
Most of the time	4	14%	20%	
Some of the time	3			
A little of the time	2			
Not at all	1			

<i>9. Are you glad that you took part in these sessions?</i>					
Very glad	5	86%	86%	80%	100%
Fairly glad	4	14%	14%		
Didn't mind	3			20%	
A bit	2				
Not at all	1				
<hr/>					
<i>10. How interesting were the sessions?</i>					
Very interesting	5	86%	86%	80%	100%
Usually interesting	4	14%	14%	20%	
Neither	3				
Rather boring	2				
Very boring	1				
<hr/>					
<i>11. Please rate how much you feel that you can use what you have learnt?</i>					
A great deal	5	86%	29%	60%	67%
Quite a lot	4	14%	71%	40%	33%
Half the time	3				
A bit	2				
Almost never	1				
<hr/>					
<i>12. To what extent are you able to use what you have learned about child development?</i>					
Use a great deal	5	43%	43%	60%	100%
Use quite a lot	4	57%	57%	40%	
Half the time	3				
Can use a bit	2				
Almost never use	1				
<hr/>					
<i>13. To what extent are you able to use what you have learned about communication?</i>					
Use a great deal	5	86%	57%	80%	100%
Use quite a lot	4	14%	43%	20%	
Half the time	3				
Can use a bit	2				
Almost never use	1				
<hr/>					
<i>14. To what extent are you able to use what you have learned about positive interaction?</i>					
Use a great deal	5	71%	29%	60%	100%
Use quite a lot	4	29%	71%	40%	
About half the time	3				
Can use a bit	2				
Almost never use	1				
<hr/>					
<i>15. Has what you have learnt changed the way you <u>react</u> to your tamariki/mokopuna?</i>					
A great deal	5	71%	14%	80%	100%
Quite a lot	4		43%	20%	
Some of the time	3	29%	29%		
A little bit	2		14%		
Not at all	1				
<hr/>					
<i>16. Has what you have learnt changed your <u>understanding</u> of your tamariki/mokopuna?</i>					
A great deal	5	86%	29%	80%	67%
Quite a lot	4	14%	29%		33%
Some of the time	3		13%	20%	
A little bit	2		29%		
Not at all	1				
<hr/>					
<i>17. How important do you think it is to have these sessions on a marae?</i>					
Very important	5	100%	86%	80%	100%
Important	4		14%	20%	
Fairly important	3				
Somewhat imp.	2				
Not at all imp.	1				

In 12 of the 17 questions more SPT than MRM participants in Part I used the highest scoring category 5 (Table 25). For the four questions 8, 9, 10, and 12 both SPT and MRM participants allocated identical ratings. Three of these four questions were about finding the sessions interesting and enjoyable. The one question that MRM participants rated more highly than did SPT participants was Question 6, “How much do you look forward to your sessions?” The ratings from Part I suggested that while the SPT group rated the content of the sessions and the skills and knowledge acquired, more highly than the MRM group there was more equal rating from both groups for the general enjoyment of the sessions.

Part II participants in the MVM group gave a higher rating than SPT participants for 13 of the 17 questions (Table 25). This was the reverse of Part I where the SPT group scored higher ratings than the MRM participants for 12 of the 17 questions. The questions that more Part II MVM participants rated highly included rating the session presenter, looking forward to the sessions, and enjoyment of the sessions. More MVM participants scored high ratings for most of the questions on understanding of child management skills (Questions 3, 4, 12, 15).

Table 26 shows the overall programme ratings from the Programme Evaluation Form for Question 20 for Part I and Part II participants. Again data were drawn only from participants who completed three sessions. The results show that all participants in the Matuatanga Model Programmes (MRM and MVM) chose the top rating category 5 score. The Part I SPT and Part II SPT groups chose the top rating category 5 score 72% and 80% of the time respectively. Although caution must be exercised with the small groups the Programme Evaluation comments analysed earlier in this chapter suggest that these general enjoyment comments relate to aspects of cultural validity.

Table 26

*Overall Programme Ratings for Part I and Part II*

	Part I		Part II	
	SBT (n=7)	MRM (n=7)	SPT (n=5)	MVM (n=3)
20. <i>Please give an overall rating of the sessions.</i>				
Very good	5	72%	80%	100%
Good	4	14%		
O.K.	3	14%	20%	
Poor	2			
Very poor	1			

Foster and Mash (1999) discussed social and cultural validity and emphasised the multidimensional nature of the construct. Their comment that the acceptability of an intervention may not be related to the outcome measure is demonstrated to some extent in the results of the present study. Thus the programme outcomes on the POQ and the Parental Self-Rating Scale show that all programmes resulted in a medium effect size. These measures indicated a positive change post-training and in Part I this post-training change was statistically significant ( $p < .05$ ). However there was no statistically significant difference between the SPT and MM programmes.

The most important differences between the SPT and MM programmes were in the programme ratings and programme evaluation comments (Appendix U) and in the values based parents' comments recorded in the programme booklets (Appendix W). In the programme evaluations the MRM and MVM programmes scored generally higher ratings on enjoyment and appreciation of session presenter and in overall programme ratings. In the programme booklets there were more comments from the MRM and MVM programmes referring to understanding and appreciation of children.

A summary of parents' statements from the booklets is provided in Appendix W. These statements have been collated and are listed in two categories according to whether they reflect skills acquisition, suggesting programme effectiveness, or more general values and relationship statements implying more general understanding of child and family environment. For example, a specific skills acquisition statement is:

“Make sure I have their attention and more important – eye contact”  
and a general values and relationship statement is:

“It is trying to see the good in our kids.”

Analysis of these statements indicates general trends from session discussions. Table 27 shows the percentage of comments falling into the two categories of specific skills, and general relationship and values statements. SPT programmes showed substantially more specific skills statements and MRM and MVM programmes showed substantially more general relationship and values statements.

Table 27

*Percentages of Specific Skills and General Relationship Statements for SPT, MRM, and MVM Programmes from the Programme Booklets*

	SPT	MRM	MVM
Specific Skill Statements	60%	33%	38%
General Relationship/ Values Statements	40%	67%	62%

### **Whanau Whakapakari Part III:**

#### **Supplementary Analyses of Participant Datasets**

Some participant datasets were partial or incomplete and included single measures only (either pre- or post- measures, but not both) or for various reasons fell outside the criteria for Part I and Part II analyses. These data provide useful insights into the parenting profiles and demographics of the sample population and are analysed in this section.

#### ***Total Population Demographics***

There were 78 participants who attended one or more sessions over six parent-training programmes in the Whanau Whakapakari research. Four participants did not provide any demographic information and four provided incomplete information. Of the 74 participants who provided adequate details three were male who identified as Maori. Of the women, one identified as Asian, three identified as Pacific Island, and one identified as Pakeha. The remaining 66 participants were Maori women ranging in age from 15 to 82 years. The extended age range of Maori women who attended the parenting programmes has been commented on earlier. Interest in parenting and life skills from parents, aunties and grandparents demonstrates that child rearing is seen by Maori as an extended family responsibility.

Fifty of the 70 participants had three or fewer children. Seven of these attendees had no children and included two childless aunties helping out with nieces and nephews, two pregnant teenagers, two teenagers attending with their mother and one woman attending as a mental health client. Of the 63 parents - 30% had one child, 21% had two children, 18% had three children, and 31% had four or more children. Forty-nine of 63 (78%) of attendees who completed

demographic details were sole parents. Whanau interest in the programme is indicated by the age range of people attending and ten attendees who had mokopuna and seven attendees mentioned above who had no children of their own.

Programmes were run during the day. Ninety-one percent (67 of 74) of the attendees were on social welfare benefits with mainly low or minimal levels of educational achievement. Seventy participants provided information on educational level and 63% (44 of 70) indicated that they had not completed secondary education. Of the remaining 26 attendees 12 had completed secondary education but had no further training, eight had a basic certificate (one year or less of polytechnic training), and six had completed diplomas or training.

Seventy participants provided information on their tribal area. Almost two thirds (64%) of these participants were raised in their own tribal area. Just under half (49%) of the attendees over all sessions were Te Arawa and most of the other attendees claimed tribal affiliations with the neighbouring tribal areas of Tuhoe and Tainui.

### ***Total Population Attendance Patterns***

Conducting research in the community where participants must continue with day-to-day responsibilities means that levels of participation will be influenced by interest in the research project and unavoidable commitments that make participation difficult. The number of parents who completed the three consecutive research sessions is shown as a percentage of the total number of participants in Table 28. Twenty-eight percent of participants were able to complete the three sessions and provide pre- and post-training data. The results from these 22 completing participants were presented earlier.

Table 28

### ***Percentages of Participants Completing Three Consecutive Research Sessions***

	1 or 2 Sessions	3 Sessions	Totals	% Completing
Part I				
SPT	15	7	22	32%
MRM	21	7	28	25%
Part II				
SPT	12	5	17	29%
MVM	8	3	11	27%
<b>Totals</b>	<b>56</b>	<b>22</b>	<b>78</b>	<b>28%</b>



***Single Measures on Parent Support Networks and Parent Opinion  
Questionnaire***

*Parent Support Networks.* Forty of the 50 participants in Part I completed the Parent Support Networks. The scores from the 14 participants who completed three sessions were analysed in Part I. The scores from the remaining 26 non-completing participants are analysed here to explore whether the parents who were able to continue with three consecutive sessions differed in any support characteristics from those who did not. The responses of the latter group are detailed in Appendix P and are shown in Table 29.

The pattern of support networks for both completing and non-completing groups was similar. Whanau and friends were pre-eminent and almost equally important contacts for both groups. Of lesser importance, but still highly significant for the non-completing group, were partner, church/marae and community groups. The non-completing group mentioned partner more often than the completing group and I have commented on this in Part I.

Table 29

*Number of Participants Indicating Their Contacts with Support Networks  
(Completing and Non-Completing Participants)*

	Friends	Partner	Whanau	Work	Church/Marae	Agency	Community
Non-Completing Parents (n=26)	19	13	17	7	11	1	8
Completing Parents (n=14)	9	4	11	2	6	4	7

The support networks data for the non-completing participants were analysed to determine whether they had access to the support networks they considered effective. Questions 2, 3, and 4 on the Parent Support Networks (Appendix P) showed that 50% (13 of 26) of the non-completing participants were currently seeing the individual or group who was important to them. When asked who they would like to see more of 35% (9 of 26) of the participants were currently seeing these supports. A further 23% (6 of 26) said that there was no-one in particular that they wanted to see more of. This indicated that 42% (11 of 26) of this group were not seeing the supports that they identified as important for

them. This was in contrast to the completing group as noted in Part I where 79% were currently seeing supports that they identified as positive.

Of the 25 non-completing participants who commented on the usefulness of their support networks 76% (19 of 25) were currently seeing the supports who could help with problems. This was similar to the results from the 14 completing participants where 79% (11 of 14) were currently seeing the supports that they considered as helpful. Fifty-six percent (14 of 25) of the non-completing parents identified one main support as helping with problems. The remaining 44% (11 of 25) identified between two and five individuals or groups as helpful. The category of support networks seen as supportive for non-completing participants is shown in Table 30.

Table 30

*Frequency of Mention for Categories of Support Networks for Non-Completing Participants (N=26)*

	Main support	Contributing to support	Frequency
Whanau	4	10	14
Partner	4	7	11
Friends	3	7	10
Church/marae	2	3	5
Other community	2	2	4

The most noticeable difference in support networks between completing and non-completing participants shown in this section, and in the Part I analysis of Parent Support Networks is the frequency of mention of partner support. The non-completing participants made more frequent mention of current and desired contact with partner compared to the completing group.

*Parent Opinion Questionnaire (POQ).* Fifty-two participants completed POQ questionnaires. They included 14 participants in Part I, 8 participants in Part II, eight kaumatua interviewed earlier, and 30 parents who attended one session. Only the pre-training measures are included in the single measures analysis here.

Table 31 shows the means and standard deviations for the Total POQ score and the six subscale scores of this group. The two lowest scores, denoting more appropriate parent expectations of children were for the Child Alone and the Punishment subscales. In terms of child safety the Child Alone (exploring

responses on the age that children can safely - and legally - be left alone) and Punishment (exploring responses on how and why children may be punished.) subscales are possibly the two most crucial aspects of parent decisions. The two subscales showing higher scores were the Affection and Proper Behaviour scales.

Table 31

*Means and Standard Deviations for POQ Subscale and Total Scores for Single Measures for All Participants*

(N=52)	$\bar{X}$	SD
POQ Total	12.67	8.58
Self-Care	2.29	2.11
Responsibilities	2.51	1.96
Affection	3.01	2.30
Child Alone	0.87	1.17
Proper Behaviour	3.06	1.99
Punishment	0.90	1.14

Two-tailed Pearson Product Moment Correlations (N=52) were calculated between demographic features of the group and the subscale scores and total POQ scores. Appendix H shows the Demographic Information Sheet and the number codes assigned to each variable and Table 32 shows the relationships between these demographics and the POQ subscale and total scores. Pallant (2001) has recommended that significance levels be interpreted cautiously and that shared variance (correlation coefficient squared) is more useful than the significance level in interpreting the correlations. There are five correlations between .31 and .40 in Table 32 that Cohen (1988) suggests can be considered as medium strength relationships. Level of Education was coded from 5 (not completing secondary schooling) to 0 (completed tertiary) (Appendix H). The education variable shows a medium positive relationship with two POQ subscales (Self-Care and Punishment) and the total POQ score. The largest subscale variance accounted for (16%) is between level of education and decisions on punishment for children. Level of education also accounts for 10% of the variance on the Self-Care subscale and 10% of the variance on the POQ total. Level of education therefore appears to be an important variable in the appropriateness of parental expectations of their children.

Table 32

*Correlations between Demographic Information and POQ Subscales and Total Scores (N=52)*

Demographic	Self-Care	Responsibility	Affection	Child Alone	Proper Beh	Punishment	TOTALS
Age	-.18	.05	.09	-.10	-.06	-.31*	-.07
Upbringing	.12	-.12	-.07	-.03	-.08	-.05	-.04
Education	.31*	.12	.26	.27	.27	.40**	.32*
Tamariki	-.11	-.20	-.21	-.27	-.34*	-.07	-.25
Household	.09	-.04	-.06	-.24	-.22	.09	-.08
Partner	.16	.10	.10	-.15	.03	.10	.09

\* Correlation is significant at the 0.05 level (2-tailed)

\*\* Correlation is significant at the 0.01 level (2-tailed)

Two further statistically significant relationships are shown in Table 32. The age of the parent shows a medium negative correlation, accounting for 10% of the variance, with the Punishment subscale. This suggests that younger parents may score higher on this scale, and be considered as making less adaptive decisions, or that older parents have lower scores and make more appropriate decisions. The number of children shows a medium negative correlation, accounting for 12% of the variance, with the Proper Behaviour subscale. This suggests that having fewer children may result in higher and more unrealistic expectations by the parent.

### ***Repeat Attendances***

Earlier in this chapter, it was noted that some participants attended and completed more than one programme. These participants were identified in brackets under the numbers of participants completing three sessions in both Part I and Part II. This shows that 7 of the 22 participants completed two programmes. Results from Part I and Part II suggest that there was a general trend in all programmes to improved post-training scores on the POQ, the Parental Self-Rating Scale and the Critical Incident Scenarios. In exploring the overall gains for attendance per se, rather than the programme content, I analysed the data from the participants who had completed two programmes (six sessions).

*Parent Opinion Questionnaire (POQ)*. Table 33 summarises the means and standard deviations on POQ scores for 7 participants completed two programmes. Being repeat attendances the four scores were considered as *pre-training*, *post-training 1*, *post-training 2*, and *post-training 3*. Participants from different programmes (SPT, MRM, and MVM) were grouped together for these

calculations. Thus it was the number of sessions attended rather than the session content that was the focus of interest. Table 33 shows that the post-training scores continued to improve across all scales with continued attendance at parent training sessions. The greatest improvements occurred in the total score mean which reduced from 20.14 to 11.14. The mean for the Affection scale reduced from 4.71 to 2.00 and the mean for the Proper Behaviour Scale reduced from 5.14 to 3.29. The results from a MANOVA show statistically significant improvements between the pre-training scores and the post-training 1, and the pre-training and post-training 3 POQ scores ( $F(3,18) = 7.951, p < .001$ ) with the partial  $\eta^2$  of .570 denoting a medium effect.

Table 33

*Means and Standard Deviations for POQ Subscale and Total Scores for Repeat Attendances on Four Programmes*

(n=7)	Pre-Training		Post-Training 1		Post-Training 2		Post-Training 3	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
POQ Total	20.14	7.24	14.83	5.67	15.57	5.06	11.14	5.14
Self-Care	3.43	1.99	2.50	1.38	2.28	1.70	1.71	1.70
Responsibilities	3.86	2.04	2.50	1.05	3.14	1.35	2.00	1.73
Affection	4.71	1.50	3.67	1.86	4.57	2.07	2.00	1.63
Child Alone	1.57	0.53	1.34	1.03	1.43	1.27	1.14	0.90
Proper Behav.	5.14	1.57	3.67	2.16	3.43	1.62	3.29	1.38
Punishment	1.43	1.27	1.17	0.75	0.71	0.76	1.00	1.00

*Parental Self-Efficacy Questionnaire.* This questionnaire was administered in Part I of the research. Four participants attended two programmes. The means and standard deviations over two programmes are referred to as a pre-training and three post-training scores. Table 34 shows these scores. In Part I of this research the Parental Self-Efficacy Questionnaire did not show significant changes in the post-training scores. However, the repeat scores over two programmes demonstrate a trend to lower scores. Lower scores can be interpreted as implying a sense of increased self-efficacy although the results from MANOVA calculations show that the differences do not reach statistical significance.

Table 34

*Means and Standard Deviations for Parental Self-Efficacy Scores for Repeat Attendances on Four Programmes*

(n=4)	Pre-Training		Post-Training 1		Post-Training 2		Post-Training 3	
	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>
	9.33	2.08	7.67	1.53	7.25	2.63	6.50	1.00

*Parental Self-Rating Scale.* The means and standard deviations on this measure over two programmes for 7 participants are shown in Table 35. As in the Parental Self-Efficacy scores the trend indicates mainly lower scores on the Parental Self-Rating Scale over succeeding programmes. Again, the lower scores are equated with higher sense of parental competency but the MANOVA calculations show that these changes do not reach statistical significance.

Table 35

*Means and Standard Deviations for Parental Self-Rating Scores for Repeat Attendances on Four Programmes*

(n=4)	Pre-Training		Post-Training 1		Post-Training 2		Post-Training 3	
	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>	$\bar{X}$	<i>SD</i>
	6.14	4.63	6.67	4.72	4.67	2.16	4.57	3.36

*Critical-Incident Scenarios:* These scenarios were administered in Part II and 3 participants repeated two programmes. Table 36 details the total number of different types of responses and the overall number of responses made. The scores are summed for the 3 participants who completed two programmes. The repeat attendances show a trend of a reduction in the number of coercive responses, an increase in neutral responses, and no clear increase in assistive responses. A small overall increase in total responses suggests from other research (Pridham et al., 1995) that the ability to generate higher numbers of problem-solving responses may be associated with more thoughtful and more responsive parenting.

Table 36

*Critical-Incident Responses (Totals) for Repeat Attendances on Four Programmes*

(n=3)	Pre-Training			Post-Training 1			Post-Training 2			Post-Training 3		
	Coerc	Neut	Ass	Coerc	Neut	Ass	Coerc	Neut	Ass	Coerc	Neut	Ass
	6	5	7	4	5	4	7	4	5	4	11	7
Totals	(18)			(13)			(16)			(22)		

This section has analysed scores on all the measures for participants who made repeat attendances. The tables show the means and standard deviations of the POQ, the Parental Self-Efficacy Questionnaire, the Parental Self-Rating Scale, and the Critical Incident Scenarios. Without exception, all scores and scales improved over the three post-training results. The improvements in the POQ scores were statistically significant. The results confirm that ongoing programme attendance leads to improved scores on recognised parent response measures.

***Programme Follow Up***

For the 22 participants who completed the Whanau Whakapakari sessions there were two sets of follow-up telephone contacts during the research period. The first attempt was conducted after 12 months when I followed up on participants in Whanau Whakapakari Part I. A second follow up was conducted 12 months later when I attempted to contact the Part II participants, as well as Part I attendees whom I hadn't been able to contact earlier. During these follow ups I asked the following questions (Appendix Y):

1. Is/was the programme helpful to you? What did you like best?
2. When you first came, what helped you to keep on coming?
3. Have things changed for you? What are you doing now?

Many parents did not have a telephone contact. Of the 22 participants 41% (9 out of 22) did not have a phone contact during the sessions. I followed up the remaining 13 after 12 and 24 months. Six of these 13 participants had disconnected numbers but in the course of my calls I found that 2 parents who had no phone during the programmes had since had phones connected. This meant that I was able to ring 9 out of 22 (41%) of the participants from all the programmes. In Part I SPT I contacted 3 out of 7 parents; in Part I MRM I

contacted 3 out of 7 parents. In Part II SPT I contacted 2 out of 5 parents; and in Part II MVM I contacted 1 out of 3 parents.

The information provided by these 9 parents is shown in Appendix Y with content analysis under the three themes of Programme Attraction, Personal Changes, and Outcomes/Goals. Table 37 summarises the follow-up comments listing the types and frequency of comments. The two most common reasons given to attending the programmes were the opportunity to get out of the house and have a break and the chance to learn. The next most common reasons given for attending were the opportunities to meet people and being able to identify with and help each other. Others noted the programme content, especially the cooking, and the fact that the children were looked after during the programme.

Programme gains most frequently commented on were increased confidence and self-esteem and improved communication skills. There were almost equal numbers of comments mentioning non-specific learning (“learnt heaps”) and others who specifically referred to better understanding and patience with children and mokopuna (“parenting skills”). Others felt that they understood more about abuse and abusive situations and two felt that they had made friends and had kept in touch with other mothers that they had met.

Current or planned goals for parents emphasised educational opportunities. Two mothers had continued in supportive environments as a voluntary worker at kohanga reo and in a volunteer in a church group. One mother wanted to progress to the wananga (traditionally, a kaupapa Maori tertiary educational institution) and another was planning to train for part-time work. Comments that related to work were the least frequently mentioned suggesting that education and training were higher priorities for these parents.

Table 37

*Summary of Parents’ FollowUp Statements. Number of Statements Shown in Parentheses*

Programme Attraction	Personal Changes	Outcomes/Goals
(N=9)		
Getting out of the house	(6) Confidence/self-esteem	(6) Education. (4)
Chance to learn	(6) Learnt heaps	(5) Volunteer (2)
Meeting people	(5) Parenting skills	(4) Employment (2)
Identifying with/helping each other	(5) Understanding abuse	(3)
Cooking	(4) Made friends	(2)
Programme content/variety	(3)	
Safe place for kids	(3)	



**CHAPTER 6**  
**NGA PUTANGA ME NGA WHAINGA O TE RANGAHAU:**  
**RESEARCH OUTCOMES**

**Research Objectives**

This chapter discusses the research outcomes from the five research objectives that were outlined in Chapter 1. Two of these objectives relate to the Maori-centred research processes and two objectives relate to Maori values in child-rearing practices, and the relevance of parent-training programmes for Maori. My fifth objective considered measurement issues for which I administered a range of measures and questionnaires. I considered social and cultural validity in determining useful and acceptable measures, and reporting outcomes, for these parent-training programmes. The fieldwork was conducted over three years and included both qualitative and quantitative methods. My research outcomes and results are discussed initially under each of the five objectives.

*Research in the Maori Community: Kia Tupato To Haere*

My first research objective in initiating the Whanau Whakapakari research was to establish an appropriate process of support and consent within the Maori community. The research processes describing the Maori-centred perspectives in this project are presented in Chapter 3.

After preliminary meetings with social support service providers and academic supervisors to develop appropriate objectives in the research area I began to establish contacts in the Maori community. It was important to me to initially liaise directly with kaumatua and senior Maori informants who were actively involved with iwi and hapu activities and whanau support and development. I had the advantage of long associations in the Maori community in the Rotorua area as well as iwi affiliations in the Te Kuiti area. My own personal and professional interests have also been in welfare and Maori development and I was able to meet with whanau, hapu and iwi organisations who were already well-known to me.

However, as I have described in Chapter 3, these processes are not always straightforward even when the agencies and organisations are familiar. Experiences for Maori individuals and communities with research in past times have included loss of taonga, loss of intellectual property, misrepresentation

through different world-view interpretations and misunderstandings with communication differences. Historically, few trained and qualified Maori were available to research with Maori. Any research that was undertaken by Maori was usually archived in documents that were also written in Maori and were therefore less accessible for mainstream researchers. Even when these documents were accessed by non-Maori authors and researchers there was often no appropriate acknowledgement.

Therefore, to implement an applied research question in a Maori population I had to ensure that the research processes accommodated shared understandings and mutually positive outcomes for the researcher and the participant community. My ongoing involvement with the Maori community in Rotorua, and the wider Maori community, was an important part of acknowledging the support and consent of the Maori agencies and organisations. This is the *kanohi kitea* (the face seen) discussed by L. T. Smith (1999) in her important compilation of indigenous research methodologies.

While the content of my research project focused on child rearing and parent-training programmes for Maori, and the relevance of Maori values in parent practices, the research processes were considered of equal importance. In Chapter 4 the responses from kaumatua identified a number of issues that confirmed existing parameters for Maori research and raised others. Thus the basic notion of *who* undertakes the research and *who* benefits from the outcomes was seen as the important issue but other issues were raised which qualified and elaborated on how Maori see research for Maori.

It was noted in these quotes that a shared world-view and shared understanding would implicitly ensure that Maori values and priorities would be accommodated. A more specific comment was made by an interviewee referring to gender match as a fair, equal, and sensitive exchange. Several of the interviewees felt being Maori was important but emphasised that being qualified was also necessary. Significantly, two interviewees commented that, on occasion, non-Maori researchers were acceptable and described shared commonalities in research. Thus, one kuia had met an American researcher, fluent in te reo Maori, whom she felt was acceptable. This suggested a shared understanding of iwi and being able to access and relate to the Maori speakers. Matching with language is a process issue as is the point raised about matching gender and also seniority.

Acknowledging the collective refers to providing research participants the option of contributing as individuals or as part of a group. One interviewee had emphasised the importance of group referencing as he reflected on his personal experience of working in hapu and iwi development. The notion of collective functioning, and the importance of the group for Maori, suggests that research plans in the Maori community should endeavour to accommodate some collective aspects in the research design. While this process can be implemented at a macro level in the iwi and hapu support and approval process, it has not always specified providing a choice directly at the level of individual participation. One koroua from the present study lamented the negative focus of much research and suggested that researchers must consider topic areas carefully as an ethical process. He felt that positive information for Maori should be a priority. Table 38 summarises these issues.

Table 38

*Research Issues for Kaumatua in the Whanau Whakapakari Research*

Research Issues	Kaumatua Quotes
Research by Maori for Maori	“A Maori researcher will know what to aim for.”
Equity and equality	“Everything is in balance...(I) can’t be diminished.”
Being qualified	“Qualifications are necessary to do the best job for Maori.”
Shared understandings	“He had a good rapport with the Maori researcher. He has lived up at Ruatahuna and has really been ‘Tuhoe-fied, and he’s a fluent speaker.”
Acknowledging the collective	“I have observed that a lot of Maori when they go through their decision-making processes, that they like to do it in groups.”
Maori values and priorities: topics that are positive models for Maori	“Research is a dead loss for Maori when we have to answer to society in an <i>economic</i> manner. We [Maori] answer to society in a <i>social</i> manner, so we need research to point to a developing people, and [highlight] our positive contribution. Research can be a way to turn around the negative to the positive.”

In my research I fulfilled the first objective of obtaining support and consent in the Maori community. My initial support and approval processes confirmed that the topic of Maori-centred research in parenting reflected and accommodated Maori priorities. As I have discussed in Chapter 1 parenting

programmes are promoted as remedial action for a range of social problems with little outcome data available that is relevant for Maori. In my preliminary approval process all the Maori agencies and organisations approached were interested and supportive of the topic area of parenting. These iwi and hapu organisations themselves considered that strategies for strengthening families and enhancing parenting skills should play a role in Maori families. At the community level several Maori groups had already implemented either short-term or ongoing parenting programmes and one of these provided the basis for my research project. My ongoing commitment in the community throughout the research led to the second research objective.

***A Maori Research Protocol: Kia Kororero Atu***

The second research objective included establishing a research protocol that could continue throughout the research. I have defined this protocol as Maori-centred and I have also included a number of issues that arose from my explicit questions about research for Maori. I have described this protocol as a series of steps and in my research this was also the order that I implemented them.

1. Defining the topic area, with a Maori focus, and developing areas of research relevance for Maori. Reading the literature – international and local - and following up relevant community activities in the Maori community. Having informal discussions within the Maori community which is assisted by being involved in different activities in the local community.
2. Identifying feasible locations and research populations for both qualitative and quantitative parts of the research. Networking assists in confirming aspects of the research with individuals and organisations who may be interested and willing to support and/or participate.
3. Gaining support from at least one organisation which can be an option for implementation of the research project. With this support the next stage of informing and seeking broader support can include some practicalities of the research project. In the current research this was the Rotorua Branch of the Maori Women's Welfare League. In other instances direct or indirect kaumatua support can provide the basis and direction of the research processes and outcomes.

4. Formalising the research objectives with iwi, hapu, and marae organisations. Implementing this should include approaches to key people in the organisations. In my research I undertook these contacts in the Te Arawa and Ngati Maniapoto areas.
5. Being available for meeting(s) requested by the agencies helps develop rapport and allows for mutual understanding. Research objectives may be modified after these meetings so it is important to maintain flexibility and provide all information at these meetings. Researchers should be aware that issues and concerns may not be raised directly with them. Individuals or groups not being available may indicate heavy work commitments or possibly concerns that they are unsure about presenting directly.
6. If qualitative research is involved this should be discussed with participants and/or organisations. An additional process of providing feedback opportunities for both interim data and report presentation is essential. The process in my own research involved personal contacts with kaumatua for consultation and interviews followed by a letter and/or a meeting explaining the project before the interviews took place. The focus groups followed a similar process, but I informally approached the organisations and the potential participants to assess their interest and availability before the formal approaches to the Trust organisations. These individuals and groups were provided with two opportunities for feedback and most also had opportunities for informal contacts.
7. If quantitative research is involved then the setting and processes for this need to be confirmed. In the present study the quantitative parent-training intervention aspects of the research and the process of engaging a research population required the support of the organisations directly involved. In my research this was the Rotorua Branch of the Maori Women's Welfare League and the Apumoana Marae Committee. This also involved discussion, a letter and a meeting with each. Following this the content and the way that the sessions would be run was discussed with the MWWL Parenting and Life Skills Programme Co-ordinator and the programme attendees.
8. Identifying parallel consultative, ethical, and supervisory processes between the University requirements and the Maori community. While the

details of the community involvement will vary with the nature of each research project there needs to be clear links established which will maintain the accountability of the research team. Thus, while each stage of this Whanau Whakapakari research - the interviews, the focus groups and the parenting interventions - had been passed through the University Ethics Committee each stage was also taken to the relevant organisations in the Maori community. As discussed in Chapter 3, if the research is located in a Pakeha institution (in this case the University of Waikato), then similar roles should be reflected in the Maori community. For example, my discussions with iwi, hapu and marae organisations provided for ethical issues to be raised. For some health research Maori may have a formal ethics committee. In my research several kaumatua were invited to advise and comment on the research and were also available for formal hui and other research meetings. Their role was for advice and supervisory input. A minimum condition for smaller research projects would be a recognised Maori advisor/supervisor in the academic or project location area and a recognised Maori advisor/supervisor in the Maori research setting.

***Maori Experiences, Values, and Practices in Child Rearing:***

***Te Ao Tamariki Maori***

The third research objective was to examine relevant values and practices in child rearing for Maori. The outcomes of this qualitative component of my research is described in detail in Chapter 4. Using standard and recognised qualitative methodologies and analysis, I developed a semi-structured interview to gather information in main three topic areas: recollections of own upbringing; the nature and role of Maori values; and contemporary issues in family functioning for Maori.

This study confirmed changes in whanau structures over time by including different age groups in the research. Participants in the qualitative section of the research, from the kaumatua interviews to the teenage mothers in the Maori parent focus groups encompassed an age range of individuals from 17 to 78 years. Many of the older participants recalled bigger family groups and the important influence of senior relatives, most often female, and being surrounded by “layers” of different generations. Participants in the younger age group seldom referred to

older relatives as being part of their upbringing or of their current support. Few parents in the younger age groups had more than four children in contrast to some the older participants who mentioned family sizes of up to 16 siblings. Along with smaller families these younger parents also reported an increase in sole parenting.

The kaumatua interviews provided consistent reports of larger family sizes, absence of family violence, the close tribal connections, and the importance of senior female relatives in teaching and instilling Maori values. This relative was most often a grandmother and the process was described by one kaumatua as “the kuia model.” Maori values identified from the kaumatua interviews and the focus group meetings confirmed the enduring value and importance of whanaungatanga. For some of the respondents whakapapa was similarly important and was explained as Maori identity and the sense of belonging. The importance of wairuatanga in Maori whanau was also discussed. The informants described wairuatanga as either spirituality, as recognised in a Maori setting, or as a formal Christian religion. All informants agreed on a role for wairuatanga in family functioning although western world-view religions were seen as positive for some participants and negative for others.

It could be inferred from the data on smaller family groups, and a diminished role for whanau among younger participants in contemporary Maori society, that the importance of whanau was lessening for these younger parents. However, the analysis of the support networks data in this project indicated that whanau is still seen as the most important group if a parent needs help with a problem. Whanau was identified as more important than partner, friends, or community agencies for all participants.

Two other features of this project illustrated the importance of whanau in contemporary Maori society. Firstly, the range in ages of the parents and grandparents who attended at least one of the sessions in the Whanau Whakapakari parent-training programmes. Ages of participants ranged from 15 years to 82 years, which was even wider than the groups in the qualitative research component noted earlier in this section. The different age groups who attended indicate that child rearing and parenting continues to be seen as a responsibility that is shared by parents, aunties and grandparents, and that all

generations are interested and responsive to appropriate parent-training programmes.

Secondly, I noted earlier that a kuia had asked to be interviewed with her kaumatua (two male elders) as she felt that this was appropriate and that they had important contributions to make on the topic of parenting. This request highlighted the fact that all whanau, encompassing male and female elders, should be given the opportunity to be included in discussing parenting for Maori.

Participants in the Maori service provider focus groups were unanimous about the importance of Maori working with Maori families. They saw their role as *awhinatanga* in situations where the extended families were not available for Maori parents. Workers emphasised the importance of meeting the clients and gaining rapport, getting to know the families and gaining trust, and the process of “hanging in” with families. “Ma te wa”, taking time and being there for them. “I think that’s the difference when we work with our people - we can cry with them, we can laugh with them, we can go through the ups and downs, we growl them, whatever.” Most importantly, these workers felt that they had to be there for the families when they (the families) were ready to make changes. While most of these welfare worker/participants had previously worked in government health and welfare agencies and were well versed in health, safety and family intervention responsibilities, they saw the solutions as family-based not agency-based. An immediate response to child safety concerns being raised was, “I would call the family together.”

My qualitative research, then, described a range of Maori experiences, values and practices in child rearing, and has affirmed values that are associated with Maori communities as in *whanaungatanga*, *whakapapa*, and *awhinatanga*. Some are closely linked with Maori identity as in residing in tribal areas, sharing a collective name, and a sense of solidarity and distinctive shared practices. Others appeared more idiosyncratic. For example, ambiguous attitudes to Western religions. These different attitudes to religion are likely to reflect the impact of colonisation, a cultural adaptation process, and different personal experiences. Harkness and Super (1995), among others, have pointed out the difficulties of consistently predicting parent behaviours towards children based on their belief systems. While it must be acknowledged that these beliefs and values do not provide linear predictive outcomes for parenting practices I believe that the



essential role of these values and prior experiences contribute to the sense of Maori identity. Acknowledging and incorporating these collective concepts into behavioural strategies and programmes should result in enhanced social and cultural relevance of the strategies and programmes. The further question of enhanced effectiveness in learning and implementing desired outcomes of parent-training interventions by incorporating cultural adaptations was explored in the following research objective.

***Effectiveness and Relevance of Parent-Training Programmes: Programme Integrity, and Social and Cultural Validity***

My fourth research objective considered how the values which related to family functioning could be incorporated into parent-training programmes. There were two challenges in implementing the empirical programme comparisons in this study. One was in delivering the Standard Parent Training programmes in a “standard” manner and the other was in designing the culturally adapted Matuatanga Model programmes which incorporated relationships, values and parent training. Standard parent training is based on behavioural principles but is generally assumed to encompass a wide variety of methods for changing behaviour. It is also accepted that in delivering a behaviourally-based programme to particular populations some appropriate adaptation and matching of examples and settings is required. In the present research although the SPT programme was claimed as a standard programme and delivered according to the protocol set out on Appendix L, it was also marae-based and inevitably included a range of culturally-embedded processes and interactions.

Programme delivery is part of the treatment integrity process (discussed under Programme Integrity in Chapter 5) and addressed in the present study with the forms shown in Appendix X. I have noted (under Whanau Whakapakari Research Procedure in Chapter 4) that these forms were completed by Maori professionals invited to attend the research sessions. The forms in the present study did not specify location or Maori protocols and it is clear that these contextual elements had an important influence on the style of the programme delivery. It is therefore suggested that while there was some contrast in the different (SPT and MM) programme content, overall the entire project was clearly imbued with Maori processes.

In the present study I delivered all the programmes which meant that the therapist variable was constant. However, I am associated with the Maori Women's Welfare League and the Apumoana Marae Committee and am known in the local Maori community. Collectively, these relationships may have been important process variables influencing the standard training. Graziano and Diamant (1992) highlighted the importance of process and therapist characteristic variables in behavioural parent training when they reflected on the dearth of research in these areas. Webster-Stratton and Herbert (1993) implemented parent behaviour change interventions by establishing the most effective therapist approach. Thus, a more detailed analysis of the social and cultural processes in my delivering both programmes could have highlighted the process similarities between the SPT and MM Programmes. These process and therapist characteristic variables may have been more influential on the programme outcomes than the content differences. While this may have influenced some of the programme comparison outcomes the consistency should also have provided best outcomes for the participants.

Designing the culturally adapted programmes was the second part of the challenge. The adaptations involved combining a number of empirically untested concepts and strategies with a range of empirically tested concepts and strategies based on behavioural learning principles. The general endorsement of standard behavioural child-management strategies from participants in the qualitative component of the project affirmed the decision to include standard training in both programmes. I designed two cultural adaptations. The first explored whanau relationships in parenting in the Matuatanga Relationships Model; the second explored identity and connections in the Matuatanga Values Model. The degree to which the MM programmes were adaptations of, or enhancements to, SPT was influenced by the process variable discussed above and is reflected in the programme comparison results.

Comparison of the pre- and post-training scores from the SPT and MM programmes showed that both approaches resulted in improved scores. Lower scores in the measures used were interpreted as more adaptive and competent parenting responses. Thus the post-training scores on the POQ and the Parental Self-Rating Scale were significantly improved for both the SPT and the MRM programmes in Part I. In Part II the scores on the same two measures showed the

improved trend for both the SPT and MVM programmes, although this was not statistically significant. The trend to improved scores continued for the participants who attended more than one programme. Overall, the statistical significance of the post-training changes was modest but showed improved scores with more sessions attended.

The Critical Incident Scenarios, the Programme Evaluation Forms, and the Programme Booklets provided qualitative data which showed that elements of programme enjoyment were more often mentioned in the MM programmes. While it is unwise to speculate on motivation for participation in programmes reports on programme enjoyment and programme endorsement contribute to Ajzen and Fishbein's (1980) theory of reasoned action in help-seeking behaviour. These researchers postulated that individual intention to seek help is influenced by attitudes to, for example, attending a parent-training programme as well as a subjective norm that others who are important to the individual would approve of the help-seeking behaviour. The Programme Evaluation Form asked directly about the value of having marae-based programmes. Between 80-100% of participants in all programmes (SPT, MRM, and MVM) top-rated this as Very Important. Additionally, with the culturally adapted MM Programmes all participants in both the MRM and MVM groups gave these programmes top-rating of Very Good, compared with 72% and 80% top-rating for the SPT Programmes. These ratings may be assumed to relate to the cultural element and thus the cultural validity of a programme.

The results suggest that while the SPT Programmes were valued the MM Programmes were reported as more valued. The different emphasis in participants' responses to the different programmes may reflect the elements of programme effectiveness and programme acceptability and suggests that the cultural adaptations may be more accurately defined as cultural enhancements. If we assume that parents are more likely to attend a programme that has been recommended by a friend, who also reported enjoyment, then it suggests that there may be more motivation to attend a culturally adapted programme.

The role of specific skills acquisition is also important. Puckering et al. (1996) reported that while their support programme was very effective in improving women's self-esteem and social functioning, a specific parenting intervention was necessary to add parenting-style gains. Similarly, the need for

specific child management in the present study was indicated in Chapter 4 when parents identified elements of unacceptable child behaviours and their interest and approval of standard child-management strategies. The SPT programmes delivered these strategies and it is significant that there were positive post-training changes following these programmes.

Introducing cultural adaptations and enhancement into the standard programme suggests that there should be similar adaptations and enhancements in programme outcomes. In the present study these changes were part of the research process and formed the fifth research objective of establishing reliable measures for assessing post-training changes and whether the programme outcomes were consistent with the emphasis on cultural adaptations in the MM programmes. The desired outcome of standard parent-training programmes is to enhance parent learning of safe and effective child-management strategies and this is endorsed as an important programme outcome. However, there are a range of other matters related to social and cultural validity that should be considered in assessing the utility of a programme. The ways that cultural enhancements can be recognised in the outcomes is also important.

#### ***Outcomes of Parent-Training Programmes: Ecological Insights***

The fifth research objective was to collect information on measures designed to assess parenting practices and to establish whether these measures could be considered as useful outcome measures for Maori parents participating in parent-training programmes. It had become clear during the research project that cultural adaptations of parent-training interventions suggested cultural adaptations of programme outcomes and therefore programme outcome measures. I have suggested that integrating Maori values and prior experiences into standard programmes should enhance social and cultural validity of the programmes. If this contributes to improved participation in such programmes then these adaptations should also contribute to programme outcomes that recognise and incorporate cultural values.

Based on their work developing positive strategies for Hispanic youths Szapocznik and Kurtines (1993) recommended integrating family and culture literatures into an embeddedness of contexts approach and outcomes. They developed bicultural effectiveness training which initially emphasised the commonalities in families and de-emphasised the intergenerational cultural

differences. The second stage created cross-alliances in families and a process of accepting and understanding the value of different aspects of both cultures with a view to enhancing biculturalism in families. Integrating and promoting contextual goals is part of the acknowledgement that contemporary psychology is undergoing a paradigm shift, particularly where psychology is concerned with the individual as the focus of study.

Broad cultural parameters, which are both implicit and explicit in Maori-centred research, can also be seen in what Danziger (1990) described as the domain of the real. He theorised that this *domain of the real*, of past experiences and wider cultural values, is not always observable, but that it can be recognised as generative mechanism influencing current behaviour. He identified the observable and measurable aspects of behaviour as the domain of the actual. He claimed that scientific research aims to increase our knowledge of generative mechanism, that is, our understanding or affirmation of the real world. I have already stated (Herbert, 2001) that it is not sufficient to assert Maori world-views and diverse Maori realities without being challenged to affirm, through research and practice, the actual Maori world – where principles and regularities can be recognised and replicated under appropriate conditions.

The outcomes from my research can be rationalised both in terms of broader events, which I describe as ecological, and more specific measurement and interaction outcomes. While the outcome measures in the present study relied on questionnaires and self-report measures rather than formal observations, individual interactions, and monitoring the implementation of strategies, I was able to utilise a safe and supportive learning environment to engage the participants. Encouraging interest and commitment to the programme allowed the participants firstly to disclose and discuss problems and then to be receptive to facilitator and peer knowledge, experience, and suggestions in dealing with parenting problems.

In general, the Maori parents in my research considered techniques such as time-out, reinforcement, and other behavioural strategies as beneficial but it appeared that few parents were consistently implementing them. The present study has shown that these participants reported some degree of skills acquisition, and some general enjoyment the programme in the evaluation, but for many participants the session discussions suggested that their parenting knowledge was

already adequate. As a result of the patterns of attendance by parents during my research project I considered that implementing standard child-management strategies could be both an ecological and a measurable outcome of parent-training interventions. The attendance patterns showed that several participants continued attending throughout several programmes and that they often brought other whanau members – sisters, mothers (grandmothers), and cousins. By encouraging and providing for whanau attendance at sessions a number of significant adults can create more consistent home conditions for skills implementation, maintenance, and eventually some familial generalisation as different generations shared child-care of tamariki and mokopuna. This ecological programme outcome of whanau involvement should increase the likelihood of implementing safe and effective child-management strategies.

A whanau-based outcome is illustrated in my research by the participation of at least one grandmother who attended because she was interested in her daughter's accounts of how children learn. Other mothers brought along a sister or cousin. These examples also demonstrated that participants wanted to learn these strategies and confirmed that specific skills acquisition outcomes are important to Maori whanau, and that programme features which create a safe and supportive environment, and can accommodate whanau as well as individual participation is important for the Maori community.

Child maltreatment research has noted that abusive parents do not identify themselves as having a problem (Azar & Wolfe, 1989). Therefore participation across all parents, both competent and maltreating, is more likely if a programme is seen as focusing on client strengths. Also, if a programme is ongoing and is seen as part of the naturalistic community supports then hard-to reach and “at risk” parents may be more likely to accept the support and awhinatanga arising from positive shared experiences in a regular community-run parent-training programme rather than being seen as a target population of “at risk” parents.

Research on the role of social support, particularly in the areas of child abuse and neglect, has provided insights into the quality and frequency of these supports. From Wahler's (1980) important description of the “insular mother”, his insights on the nature of the contacts rather than the frequency, it is now accepted that the quality of support is a key factor in predicting the isolation or otherwise of a mother. Thus, frequent and positive kin contact was associated

with low incidence of abuse and neglect. Conversely, frequent and aversive contacts with kin and agencies often resulted in the mother continuing to be isolated with increased risk of child abuse and neglect. (Albarracin, Repetto, & Albarracin, 1997). Seagull (1987) reviewed the research on social support and the implications for child maltreatment and pointed out the importance of parent characteristics in utilising networks. She concluded that the individual's perception of the adequacy of the support relationship has been shown to be one of the most protective values in buffering stress.

The parents in Part I of the present study were asked a range of questions on their social networks. While 86% scored their networks in the middle and upper range of satisfaction in the pre-training measure half of these satisfied parents reported a further improvement in their support networks post-training. This suggests that an ecological programme outcome could include improved social support networks by including questions on keeping in touch with other programme participants and/or continuing in another supportive environment after programme completion. In my research these additional supportive environments included helping at kohanga reo, which further consolidated positive parenting principles in a Maori context, or helping with church groups. Thus parents were willing and able to identify and utilise supportive environments outside the whanau environment.

Closely related to shared experiences on the programme were reports by participants of improved confidence and self-esteem. This was indicated under Programme Follow Up in Chapter 5 and is further discussed under Clinical Observations later in this chapter. This improvement in status may be identified as an ecological programme outcome where the parent has made positive life-changing decisions such as in their partner relationship, or their accommodation and support, or life-goal changes. Ogles, Lunnen, and Bonesteel (2001) confirmed that over the past two decades changes in daily life functioning have become increasingly important indicators of "real" change.

Programme follow ups in the present study recognised the importance to participants of being able to get out of the house and having the opportunity to learn. This was reflected in their responses to their goals or plans where the opportunity to progress to further learning was seen as more important in the

short-term than part-time employment. Positive programme outcomes could include enrolment in further education and training courses.

Identifying ecological outcomes of parent-training programmes recognises the cultural embeddedness of parent functioning for Maori and, as I have emphasised throughout, the key role of whanau and hapu. Recommendations for including these concepts in outcome measures are discussed in the following section.

### ***Outcomes of Parent-Training Programmes: Measurement Issues***

In my Whanau Whakapakari research a range of pre- and post-training measures were included to consider the fifth research objective of identifying acceptable and appropriate measures to assess parent-training outcomes. These measures included the Parent Support Networks, the Parent Opinion Questionnaire (POQ), a Parental Self-Efficacy Questionnaire, a Parental Self-Rating Scale and a set of Critical Incident Scenarios, as well as the Programme Evaluation Form.

Seventy-eight participants attended at least one of the three research sessions. Fifty-two participants completed the POQ and the scores were analysed to explore relations between parent expectations and predictors of more adaptive parenting decisions. Lower levels of education were at least partially correlated with appropriate decisions on punishment and on reasonable self-care responsibilities for children. There was an overall correlation between lower levels of education and less adaptive parent expectations of children. The age of the parent also accounted for some predictions on punishment with younger parents making firmer decisions or older parents making more appropriate decisions. Within the sample population parents with fewer children exhibited a medium correlation with less adaptive expectations of proper behaviour. The sample size, and nature of the research participation, can only discern possible factors in less adaptive parenting. However, within this population younger mothers with lower levels of education and fewer children may be the group that is predisposed to child management decisions that are consistent with maltreating parents.

Twenty-two participants completed all research sessions and provided quantitative data that included an evaluation of the programmes. Analysis of these results showed that scores on parent post-training measures indicated a trend



of improvement in all programmes with the Part I programmes showing a statistically significant post-training improvement. There were no differences between the SPT, MRM, and MVM programmes in the outcomes measures.

The measures that appeared most sensitive to post-training changes were the responses to specific child age-related parental expectations (POQ), the self ratings (Parental Self-Rating Scale), and the written responses to short scenarios (Critical Incident Scenarios). The measures that showed least change were the more general questions included in the Parental Self-Efficacy Questionnaire. Thus, the measures that accessed specific statements and/or specific scenarios appeared more responsive to changes post-training. Grusec and Walters (1991) have reviewed the research on measuring and interpreting parental attitudes and belief systems. They noted the paucity of information on reliability and validity of many measures of parent attitudes and the difficulties of predicting parent behaviours from these measures. They recommended specific assessments of parent cognitions as a more promising approach. These recent approaches, as discussed by Grusec and Walters (1991), recognised that child behaviours interact and influence parent behaviour in a similar way that parent behaviour influences the child. Describing a child behaviour or activity and recording the parent's responses recognises this interaction and the fact that parenting styles and parental expectations are developed and influenced by how children behave. Thus, measures of specific responses to specific behaviours has been shown to be useful in the present research.

None of the available research on measures of parent behaviour and practices described the roles and responsibilities of extended family. That whanau continue to be considered as an important part of child rearing and parent training for Maori was evidenced firstly by the qualitative analysis of the kaumatua interviews and the focus groups and secondly by the range of family members (siblings, aunts, parents, and grandparents) who voluntarily attended the Whanau Whakapakari sessions.

In reviewing the range of measures that I included in this study a number of points can be raised. Most importantly, it became clear that outcome measures that were appropriate for Maori parents needed to recognise aspects of extended family functioning and while I adapted some of the measures during the study I am now able, on reflection, to comment further.

The Parent Support Networks (Appendix P) listed partners and whanau as well as various community groups. I would have elicited finer grained data if I had listed more detailed whanau descriptions. The inclusion of beyond-partner whanau such as sister, mother, cousin in own family, and sister, mother, cousin on the partner's side would have been useful. This detail would have highlighted trends as to which generation of whanau, and whose side of whanau, these parents were most often accessing for support, advice and assistance. This would have added useful insights given that generational and other changes in whanau structure became evident as the research progressed. The church and marae were listed together as support. Listing these separately would have provided data on the role of the church in the community, as several of the evangelical churches provided opportunistic membership for distressed and lonely individuals. Church membership was almost always reported as positive for the mothers in my research as it provided constant companionship for them. Matching the parents' responses on who was important to them and who would help with a problem elicited key information on access and satisfaction with current support which has been analysed and discussed in Chapter 5.

The Parent Opinion Questionnaire (POQ) (Appendix Q) had the advantage of being developed from specific incidents drawn from case-worker reports, as I have discussed under Programme Outcome Measures in Chapter 5. The value of assessing parent expectations in specific behavioural terms and using the same measures repeatedly (before, during, and after intervention) is discussed by Nelson (1981). She also recommended administering a range of measures and discussed the advantages as well as the limitations of self-ratings and self-report measures. She noted that pre- and post-therapy administrations with a questionnaire that is sensitive to client changes should produce informative data. I chose to administer the unmodified original POQ with the original scoring and scales (Appendix Q) throughout the study for comparison purposes. This questionnaire has 80 "agree" "disagree" items of which only 60 are listed in the scales (Appendix Q). I would recommend that this questionnaire be reduced in length with only the 60 items identified in the subscales being administered.

In my research I checked both the pre-and post-training responses of the 22 participants on the 60 scored POQ questions to identify the questions where 50% or more of the participants responded "agree" (denoted as the less adaptive

response). There were five items that were identified. Three of these were in the Help and Affection to Parents subscale (items 35, 61, 70), one was in the Family Responsibility and Care of Siblings subscale (item 46), and one was in the Proper Behavior and Feelings subscale (item 57). These items in the POQ reflecting parent expectations of help, affection and taking responsibilities may be culturally determined rather than reflecting inappropriate parent expectations. Participants in the qualitative component of the research had emphasised obedience, respect, showing affection, and expressing love to a parent as desired child behaviours. Within the Maori community extended family activities and whanau events, including birthdays, family reunions and tangihanga usually provide regular opportunities for family contacts and interactions and are associated with the processes of whakapapa, whanaungatanga, aroha and manaakitanga. Children are expected to participate and contribute to these events including undertaking practical responsibilities in catering and accommodation tasks.

The other two measures used (Parental Self-Efficacy Questionnaire and Parental Self-Rating Scale) are self reports and self ratings. Mash and Terdal (1997) discussed the value of parent self-rating measures in assessing parents' self-reported perceptions, cognitions and feelings. They stated that gaining a broader understanding of family views via self reports assists in the definition of problems and in designing effective interventions. The importance of these self-perceptions of parenting skills and family functioning are akin to the importance of self-perceptions of social support noted earlier in this section (Seagull, 1987) confirming that the individual's perception of the intimacy of the support/level of parenting skills was the best indicator of adequacy of the support/parenting skills. The importance of feelings of self-efficacy and self-rating of parenting skills suggested that these measures should be included and I adapted both of these questionnaires to reflect the programme content. However, I could have included questions in these two measures that reflected the sense of understanding and utilising whanau relationships and also whether parents valued the concepts of whakapapa and whanaungatanga in their views of child rearing. Including more questions designed to assess the Matuatanga Model outcomes could have provided a more balanced post-training measure.

The Critical Incident Scenarios (Appendix T) did provide an opportunity to include descriptions of extended family responsibilities and dilemmas familiar

to many of the parents in the research sample. The language used and the descriptions were similar to the language and descriptions of situations that the parents in the programmes had described. A further advantage of open-ended responses to scenario situations was that positive responses could be recorded in the style and language that was most meaningful for the participants. Post-training changes could reflect not only that a coercive action was avoided, but also that an assistive action was suggested. Examples included,

“Letting her cry herself to sleep”(coercive),

to, “Checking it out and ringing the doctor” (assistive).

Another well-researched area of parenting behaviour that has been shown to predict parenting competence is the assessment of parent monitoring and disciplining strategies. Wahler and associates (Sansbury & Wahler, 1992; Wahler, 1997; Wahler & Dumas, 1989; Wahler & Sansbury, 1990) have reviewed and researched the links between parent stressors and absence or lapses in consistent monitoring and recognition of child deviant behaviour. This area of research has contributed a range of important formulations on parent-child interactions relating to child compliance and parental inconsistency. I have discussed (under International Literature on Parenting in Chapter 1) that much parenting research has been generated by concerns about child abuse and maltreatment, rather than positive child and family successes, and that Maori families are currently over-represented in negative statistics on child abuse and domestic violence. I therefore chose in this study to explore broader cultural values and client strengths to contribute to understanding just what is meaningful and valued in Maori whanau. I could then suggest possible mechanisms for acceptable and meaningful interventions and outcomes.

Research on parental monitoring and discipline style for Maori whanau should be developed around behavioural principles and could then incorporate an extended family approach to these issues. This would involve defining the family to include significant aunties, uncles and grandparents, and assessing the roles and responsibilities of each. The interventions should likewise be tailored to the different roles of extended family members. The follow-up maintenance and generalisation of any prescribed changes in monitoring and disciplining behaviour would also need to recognise specific cultural settings, such as the marae, and the

reality that there will be occasions when there are conflicting attention priorities for the caregiving adult.

### **Clinical Observations**

Introducing the notion of clinical significance as defined and discussed by Ogle, Lunnen, and Bonesteel (2001) confirmed that a number of processes beyond statistical significance are pertinent in evaluating meaningful change following an intervention or training programme. These authors have shown that while social validity emphasises a broader examination of practical change from the perspective of participants and societal members (as discussed under Social and Cultural Validity of Parent-Training Programmes in Chapter 5) clinical significance takes a slightly narrower view of meaningful change by adopting the researcher-defined description of significance of change.

Over the three years of my field research I was able to observe parents and tamariki and note significant changes in behaviours that were not always reflected in the group outcomes. My observations included the characteristics of the participants and the patterns of behaviour that emerged as these parents became involved in the programme. Many of the participants in the Whanau Whakapakari research represented a group of parents who may be defined as “hard-to-reach” families. The majority of the participants had not completed secondary schooling. Most were single parents on welfare benefits, most were in rental accommodation, and moved regularly. A significant number of parents had at least one teenage offspring and other children who were pre-school age. Given the age of the parent it was clear that many of these participants had been teenage mothers. Early research has confirmed poor social and employment outcomes for teenage parents with low educational achievements.

Observation of their social behaviour showed many of these parents to be passive and non-involved during the programme sessions. The majority of these parents were also smokers and would often ignore the session routines and gather outside the building in groups to smoke. Some of these parents could be described as managing only short-term goals, coping week by week, often being overtaken by a relationship or housing crisis, or a distressing meeting with a social worker. In general, a feeling of being overwhelmed by their circumstances.

Many of the parent-child interactions that I observed indicated that the parent was disorganised and often unable to manage a child’s demands. Some of

these parents appeared unable or unwilling to comfort their own distressed children. This was especially noticeable when there was more than one child. These mothers who demonstrated an apparent absence of empathy or responsiveness also either significantly over disciplined or were overly protective of their children. They often displayed a lack of judgement with boundaries and direction with their children. It is not surprising that these mothers were also the ones who were the least confident and the most difficult to engage in the sessions.

Once enrolled in the programme it became clear, over time, that there were a number of significant changes that preceded a parent becoming involved with the programme. Initially there was some degree of social connection with another parent often as they were having a cup of tea. If the mothers continued to socialise mainly with the groups who had the smoking breaks outside they often remained less interested in the sessions. However, if they were sitting inside having a cup of tea and holding their children, they would then talk to other mothers sitting there. They sometimes began to hold each other's children and often started to exchange some discussion of their life events. One especially useful process was the weekly introductions or whakawhanaungatanga (the process of making familial or tribal connections) at the beginning of each session. Attendees would introduce themselves often including in their introductions their iwi affiliations and their identifying landmarks - maunga (mountain), awa (river) or moana (lake, sea). Almost without exception some connections would be made with others from the same area and occasionally close kinship could be identified. The several kuia who attended the programmes would also reminisce about the different families and find out about the parents and grandparents of these mothers. Thus a social and often a whakapapa connection was established that was based on shared experiences and/or shared kinship.

If the mothers who had made connections then started to feel more comfortable they were often more willing help with the tasks of setting up and cleaning up for the programme. These were the parents who then tended to become more responsible in the programme and their attendances became more regular. It was often just the comment, "See you next week," that started to signal this second level of commitment. After reaching this second stage the parents' contribution and involvement with the programme usually became more obvious

and positive. They actively contributed to the sessions, generated ideas for future sessions, and were clearly intending to continue through the term.

At any one of these stages the parents did not necessarily move on to the next stage. The key point was the first stage – that of making a connection - and the best indicator that they would continue was the type of connection that was made. Understandably a whanau connection was most positive. Additionally, if they then brought along another whanau member - a sister, cousin or parent - within a few sessions the contacts with the programme improved and resulted in better attendances. When parents attended with whanau the parent-child interactions were observed to be much less aversive. There was more than one kin adult who would respond to child demands and there was less likelihood of these adults simultaneously losing control and getting angry in a setting with other parents and children around.

In several instances close friendships between mothers developed. They began to help with each other's children, to share transport and to socialise. This was seen as *awhinatanga* and, as reported in the Programme Followup in Chapter 5, was often positive. A couple of mothers reported that they still kept in touch with each other three years later. However, it was recognised that the influences on each other were not always positive. Some of these parents could be described as needy individuals and some were indiscriminate in how they met their needs. On occasion some were known to have taken advantage of the goodwill of other parents.

The group of parents who attended but remained isolated were often the ones who displayed overly-protective parenting. These mothers were usually reluctant to let the child stay in the crèche or encourage them to mix and socialise with other children. These parent-child relationships could be described as enmeshed in that neither the adult nor the child was able to respond appropriately to others in the social setting. They remained isolated and to some extent intimidated by the activities. The focus of the parent appeared to be an affirmation that their parent-child relationship was the most important, perhaps the only, thing in their lives.

Similar descriptions of parent-child relationships have been suggested by Grusec and Walters (1991) as influential in child socialisation and adjustment. These authors claimed that the core component of child maltreatment is

psychological abuse, and that many of these parent behaviours occur along a continuum from “good” to “bad”. Their categories of caregiver/parent activities included harmful disciplinary practice, lack of responsivity, warmth and acceptance, exposure to deviant models, extreme overprotection, and exploitation. Therefore my clinical observations in the present study formed an important part of the process evaluation of this research. It showed that based on my observations the programme was effective in attracting parents who demonstrated a range of parenting abilities. Some of these parents displayed parent-child interactions that were consistent with psychologically abusive parenting which some researchers have postulated as a core component of child maltreatment. Thus, while I have noted before that many of the participants could be described as “hard to reach” others may also engage in parenting styles and interactions that were psychologically harmful to their children.

Throughout my research I have identified and discussed the importance of collectivism and mutual support to Maori. Paramount is the feeling of being identified as part of whanau and hapu groups and the shared child rearing responsibilities in the Maori community. Additionally, the involvement of whanau and the facility for individuals to attend the programme as a whanau group has appeared to enhance attendance. I have also suggested that a whanau group attending the programme is more likely to create a home environment to implement changes in child management strategies.

Parents who do not have local whanau connections must not be overlooked. Although there are “double opportunities” for Maori to connect in such a programme (as both a training group participant and as whanau and/or hapu group member) on many occasions this has not been the case. In fact, the reverse may apply when the “double opportunity” does not arise or is not taken up. In this circumstance attendance as an individual may be even less rewarding and enjoyable. This suggests two outcome environments when a programme properly integrates Maori values in a Maori setting. Firstly, and most commonly, that whanau and hapu processes are properly recognised for their potentially positive role. Secondly, that individuals who are unwilling or unable to participate in these processes are accommodated with awhinatanga and support. The effective facilitator will be aware of both potential outcomes for participants and positively accommodate them.



## CHAPTER 7

### NGA WHAINGA WHAKAMUTUNGA O TE RANGAHAU:

#### RESEARCH CONCLUSIONS

##### Aspects of Maori Methodology

Implementing clinical research in the Maori community and ensuring best outcomes for Maori should be considered, in the broader context, as an expectation for Maori under the Treaty of Waitangi. The *oritetanga*, or citizenship, Article requires fair and equal access for Maori and non-Maori to the benefits of society. This includes the benefits of appropriate clinical research. This study has discussed the importance of the Treaty of Waitangi, the implications of the Treaty for Maori research, and the details of Maori methodology as an integral part of appropriate clinical research. I described the present study as Maori-centred. I acknowledged the proper role of University academic requirements but as far as possible I implemented parallel processes in the Maori community for support, approval, consultation and supervision.

Maori methodology is consistent with other indigenous methodologies in that it includes cultural protocols, values and behaviours as an integral part of the research process (L. T. Smith, 1999). My study included descriptions and implementation of research processes in the Maori community as well as including a direct question for kaumatua on research for Maori. While my study confirmed the value of a Maori researcher in the Maori community and the importance of consultation, inclusion and feedback throughout the project, my research raised two additional aspects of Maori methodology.

One aspect related directly to the enduring commitment of Maori to collective values and activities. It was noted from my analysis that in any research Maori should be provided with the option of participating as group whether in interviews, activities or interventions. This was stated directly in the current research and was also illustrated by the kuia who asked to be interviewed with her kaumatua as a group.

The second aspect was the equity noted when ethnicity, gender and age were matched in the interviews in the present study. While I am aware that such matching is generally noted as desirable when ethical aspects of research projects are planned Maori participants are often considered only in terms of ethnicity. Cultural values for Maori, and the status of seniority, suggests to me that age and

gender matches must be considered as important as ethnicity as matching variables. In some settings, including those of negotiation and bargaining, age and gender may be more important than ethnicity.

These two points are raised as additional to the main body of literature on indigenous processes, which was affirmed in my study, and which emphasises the importance of Maori setting their own research goals and overseeing implementation, interpretation and dissemination of the research. The Maori researcher should centralise issues of Maori identity and maintain best outcomes for Maori.

### **Cultural Identity and Diversity in Parenting**

Different beliefs and values in parenting between ethnic groups, as well as variation within groups, have been identified and discussed in earlier research (Greenfield & Suzuki, 1997; Julian, McKenry & McKelvey, 1994). Julian, McKenry and McKelvey (1994) noted more cultural similarities than differences across different groups, when socio-economic status was controlled, but agreed on the importance of broad values that distinguished different ethnic groups. These distinguishing values are part of the cultural identity of individuals and groups and are paramount in research with Maori. Durie (2001) has consistently equated a positive sense of identity with positive mental health. He further noted that cultural identity depends not only on access to groups, events and structures that embody one's culture, but also on the opportunity to express one's culture and the experience of being endorsed and valued in this cultural expression. The section Clinical Observations in Chapter 6 provided insights into, and affirmation of, such a process. While whakawhanaungatanga is routine in many Maori situations my observations suggested that these formalities should be viewed as a key to engaging participants. The introductions should be sensitively adapted to allow less confident participants to contribute and the environment prepared in such a way that they have either whanau or social support to ensure interest and commitment to a programme. Incorporating identity issues is a first step for parent involvement in a programme but the way that this is done must recognise that programme participants have differing cultural experiences and confidence.

This diversity of experiences among these research participants included changes in whanau structures from larger inter-generational units to smaller families, more sole parenting, and changes in the awareness and experience of

violence in families. All the kaumatua in this research commented that there was no violence in their homes as they were growing up. In contrast, many of the younger parents in this research were familiar with harsh physical discipline. Some also commented after parent-training sessions that they had finally learned alternatives to negative verbal and physical discipline.

Another aspect of diversity for these research participants was their differing experience of Maori values in their upbringing. While the older participants recalled being an integral part of whanau groups, and Maori communities with Maori values, these experiences were not so common for the younger participants. However, participants of all ages provided information and understanding on what they considered Maori values. Those who reported being denied these values in childhood had either married into whanau whom they considered embodied these values or had made sure that their tamariki attended kohanga reo. Consistent with other research (Waitoki, 2000) the parents who felt that they had missed out on Maori values in their upbringing were more explicit about the importance of Maori values in parent training, and of the necessity to learn these values as children rather than as adults.

While not all my research participants felt that programmes should be marae-based I considered that it was important as a base. This was intended to increase the feeling of access to Maori culture and heritage, as well as an opportunity for cultural expression and endorsement, as raised by Durie (2001).

I have noted under Outcomes of Parent-Training Programmes: Ecological Insights in Chapter 6 the value of taking a “client-strengths” rather than an “at risk families” approach to encourage a feeling of identity and support between better and poorer functioning families. I also stated under Parent-Training Programmes in Chapter 1 that parent-training programmes are regularly recommended by social agencies often with no evaluation of programme philosophy or programme outcomes. Referrals to parent-training programmes are activated when parenting deficits are identified. Research has shown that while deficits in child development knowledge are associated with inappropriate parent expectations of the child, and deficits in child management strategies, an important programme philosophy leading to improved outcomes is a sense of empowerment for the parent (Trivette, Dunst, & Hamby, 1996). This suggests that if a parent rather than an agency recognises child-management deficits and if a parent then decides

to attend a parenting programme then positive outcomes are more likely. Thus a programme philosophy of meeting the needs of parents rather than the needs of a social welfare agency should enhance good programme outcomes. Further, if a programme philosophy can show respect for important cultural values and deliver quality service then interventions and outcomes should be more effective and acceptable.

### **Matuatanga Model Whanau Programmes**

Culturally adapted parent-training programmes should endeavour to address the important issues of identity and diversity, to include the process issues of collective involvement, and provide equity in relationships between facilitators and attendees that were raised in the methodology discussions. Indigenous models of service delivery have generally preferred to place cultural values at the centre of any training model. Such models have been generated from native American tribal mental health research (Swinomish Tribal Mental Health Project, 1991) and here in Aotearoa/New Zealand (Herbert & Te Kanawa, 1998; Rokx, 1998). These *Mana Kainga* and *Atawhaingia te Pa Harakeke* models represent important developments for Maori values in parenting. Central to these models are core cultural values (wairuatanga, whakapapa, whanaungatanga) and Maori images central to the notions of growth, survival and self-determination.

The outcome measures in my research showed that both Standard Parent Training and Matuatanga Model programmes were effective in improving scores on recognised measures of parent competence. The present study also demonstrated the value placed by Maori on Standard Parent Training strategies and showed that the research population endorsed the positive outcomes related to skills acquisition. While the standard programmes were valued by Maori, the culturally adapted Matuatanga Model programmes in the present study were even more valued. Improved outcome measures relate to the effectiveness of a programme while the acceptability or enjoyment of a programme relates to the social and cultural validity.

In general, the literature outlining indigenous approaches to working within indigenous groups has preferred an embeddedness model. This allows for the centrality of core values and implies that these values will emanate outwards into the outer domains. An embedded model can also emphasise an order of working suggesting that inner layers should be prioritised and that including, for

example, wairuatanga throughout a programme will give strength and support to other more practical components of a programme. A marae-based parenting programme can be considered a culturally embedded model by implicitly and explicitly including marae protocols in greetings and by deferring to marae activities when these occur at the same time as the programme is being run on the marae.

In proposing a Matuatanga Model Whanau Programme I was mindful of the value and effectiveness of standard child management strategies as endorsed by Maori parents and that cultural adaptations of parent-training in the Matuatanga Model were enhancements rather than alternatives to these strategies. A model that can account for cultural values and concepts that are relevant to parenting for Maori and also recognise standard child-management strategies is a multi-dimensional model. Thus the identity issues and importance of whanau and collective values for Maori can be acknowledged in their own right as can the value and effectiveness of standard parent-training. Such a multi-dimensional model has been discussed by Evans (1989) who was concerned that validated treatment programmes in child behaviour therapy may become inflexible and unresponsive to diverse client and group needs. By conceptualising dimensions, rather than strict procedures, different elements and approaches can be incorporated according to diverse needs.

The most important thrust in the proposed Matuatanga Model Whanau Programme is including whanau as the recognised delivery for parenting responsibilities. Emphasising “whanau” as having parenting responsibilities explicitly validates the extended family input as identified and as experienced in the research population. Extended family were typically involved in direct care of tamariki and mokopuna and typically have direct emotional connections. These emotional connections were reported in the sense of viewing one’s nieces and nephews as one’s own tamariki, and in considering one’s sister’s mokopuna being one’s own mokopuna. Whanau as defined by younger parents attending the parenting programmes was more likely to be the same generation and more likely to be immediate rather than extended family. However, extended family responsibilities emerged for tangihanga and events of shared celebration and family reunions for all participants in the current study including the younger parents. By recognising and respecting these cultural values participants in

parent-training programmes gave extra endorsement of enjoyment for these culturally adapted programmes and programmes that were responsive to Maori participants.

The proposed dimensions of a Matuatanga Model Whanau Programme can also recognise a process that all dimensions may not occur simultaneously. Progress or inclusion of elements of a dimension can be an incremental process determined by client readiness for information and readiness for discussing changes in child management and parenting styles. The following four dimensions encapsulate the different aspects of an holistic approach for culturally-adapted parent-training programmes.

The first dimension is the cultural responsiveness of programme. This includes the decisions of the overall kaupapa or philosophy of the programme. Related to the kaupapa are decisions on, for example, a marae setting, characteristics of programme facilitators, the role of client direction and input, and the nature of the resourcing and accountability of a programme. Cultural responsiveness of a programme is the ability to plan for and accommodate whanau groups in attending the programme. I have also emphasised responsiveness and sensitivity to individuals who will also be attending without whanau connections and that support can be offered in the role of awhinatanga as described by Maori service providers in my research.

The second dimension relates to cultural concepts relevant to parenting for Maori. In my research these concepts were whakapapa, whanaungatanga, and awhinatanga derived directly from the qualitative components of the Whanau Whakapakari research. Each of the concepts relates to the underlying issues of identity (whakapapa) and the nature of shared connections through family (whanaungatanga) and compassionate support (awhinatanga). Cultural concepts were introduced into the Whanau Whakapakari parenting programmes in conjunction with standard concepts of child development, communication and learning theory. Proposing a dimension for these concepts suggests that whakapapa, whanaungatanga, and awhinatanga should be extensively explored and validated in their own right, and that connections can occur with child development when these standard topics are presented, also in their own right.

The third dimension relates to understanding and teaching of standard learning theory and child management strategies. In my research I identified these

as child development, communication, and positive interactions. The sessions included the standard behavioural child-management strategies of reinforcement and time-out, as well as coverage of learning theories. In my discussion of this standard programme I noted that delivery of parent-training programmes is inevitably influenced by the nature of the setting, the characteristics of the client group, and the skills and responsiveness of the facilitator. In my Whanau Whakapakari research the standard parenting training programmes certainly had elements from, and was influenced by, the two dimensions discussed above. In adopting a multi-dimensional model these elements can be recognised in their own right and also incorporated as the programme progresses.

The fourth dimension is the client receptiveness to the programme. In my research the client receptiveness included the appreciation of, and the positive outcomes to, both SPT and MM programmes and the additional enjoyment of the culturally adapted programmes. This dimension of client receptiveness recognises the importance of social and cultural validity of parent-training programmes. I have discussed earlier that improved scores on programme outcome measures and therefore effectiveness of teaching does not always equate with social and cultural validity. Ideally an effective programme should also be an enjoyable programme. If the clients and facilitators identify mutually desired outcomes then clients are more likely to recognise and evaluate effectiveness of outcomes as well as acceptability and enjoyment of a programme.

In considering this multi-dimensional model I suggest that both standard parent-training concepts and cultural concepts and values can co-exist in the different dimensions of a Maori parenting or Matuatanga Model Whanau Programme. Defining these different dimensions can provide better direction for outcome measures and for programme integrity development.

Outcome measures for Maori whanau should document effective and adaptive parenting of one's own children and an understanding of, and response to, the collective roles and responsibilities in Maori whanau. This extends, where relevant, to the wider family acknowledging the importance of intergenerational commitments and obligations.

Programme integrity schedules should include elements of the cultural responsiveness and cultural concepts dimensions as well as the content of the

standard parent-training programmes. Schedules should reflect content and process in the cultural adaptations of programmes.

While I was able to integrate cultural concepts relevant to parenting for Maori in a successful parent-training programme, it was clear that the Standard Parent Training programme also provided important information for Maori parents. By conceptualising different dimensions for the standard aspects of parenting, and the cultural concepts, a Matuatanga Model Whanau Programme can simultaneously recognise and promote skills acquisition and embrace culturally valid concepts of parenting in a whanau context.



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**APPENDIX A**  
**GLOSSARY OF MAORI WORDS AND PHRASES**

Maori words are translated on their first use in the text, and the nearest English equivalent that best captures their meaning is given in parentheses. These words are listed below for ease of reference. Direct quotes are left intact in the text, but any Maori words are included below in the glossary.

<b>Aotearoa</b>	literally “Long White Cloud”; in common usage as the Maori name for New Zealand
<b>aroha</b>	caring, compassionate love for others, especially love for relatives
<b>awa</b>	river
<b>atua</b>	spirit, god
<b>awhi</b>	support, embrace
<b>awhina(-tanga)</b>	support, help
<b>haere mai</b>	welcome, come here
<b>hapu</b>	sub-tribe grouping defined by descent from a named ancestor, generally associated with a local district and community
<b>harakeke</b>	flax
<b>hinengaro</b>	mind
<b>hui</b>	a generic term for a Maori gathering, meeting
<b>Io</b>	God, usually considered as a pre-European deity
<b>iwi</b>	a people, as in <i>te iwi Maori</i> (the Maori people), usually translated as tribe
<b>kai</b>	food
<b>kaitiaki</b>	care, guardianship
<b>kanohi-ki-te-kanohi</b>	face-to-face
<b>kanohi kitea</b>	the face seen
<b>kapahaka</b>	dance
<b>karakia</b>	blessing
<b>Kauhanganui</b>	Tainui iwi management body
<b>kaumatua</b>	elder
<b>kaupapa</b>	philosophy, plan, purpose
<b>kaupapa Maori</b>	Maori focused, Maori theme
<b>kawa</b>	protocol
<b>kawanatanga</b>	governance
<b>Kingitanga</b>	Maori King Movement
<b>koha</b>	donation, gift
<b>kohanga reo</b>	literally “language nest”; Maori language preschool education administered by Maori and with Maori-centred teaching and philosophy
<b>kokiri</b>	training, development
<b>Kotahitanga</b>	Unity
<b>korero</b>	speak; conversation
<b>koroua (koro)</b>	male elder
<b>kowhaiwhai</b>	painted patterns
<b>kuia</b>	female elder



<b>kura kaupapa</b>	school established and administered by Maori with Maori-centred teachings all taught in the Maori language
<b>ma te wa</b>	wait and see, patience
<b>mana</b>	power, influence
<b>mana kainga</b>	the values/influence of household
<b>manaakitanga</b>	care
<b>manuka</b>	tea tree; a native shrub with a fine twiggy form
<b>Maori</b>	Indigenous people in Aotearoa/New Zealand
<b>Maoritanga</b>	Maori culture
<b>marae</b>	meeting-house and associated land and buildings recognised as belonging to, and of ancestral significance to local indigenous people; cultural centre of local Maori community
<b>matua(-tanga)</b>	parent of either sex, siblings and cousins of a parents' generation (parenting)
<b>maunga</b>	mountain
<b>mauri</b>	life principle
<b>moana</b>	sea
<b>mokopuna</b>	grandchildgrandchildren
<b>naumai</b>	welcome
<b>ope</b>	group
<b>oritetanga</b>	citizenship
<b>pae tapu</b>	male orators welcoming visitors on to the marae
<b>Pakeha</b>	non-Maori of mainly British descent
<b>panui</b>	announcement, advertisement
<b>pakeke</b>	adult, senior status
<b>poukai</b>	annual Kingitanga celebrations and discussions
<b>powhiri</b>	welcome
<b>rangatahi</b>	modern youth
<b>raranga</b>	weaving
<b>Ratana</b>	Ratana Church
<b>runanga</b>	assembly
<b>tamariki</b>	children (child)
<b>tangata whenua</b>	Maori on their own ancestral land, indigenous Maori people of Aotearoa/New Zealand
<b>tangihanga</b>	mourning, funeral wake lasting several days
<b>taonga</b>	treasure
<b>taonga tuku iho</b>	treasures handed down
<b>tapu</b>	sacred, forbidden
<b>tauwiwi</b>	foreigners, non-Maori
<b>te ao Maori</b>	the Maori world
<b>te ha o te tangata</b>	respect
<b>Te Puni Kokiri</b>	Ministry of Maori Affairs
<b>te reo [Maori]</b>	the [Maori] language
<b>te taha</b>	side, aspect
<b>Te Tiriti o Waitangi</b>	The Treaty of Waitangi; the constitutional agreement between the British Crown and the indigenous Maori people
<b>Te Whariki</b>	The Early Childhood Curriculum

<b>tikanga</b>	custom, rule, principles
<b>tinana</b>	body, physical aspects of a person
<b>tino rangatiratanga</b>	sovereignty
<b>tukutuku</b>	woven panels
<b>tuku iho</b>	handed down
<b>waiata</b>	song-poem, sing or chant in unison
<b>wairua(-tanga)</b>	spirit (spirituality)
<b>waka</b>	canoe
<b>wananga</b>	a traditional institution of higher learning, generally describing a kaupapa Maori tertiary educational institution
<b>whaea</b>	mother, aunt, older woman
<b>whakairo</b>	carving
<b>whaikorero</b>	oratory
<b>whakahihi</b>	showing off, boastful
<b>whakaiti</b>	reduce, belittle
<b>whakamaa</b>	used to describe a range of feelings from shyness through embarrassment to shame and behaviour involving varying degrees of withdrawal and unresponsiveness
<b>whakamana</b>	empowerment
<b>whakapakari</b>	strengthen
<b>whakapapa</b>	descent line(s) tracing the descent lines between ancestors and their descendants; the recital and study of descent lines and associated kinship linkages
<b>whakapapa korero</b>	history based on genealogical markers and events
<b>whakatauki</b>	proverb
<b>whakawhanaungatanga</b>	the process of making connecting with whanau
<b>whanau</b>	family, blood relation, used with a broader contemporary meaning for extended family
<b>whanaunga(-tanga)</b>	referring to family relationships, used with a broader contemporary meaning for connecting with extended family and making hapu and tribal connections
<b>whangai</b>	adopt
<b>Whare Tapa Wha</b>	Four Corners of the House
<b>whariki</b>	woven floor mat
<b>whenua</b>	land

**APPENDIX B**  
**THE TREATY OF WAITANGI**

The Treaty of Waitangi contained three main activities and conditions, which were to have set the relationship between Maori and the Government of the new settlers.

*The Treaty of Waitangi*

Her Majesty Victoria Queen of the United Kingdom of Great Britain and Ireland regarding with Her Royal Favour the Native Chiefs and Tribes of New Zealand and anxious to protect their just Rights and Property and to secure to them the enjoyment of Peace and Good Order has deemed it necessary in consequence of the great number of Her Majesty's Subjects who have already settled in New Zealand and the rapid extension of Emigration both from Europe and Australia which is still in progress to constitute and appoint a functionary properly authorized to treat with the Aborigines of New Zealand for the recognition of Her Majesty's sovereign authority over the whole or any part of those islands – Her Majesty therefore being desirous to establish a settled form of Civil Government with a view to avert the evil consequence which must result from the absence of necessary Laws and Institutions alike to the native population and to Her subjects has been graciously pleased to empower and to authorize me William Hobson a Captain in Her Majesty's Royal Navy Consul and Lieutenant Governor of such parts of New Zealand as may be or hereafter shall be ceded to Her Majesty to invite the confederated and independent Chiefs of New Zealand to concur in the following Articles and Conditions.

*Article the first*

The Chiefs of the Confederation of the United Tribes of New Zealand and the separate and independent Chiefs who have not become members of the Confederation cede to her Majesty the Queen of England absolutely and without reservation all the rights and powers of Sovereignty which the said Confederation or Individual Chiefs respectively exercise or possess, or may be supposed to exercise or possess, over their respective Territories as the sole Sovereigns thereof.

*Article the second*

Her Majesty the Queen of England confirms and guarantees to the Chiefs and Tribes of New Zealand and to the respective families and individuals thereof the full exclusive and undisturbed possession of their Lands and Estates Forests Fisheries and other properties which they may collectively or individually possess so long as it is their wish and desire to retain the same in their possession; but the Chiefs of the United Tribes and the individual Chiefs yield to her Majesty the exclusive right of Preemption over such lands as the proprietors thereof may be disposed to alienate at such prices as may be agreed upon between the respective Proprietors and persons appointed by Her Majesty to treat with them in that behalf.

*Article the third*

In consideration thereof Her Majesty the Queen of England extends to the Natives of New Zealand Her Royal Protection and imparts to them all the Rights and Privileges of British subjects.

[signed] W. Hobson Lieutenant Governor

Now therefore We the Chiefs of the Confederation of the United Tribes of New Zealand being assembled in Congress at Victoria in Waitangi and We the Separate and Independent Chiefs of New Zealand claiming authority over the Tribes and Territories which are specified after our respective names, having being made fully to understand the Provisions of the foregoing Treaty, accept and enter into the same in the full spirit and meaning thereof in witness of which we have attached our signatures or marks at the places and the dates respectively specified .Done at Waitangi this Sixth day of February in the year of Our Lord one thousand eight hundred and forty.

*Note: This English text was signed at Waikato Heads in March or April 1840 and at Manukau on 26 April by thirty-nine chiefs only. The text became the 'official' version.*

### *Te Tiriti o Waitangi*

Ko Wikitoria te Kuini o Ingarani i tana mahara atawai ki nga Rangatira me nga Hapu o Nu Tirani i tana hiahia hoki kia tohungia ki a ratou o ratou rangatiratanga me to ratou wenua, a kia mau tonu hoki te Rongo ki a ratou me te Atanoho hoki kua wakaaro ia he mea tika kia tukua mai tetahi Rangatira – hei kai whakarite ki nga Tangata maori o Nu Tirani – kia wakaetia e nga Rangatira maori te Kawanatanga o te Kuini ke nga wahikatoa o te wenua nei me nga motu – na te mea hoki he tokomaha ke nga tangata o tona Iwi Kua noho ki tenei wenua, a e haere mai nei.

Na ko te Kuini e hiahia ana kia wakarite te Kawanatanga kia kua ai nga kino e puta mai ki te tangata maori ki te Pakeha a noho ture kore ana.

Na kua pai te Kuini kia tukua a hau a Wiremu Hopihona he Kapitana i te Roiara Nawi hei Kawana mo nga wahi katoa o Nu Tirani e tukua aiane amua atu ki te Kuini, e mea atu ana ia ki nga Rangatira o te Whakaminenga o nga hapu a Nu Tireni me era Rangatira atu enei ture ka korerotia nei.

### *Ko te tuatahi*

Ko nga Rangatira o te Whakaminenga me nga Rangatira katoa hoki ki hai i uru ki taua Whakaminenga ka tuku rawa atu ki te Kuini o Ingarani ake tonu atu – te Kawantanga katoa o o ratou wenua.

### *Ko te tuarua*

Ko te Kuini o Ingarani ka wakarite ka wakaae ki nga Rangatira ki nga hapu – ki nga tangata katoa o Nu Tirani te tino rangatiratanga o o ratou wenua o ratou kainga me o ratou taonga katoa. Otiia ko nga Rangatira o te Wakaminenga me nga Rangatira katoa atu ka tuku ki te Kuini te hokonga o era wahi wenua e pai ai te tangata nona te wenua – ki te ritenga o te utu e wakaritea ai e ratou ko te kai hook e meatia nei e te Kuini hei kai hook mona.

### *Ko te tua toru*

Hei wakaritenga mai hoki tenei mo te wakaetanga ki te Kawanatanga o te Kuini – Ka tiakina e te Kuini o Ingarani nga tangata maori katoa o Nu tirani ka tukua ki a ratou nga tikanga katoa rite tahi ki ana mea ki nga tangata o Ingarani.

[signed] W. Hobson Lieutenant Governor

Na ko matou ko nga Rangatira o te Wakaminenga o nga hapu o Nu Tirani ka huihui nei ki Waitangi ko matou hoki ko nga Rangatira o Nu Tirani ka kite nei te ritenga o enei kupu. Ka tangohia ka wakaetia katoatia e matou, koia ka tohungia ai o matou ingoa o matou tohu.

Ka meatia tenei ki Waitangi i te ono o nga ra o Pepueri i te tau kotahi mano, e waru rau e wa te kau o to tatou Ariki. (Orange, 1987)

**APPENDIX C  
CONSULTATION LETTERS**

**[Te Arawa Trust Board, Tuhourangi Runanga-A-Iwi, Apumoana Marae  
Committee, Rotorua Branch Maori Women's Welfare League, Mana Social  
Services]**

School of Social Sciences  
Psychology Department  
The University of Waikato  
Private Bag 3105  
Hamilton, New Zealand



Averil Herbert  
**MA (Hons) Canterbury**  
**DipPsych(Clin) Waikato**  
Tel: 64-7-856 2889 ext 8403  
Fax: 64-7-856 2158  
Email [averilh@waikato.ac.nz](mailto:averilh@waikato.ac.nz)

**The  
University  
of Waikato**  
*Te Whare Wānanga  
o Waikato*

28 January 1998

Te Arawa Trust Board  
Pukuatua St  
ROTORUA

Tena koutou, e nga Rangatira o nga hapu o Te Arawa  
Nga mihi o Te Tau Hou 1998.

I am enrolled for research towards a doctorate part-time at the University of Waikato, in the Department of Psychology, and wish to advise the Te Arawa Trust Board of the fieldwork that I will be doing in this area. I would like to opportunity to meet and discuss this with you.

My academic and professional qualifications include being registered as a clinical psychologist. I completed an M.A. (Hons.) at the University of Canterbury in 1972, and a Postgraduate Diploma in Clinical Psychology from the University of Waikato in 1987. I have lived in Rotorua since 1972 and have been actively involved with the community. My commitments have included the task of Secretary at Apumoana Marae and a number of responsibilities with Nga Puna Waihanga New Zealand Maori Artists. I have been fortunate to have worked with and been taught by Hiko Hohepa since his return from Raukawa in 1982, and I am guided by these contacts.

My current position as Lecturer at the University of Waikato comes after a number of years working at Rotorua Hospital, the Department of Social Welfare and Waiariki Polytechnic.

The complete research proposal is attached, and is based on the study of parenting practice and parenting programmes with a focus on Maori. The four key objectives are outlined below. There are a number of possible priorities as the study develops and the relationship between psychological knowledge and relevance for Maori is explored.

Whanau Whakapakari:

The proposed research programme has four key objectives (attached)

Over the next few years I will be concentrating my fieldwork in Te Kuiti and Rotorua, and will be visiting parenting programmes and interviewing a number of people. I am required to complete interim annual reports for University, and can provide reports or discuss aspects of my work with the Trust Board if appropriate.

No reira, ko tenei te kaupapa rangahaua ki ahau. A, e whai ana ahau i te matauranga roanga!  
Tena koutou katoa  
Naku nei

Averil Herbert.

Ko Kakepuku te maunga, ko Puniu te awa, Ko Kaputuhi te marae.  
No Ngati Matakore, Ngati Paretekawa, Ngati Maniapoto ahau

**APPENDIX D**  
**Kaumatua Interview Schedule**

I.D. \_\_\_\_\_

Date: \_\_\_\_\_

**WHANAU WHAKAPAKARI**



**The  
University  
of Waikato**  
*Te Whare Wānanga  
o Waikato*

Tena koe

This study has a Maori focus on parenting. I will be conducting interviews with individuals as well as facilitating discussion groups to research the nature of best parenting in a Maori context.

I am involved as administrator and tutor at the MWWL Parenting and Life Skills Group at Apumoana Marae. I have conducted several discussion groups at Apumoana Marae with the parents, and also in Te Kuiti with the Community Services Team who work with Maori families.

Thank you for agreeing to contribute to my research. A draft of the intended thesis areas is attached to this schedule. This interview should take about an hour, and I am interested in your own experiences and views on the topic of Maori parenting practices and values.

**I: YOUR EXPERIENCES**

**1. What are your main iwi affiliation(s)**

Where were you born?

What is your age?

Were you raised in your own tribal area?

**2. How would you describe your own upbringing?**

**3. What are your current roles?**

Parent? How many tamariki?

Grandparent? How many mokopuna?

Aunty/Uncle?

Extended Whanau Member?

What other ways would you describe yourself?

## **II: PARENTING**

**4. What does PARENTING in the Maori context mean to you?**

**5. What contributes to successful parenting and families that function well in the community?**

**6. Can you describe what these families are doing?**

## **III: WHANAU VALUES**

All the following Maori values have been considered important in parenting discussions

WHAKAPAPA

WHANAUNGATANGA

AWHINATANGA

TANGIHANGA

WAIRUATANGA

These all have a role but if you had to consider one of these values that contributes most to effective parenting which one would that be?

How would you see this in a family?

## **IV: WHANAU KNOWLEDGE AND SKILLS**

What other knowledge and skills contribute to effective parenting and family functioning?

Finally, do you have thoughts on research for Maori?

*Many thanks for your participation  
Kia ora ano*

**Kaumatua Interview Information Sheet****WHANAU WHAKAPAKARI**

**The  
University  
of Waikato**  
*Te Whare Wānanga  
o Waikato*

**INFORMATION SHEET**

Tena koe

This interview is part of my WHANAU WHAKAPAKARI research which has a Maori focus on parenting. I am interested in Maori parenting practices and beliefs and ways that Maori values can be incorporated into research and parent training programmes.

The research includes these interviews, group discussions with Maori parents and tutors on parent training programmes as well as my own parent training sessions. The research will extend over a couple of years and will contribute to my doctoral research.

I will record your responses on the interview schedule, but it is also helpful for my review to tape record our interview. If you are not comfortable with this, I am happy to leave it off.

Once you have agreed to take part your name will not be on any of the information, and it will be confidential. Before we start any of the interview I will describe the areas of discussion. Please feel free to ask questions and discuss concerns at any time.

I will send you a copy of the completed interview and won't include any information that you haven't consented to. I will keep you informed of my thesis progress.

If you decide at any time that you don't wish to continue with the interview, you can withdraw your consent.

*Averil Herbert*  
*Phone: 362 8070*





## Kaumatua Interview Consent Form

## WHANAU WHAKAPAKARI

## CONSENT FORM

## PARTICIPANT'S COPY

Tena koe

He mihi tenei ki a koe me nga ahuatanga o te wa.

This consent form can be signed when you have read the Information Sheet, and are interested in being part of the research project.

This consent form is the only one with your name on it. We don't need to attach any names to any of the other forms, so that the research remains confidential. However, you are free to discuss any aspects of the research with me at any time.



I have read the Information Sheet about Whanau Whakapakari and the research project has been explained to me. I have had the chance to ask questions and to discuss my taking part in the study with other people. I agree to participate in this research project and I understand that I have the right to withdraw from the research at any time

Thank you for helping with the research project.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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of Waikato  
*Te Whare Wānanga  
o Waikato*

**APPENDIX E**  
**Kaumatua Interview Feedback Form**



**The  
University  
of Waikato**  
*Te Whare Wānanga  
o Waikato*

**WHANAU WHAKAPAKARI**

**FEEDBACK FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for contributing to this research project. The interview summary that is enclosed will be seen only by my research supervisors and me. The information will be included as themes mainly in the Expert Interviews section. Could you please indicate that you have read your material and please indicate if there is any information that you would like either changed or deleted?*

- |    |   |                          |
|----|---|--------------------------|
| 1. | I have read the interview summary   | <input type="checkbox"/> |
| 2. | This summary can be used as a basis for parts of the thesis                 | YES/NO                   |
| 3. | If NO, please indicate changes or deletions on your copy                    |                          |
| 4. | Do you have suggestions or preferences for identifying quotes? Please tick. | <input type="checkbox"/> |
|    | Kuia/koro   | <input type="checkbox"/> |
|    | Anonymised name (Mere, Haki, Pani etc)                                      | <input type="checkbox"/> |
|    | Your own initials   | <input type="checkbox"/> |
|    | Your own name   | <input type="checkbox"/> |
| 5. | Any other comments?   |                          |

Please return this form to me in the attached envelope!

Signature: \_\_\_\_\_

*Kia ora rawa atu!*

*Please feel free to contact me:*

*Averil Herbert, R.D.5, ROTORUA Ph: (07) 362 8070*

## Kaumatua Interview Thesis Feedback Form

# WHANAU WHAKAPAKARI

## FEEDBACK FORM



**The  
University  
of Waikato**  
*Te Whare Wānanga  
o Waikato*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you again for contributing to this research project. I have written up the eight kaumatua interviews as themes and these are enclosed as a draft for you to read.*

*Could you please indicate that you have read the section on kaumatua interviews, and if there is any information that you would like either changed or deleted?*

1. I have read the 4.1 kaumatua interviews section
2. This draft section is acceptable in the thesis YES/NO
3. If NO, please indicate changes or deletions on your copy
4. Any other comments?

Please return this form to me in the attached envelope!

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Kia ora rawa atu!*

*Please feel free to contact me:*

*Averil Herbert, R.D.5, ROTORUA Ph: (07) 362 8070*

**APPENDIX F**  
**MAORI SERVICE PROVIDER GROUPS**  
**Raukura Manaaki Trust Social Services**  
 Rehua House, Dey St, Hamilton

Raukura Manaaki was established as a response to the 1984-85 Hui Taumata where Maori initiated a call for devolution in social services, justice, education and health. At that time, the Department of Social Welfare initiated contracts for children in residential care to be returned to their iwi. After the Child, Young Persons and Their Families Act, 1989, the Social Welfare residences were closed, and these contracts finished, but there was provision under section 396 of the Act for iwi to get into the business of providing social services.

During the early 90's a grouping of people were looking at how they could provide social services to Tainui people living in the Waikato area under the auspices of the Tainui Trust Board. At a series of meetings, including Kingitanga poukai (Kingitanga celebrations and discussions) and Trustee meeting hui on all 60 Waikato marae, many people expressed their concerns about youngsters being placed for adoption, the increased rates of offending and the sense that they were losing control of Tainui young people. The outcome was the Raukura Manaaki Charitable Trust, which was set up with the mandate of Tainui to focus solely on social services for iwi Maori. The Trust gained the 396 iwi approval in 1997, and The Child Youth and Family funding has continued with contracts since that time.

The Trust currently provides respite care for families with 36 family homes (1500 bed nights), also, social work for children in care, parenting skills programmes and training programmes for foster parents, and new foster parents into the system. From 1 July the service is trialing a restorative justice programme.

With the demise of the Tainui Trust Board the Raukura Manaaki Trust is now under the governance of the new Tainui management structure of the Kauhanganui with three representatives from the 60 marae. Currently there are three Raukura Manaaki Trustees who are on the Kauhanganui executive, and ongoing mandates are sought from this Tainui body.

Raukura Manaaki was the first iwi social services trust to have 396 Iwi Approval and currently employs four statutory social workers and six non-statutory generic workers. Future developments include a planned merger with four other Waikato Maori social service organizations and seeking a further mandate as Raukura Waikato Social Services. This will also mean more community and preventative work, and is stated towards the goal.

**“To be the pre-eminent provider of social services for Maori, by Maori in Waikato”**

(Tui Arama, personal communication, March 27, 2001)

**Ngati Maniapoto Marae Pact Trust**  
Taupiri St, Te Kuiti

The Ngati Maniapoto Marae Pact Trust was established in 1981 under the Charitable Trusts Act 1955. The trust is a legal body, which incorporates 23 local *marae* (traditional cultural centers), as the trustees and beneficiaries. A representative from each *marae* has a position on the Trust Board.

The founding objectives of the Trust were

- (a) To promote and facilitate a collective self-help approach to improving and developing participating *marae* in the Ngati Maniapoto tribal region.
- (b) To promote the social, cultural and economic advancement and well being of the Ngati Maniapoto *iwi* (tribe).

The Trust began operating employment, training programmes in 1986, which have expanded to the extent that the Trust is now one of the main training providers within the King Country region. The Community Services Division of the Trust was not established until 1994. By 1998 the funding for the Community Services Division was in place, but from diverse sources. NZ Community Funding Agency was funding services for child-care and neglect notification, *iwi* development services, residential care, counselling, budgeting and school holiday programmes. Health funding provided for promotional activities targeted at the home where the Mana Kainga holistic model fits, and the Ministry of Education was able to fund school related truancy and social services.

#### THE MANA KAINGA MODEL

The Mana Kainga initiative was conceived and implemented in 1995 in response to a community self help programme promoted by the Midland Regional Health Authority. The first year focused on developing the Mana Kainga concept into a trial programme followed by an evaluation of the effectiveness of the programme. The key features of this programme were:

- (a) Recognition of the critical importance and role *wairua Maori* (Maori spirituality) plays in achieving positive developmental change with Maori clients and households.
- (b) Customising a programme of improvement and self- management for each individual household.
- (c) Providing a flexible service, which attempts to inform households of how and where they can access assistance for a wide range of needs.
- (d) Involving, where appropriate, the parents, grandparents and *whanau* (extended family) in particular aspects of the programme.
- (e) Securing the trust and confidence of clients by maintaining culturally sensitive and professional service delivery standards.

The overall goal for Ngati Maniapoto Marae Pact Trust is empowerment and self management for families.

(D. Astle, personal communication, 23 October, 1998; Herbert & Te Kanawa, 1998).

**Tipu Ora Charitable Trust**  
Houkotuku St, Rotorua

The Tipu Ora Trust was established as a response to a 1990 Department of Health sponsored 'health needs assessment survey' of 200 Maori families conducted in the Rotorua region which revealed that the needs of young Maori mothers and their babies were not being adequately met by the (then) existing services.

The Women's Health League consulted with local iwi and other stakeholders and established Tipu Ora in 1990 with the purpose of promoting and protecting the health and well being of Maori children, tamariki, so that they can realise their full potential. In 1991, a contract was negotiated with the Department of Health to provide a well-child service to Maori caregivers and their children from conception until five years of age. After a positive evaluation of this programme, funding has continued through Midland Health Regional Health Board, then the Health Funding Authority. Funding was gained for some surrounding areas (Te Puke, Opotiki and Te Kaha) but the contract has now been transferred to local iwi.

Tipu Ora model of health and well-being is built upon a Maori Kaupapa (Maori perspective and philosophy) in which the essential elements are linked to the four sides of a house – tinana (physical), hinengaro (mental/emotional), wairua (spiritual) and whanau (family/social). This Maori model is referred to as The Whare Tapa Wha.

The Tipu Ora Trust Board and the management have the support of the Nurse Cameron Trust, Women's Health League and consultants and an Educational Director. Two programme co-ordinators supervise and assess the 11 kaitiaki (programme deliverers).

The Programme is delivered to Maori caregivers, their children and their whanau by iwi-approved kaitiaki. Based on contractual obligations, the kaitiaki undertake the following types of activities: family and whanau support and advocacy; individual and group health education; informal well child checks; building relationships with other health professionals and other support services; referral to a range of health and social support services; and facilitation of follow-up care. Many of the activities undertaken by kaitiaki have not been traditionally embraced as health focussed. This includes advice on financial management, provision of transport to health and social services, provision of child-care, assisting with shopping, and assisting whanau in finding accommodation.

Most services are delivered through home visits, but also in Maori domains such as marae and kohanga reo.

Since 1992 Tipu Ora had registered approximately 4,000 Maori children, which was 60% of the babies in the geographic region. As Tipu Ora deliver services primarily to Maori, the Programme targets a group who are disadvantaged in socio-economic terms, and who have substantial needs.

(Kingi, 2000; Ratima, 1999).

APPENDIX G  
Maori Service Provider Group Information Sheet

WHANAU WHAKAPAKARI



The  
University  
of Waikato  
*Te Whare Wānanga  
o Waikato*

INFORMATION SHEET

Kia ora koutou

The WHANAU WHAKAPAKARI is part of my University research work studying the different ways that we can best work with mothers and families in Maori communities.

This part of the project is a discussion group during which we talk about our own ideas and experiences with parenting. I am interested in the things that are important to you from your own experiences and also from the work that you are doing with the community as part of [MAORI PROVIDER NAME] services.

I can put the questions from the sheet on the overhead projector and we can discuss and record your ideas. It will take about an hour and a half.

The research project is to look carefully at things that you think are important for parents and children, and things that have a Maori focus. This is to assist parenting programmes meet the needs of Maori parents and children and to encourage research that assists Maori needs and aspirations.

I can be contacted for further information at (07) 362 8070 or (07) 838 4466 ext 8403.

Once you have agreed to take part we don't need to use your name on any of the information, and it will be confidential. Before we start any of the sessions I will describe what we are going to do, and you are free to ask questions and discuss concerns at any time.

If you decide at any time that you don't wish to continue with the research you can withdraw your consent

*Averil Herbert*  
*Phone: 362 8070*

## Maori Service Provider Group Consent Form

## WHANAU WHAKAPAKARI



The  
University  
of Waikato  
*Te Whare Wānanga  
o Waikato*

## CONSENT FORM

## PARTICIPANT'S COPY

Tena koe

He mihi tenei ki a koe me nga ahuatanga o te wa.

This consent form can be signed when you have read the Information Sheet, and are interested in being part of the research project.

This consent form is the only one with your name on it. We don't need to attach any names to any of the other forms, so that the research remains confidential. However, you are free to discuss any aspects of the research with me at any time.



I have read the Information Sheet about Whanau Whakapakari and the research project has been explained to me. I have had the chance to ask questions and to discuss my taking part in the study with other people. I agree to participate in this research project and I understand that I have the right to withdraw from the research at any time.

Thank you for helping with the research project.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Maori Service Provider Focus Group Questions



The  
University  
of Waikato  
*Te Whare Wānanga  
o Waikato*

### WHANAU WHAKAPAKARI

#### DISCUSSION GROUP QUESTIONS

1. How did your parents raise you?  
Did you raise your tamariki/mokopuna the same way?
2. How important to you are Maori values in parenting? What are these values?
3. In your work with families, what child behaviours are most appreciated by the parents?
4. What child behaviours do the families find most difficult?
5. When working with Maori families what parenting methods seem to work best in changing their child's behaviour?
6. What parenting methods do not work so well?
7. What do you think about techniques, such as reinforcement, discipline and time-out, which are taught in parent-training programmes?
8. What is your experience of the best way to teach parenting to the families that you work with?

All the following Maori values have been considered important in parenting discussions.

WHAKAPAPA

WHANAUNGATANGA

AWHINATANGA

TANGIHANGA

WAIRUATANGA

Could you assign each of these a number 1 to 5.

Put 5 beside the value that is uppermost in your parenting work with families, then 4, 3 and 2 down to 1, beside the value that you/

Are there other values or activities that are important in your work with Maori families.

*Many thanks for your participation*

*Kia ora ano*

**APPENDIX H**  
**Demographic Information Sheet**

\*\*\* PLEASE FILL IN THIS PAGE AND RETURN TO ME

YOU DO NOT NEED TO PUT YOUR NAME ON THIS SHEET.

AGE: \_\_\_\_\_ MALE/FEMALE SOURCE OF INCOME : \_\_\_\_\_

IWI AFFILIATIONS:

\_\_\_\_\_

DID YOU GROW UP IN YOUR OWN IWI AREA?      YES      NO      DK

CHILDREN:

AGE              F.M.              IWI AFFILIATION      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MOKOPUNA

AGE              F.M.              IWI AFFILIATION      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT WAS YOUR LAST CLASS AT SCHOOL?      \_\_\_\_\_

WHAT OTHER QUALIFICATIONS DO YOU HAVE?      \_\_\_\_\_

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD JUST NOW?      \_\_\_\_\_

CHILDREN:              \_\_\_\_\_

MOKOPUNA:              \_\_\_\_\_

WHANAU:              \_\_\_\_\_

PARTNER:              Yes      No

FRIENDS:              \_\_\_\_\_

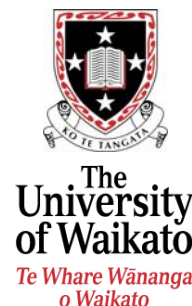
*Kia ora rawa atu!*

### Codes for Demographic Information

- (1) I.D. NUMBER
- (2) GENDER            **0** = MALE                            **1** = FEMALE
- (3) ETHNICITY        **0** = NON-MAORI                            **1** = MAORI
- (4) AGE                            NUMERICAL YEARS
- (5) BENEFIT        **0** = SALARY/WAGES            **1** = WELFARE INCOME
- IWI AFFILIATIONS (DESCRIPTIVE)
- (6) UPBRINGING        **0** = OWN AREA            **1** = NOT IN OWN AREA
- (7) TAMARIKI NUMERICAL
- (8) MOKOPUNA NUMERICAL
- (9) EDUCATION                            **5** = SECONDARY NOT COMPLETED  
     **4** = SECONDARY COMPLETED  
     **3** = CERTIFICATE  
     **2** = DIPLOMA  
     **1** = TERTIARY NOT COMPLETED  
     **0** = TERTIARY COMPLETED
- (10) HOUSEHOLD:TOTAL (MADE UP OF NUMBERS BELOW + SELF)
- (11) PARTNER
- (NB: FOR THE CORRELATIONS THE PRESENCE OF ABSENCE OF A PARTNER WAS CODED **0** = YES **1** = NO)
- (12) TAMARIKI/MOKOPUNA
- (13) WHANAU
- (14) FRIENDS

**APPENDIX I**  
**Questions Maori Parent Focus Groups 1 and 2**

**WHANAU WHAKAPAKARI**



**DISCUSSION GROUP QUESTIONS**

1. How did your parents raise you? Do you raise your children the same way?
2. How important to you are Maori values in parenting? What sorts of things?
3. What child behaviours are most appreciated by you as a parent?
4. What child behaviours are most difficult?
5. What parenting methods work best in changing your child's behaviour?
6. What parenting methods do not work so well?
7. What do you think about techniques, such as reinforcement, discipline and time-out, which are taught in parent-training programmes?
8. What are the stresses that interfere with you doing your best as a parent?
9. What is the best way to teach parenting to you? Who is most helpful?
10. What would make it more likely for you to participate in a parenting programme?
11. What would be some of the things that would keep you from participating in a parenting programme?
12. What are the most important qualities you would like to see in a professional who helps you with your problems?

*Kia ora*

### Questions Maori Parent Focus Group 3

## WHANAU WHAKAPAKARI



The  
University  
of Waikato  
*Te Whare Wānanga  
o Waikato*

### DISCUSSION GROUP QUESTIONS

1. How do you think the following values are important for Maori families and parenting?

WHAKAPAPA

WHANAUNGATANGA

AWHINATANGA

TANGIHANGA

WAIRUATANGA

OTHER IDEAS

*How important are these values at the moment in your own whanau?*

*1 not important at the moment 2 fairly important 3 important  
4 very important*

2. What is the best way to encourage these values for Maori families and parenting?
3. When was the last time that things were bad or difficult between you and your children? What things were you or your children doing? How did you deal with it?
4. When was the last time that things were really good between you and your children. What things were you or your children doing?
5. What do you like MOST about the Apumoana Parenting and Life Skills Programme?

*Kia ora, thank you for your comments.*

**APPENDIX J**

**INTER-CODER RELIABILITY CHECKS**  
**INSTRUCTION SHEET**

Tena koe. Thank you for agreeing to undertake coding reliability checks for the interview analysis in my thesis. There were three sections analysed. The first included eight kaumatua interviews, the second included three Maori service provider focus group discussions, and the third included three Maori parent groups. All these transcripts are numbered. I would like you to select four kaumatua interview transcripts, one Maori service provider focus group discussion, and one Maori parent focus group discussion.

I will then print out the ones that you have selected and highlight the quotes that I have included in my analysis. I have prepared a form (attached) which lists each theme and related issue from my analysis of the interviews and focus group discussions. Could you please read the interview/focus group transcript and note that each highlighted quote is also numbered. Please re-read and put the numbers from the transcript on the attached form under the theme or related issue where you think it best fits.

**Please note that the quotes may be allocated to more than one theme or related issue.**

As you will be reading only four of the eight interviews and two of the six focus groups transcripts, you may not need to use all the themes and related issues listed on the form.

Finally, could you please comment on how well the overall tone and information in the interview/focus groups is reflected in the attached section summary.

Many thanks once again. Kia ora ano.

Averil Herbert

**KAUMATUA INTERVIEWS FORM:**

Interview No. \_\_\_\_\_ Coder \_\_\_\_\_

<b>Themes</b>			<b>Related issues</b>		
(1) Iwi/hapu/whanau/kuia			(a) Iwi/hapu/whanau roles	(b) Pakeha influence	
1:1					
3:1					
(2) Values/practices/origin transmission			(a) Wairuatanga/religion	(b) Education	
1:1	1:2	1:3			1:4
3:2			3:3		
5:1	5:2	5:3			
7:1					
(3) Changing whanau structure			(a) Maori-Pakeha differences	(b) Absence of violence	
			1:5		
			3:4		
			7:2		
<b>Topic areas</b>					
(1) Parenting			(2) Whakamaa		(3) Research
1:6	1:8				1:7
3:5	3:6	3:7	3:8	3:10	3:9
5:4	5:5		5:6		5:7
					7:3

**COMMENTS ON SECTION SUMMARY:**

*Scoring: The steps in the coder reliability check are discussed under Inter-Coder Consistency of Interview Analysis in Chapter 4. A blank Kaumatua Interviews Form was given to the coder who then considered the numbered quotes (1:1 is kaumatua 1: quote 1; 3:1 is kaumatua 3: quote 1 and so on) from their highlighted transcript and recorded them on their form under the best match theme or related issues.*

*The numbers on this sheet are the ones used in my analysis for four of the eight kaumatua interviews. The numbered forms from each coder were then matched with my numbered form. The percentage agreement was calculated and is shown in Table 1.*

**MAORI SERVICE PROVIDER FOCUS GROUP FORM:**

Group No. \_\_\_\_\_ Coder \_\_\_\_\_

Themes		Related issues	
(1) Tribal connectedness			
2:1			
2:11			
(2) Maori values	(a) Wairuatanga and religion	(b) Mixed messages and loss of identity	(c) Lack of transmission of values and the role of education
		2:2	2:3
		2:4	
(3) Changes in whanau structures	(a) Desired child behaviours	(b) Child problem behaviours	(c) Parent problem-solving
	2:5	2:6	2:12
			2:13
			2:14
(4) Maori-Pakeha relationships	(a) Maori-oriented services		
2:7	2:8		
2:15	2:9		
	2:10		
	2:11		
	2:16		

**COMMENTS ON SECTION SUMMARY:**

*Scoring: The steps in the coder reliability check are discussed under Inter-Coder Consistency of Interview Analysis in Chapter 4. A blank Maori Service Provider Group Form was given to the coder who then considered the numbered quotes (2:1 is focus group 2: quote 1; 2:11 is focus group 2: quote 11 and so on) from their highlighted transcript and recorded them on their form under the best match theme or related issues.*

*The numbers on this sheet are the ones used in my analysis for the Maori service provider focus group 2. The numbered forms from each coder were then matched with my numbered form. The percentage agreement was calculated and is shown in Table 2.*



**MAORI PARENT FOCUS GROUP FORM:**

Group No. \_\_\_\_\_ Coder \_\_\_\_\_

Themes		Related issues	
(1) Upbringing			
	2:1		
	2:5		
	2:6		
(2) Maori values and changes in society			
	2:2		
	2:3		
	2:4		
	2:7		
	2:26		
	2:27		
(3) Family issues	(a) Desired child behaviours	(b) Child problem behaviours	(c) Parent problem solving
	2:8	2:12	2:14
	2:9	2:13	2:15
	2:10	2:16	2:17
	2:11		2:18
			2:19
			2:20
(4) Parenting programmes			
(1) Sharing and support	(2) Safe environment	(3) Personal warmth of facilitator	(4) Whanaungatanga and awhinatanga
2:21	2:23		
2:22	2:24		
	2:25		

**COMMENTS ON SECTION SUMMARY:**

*Scoring: The steps in the coder reliability check are discussed under Inter-Coder Consistency of Interview Analysis in Chapter 4. A blank Maori Parent Focus Group Form was given to the coder who then considered the numbered quotes (2:1 is focus group 2: quote 1; 2:5 is focus group 2: quote 5 and so on ) from their highlighted transcript and recorded them on their form under the best match theme or related issues.*

*The numbers on this sheet are the ones used in my analysis for the Maori parent focus group 2. The numbered forms from each coder were then matched with my numbered form. The percentage agreement was calculated and is shown in Table 3.*

## APPENDIX K

### ROTORUA BRANCH MAORI WOMEN'S WELFARE LEAGUE PARENTING AND LIFE SKILLS PROGRAMME, ROTORUA

*APUMOANA MARAE, TARAWERA RD, ROTORUA*

The Maori Women's Welfare League Rotorua District Council initiated the *Parenting and Life Skills Programme* at Apumoana Marae in September 1990. It has continued to run under the auspices of the M.W.W.L. since that time with the support of the Apumoana Marae Committee.

The programmes run for four terms each year coinciding with the school terms. The programmes are designed in consultation with the parents each term, according to their needs. Parents are asked to evaluate the sessions and are encouraged to make suggestions, raise concerns or discuss difficulties with the volunteer staff.

The mission statement is to help develop marae based parenting and life skills programmes for Maori and non-Maori parents, encouraging each one of them to develop confidence and self-esteem and positive attitudes, to help them become better parents.

THE AIMS ARE TO:

- Develop parenting skills
- Educate in life skills
- Develop confidence to be able to communicate
- Develop an awareness of the need for a healthy home environment
- Develop budgeting skills
- Identify areas of crisis, violence, alcohol & substance abuse
- Know who you are through Maori values
- Form a network to help each other

The programme is funded by the Community Funding Agency. The Early Childhood Development Unit funds the creche. All the staffing is voluntary and is under the auspices of the Maori Women's Welfare League.

The parents and caregivers meet weekly for five hours. A key part of the programme is to provide the opportunity for parents to meet with other parents. The supportive nature of the environment and the activities are seen as enhancing friendships and encouraging the mothers to develop their own supports after they have left the programme.

In the marae setting there is support, modelling and information on child well-being and development. There are Maori liaison specialists from health and education to assist with parent and child health (including First Aid and CPR training), and sessions to encourage understanding of child development and parental expectations. The ongoing focus is on parental self-esteem and attitudes.

(MWWL Parenting and Life Skills brochure, August 2000)

## **APPENDIX L**

### **WHANAU WHAKAPAKARI STANDARD PARENT TRAINING (SPT)**

The materials for each of the three sessions in the SPT programme included a set of between five and seven overhead transparencies on the session topic and an equal number of overheads with the photographs of the participants and/or the children engaging in activities. I prepared notes relating to each session topic for discussion with each overhead.

Appendix L shows the SPT programme with the three session topics (Child Development, Communication, Positive Interactions). Included are the overheads with the written information, a selection of the overheads with photographs, and a summary of my prepared notes.

Including these in the sessions provided a useful and effective illustration of the points being raised. Participants enjoyed seeing themselves and/or their children as part of the training and it added relevance to the discussions.

## Session 1: Child Development

### CHILD DEVELOPMENT: OVERHEAD 1



**PART ONE: CHILD DEVELOPMENT (30 mins)**

**PART TWO: PRACTICAL IDEAS (30 mins)**

**PART THREE: INDIVIDUAL PLAN (30 mins)**

**WINDUP: BOOKLET SUMMARY AND RECIPE**



“Learning about child development is important for us to understand the needs of our tamariki and mokopuna. This session will spend about 30 minutes covering information about our children at different ages, including teenagers, and then we’ll talk about what will be useful for each of us. We’ll be writing down ideas and reminders that each of us wants to include in the booklet. We are including a recipe in the booklet.”

### CHILD DEVELOPMENT: OVERHEAD 2

**COMING TO TERMS WITH YOUR CHILD(REN)**

**CHILD DEVELOPMENT AND NEEDS**

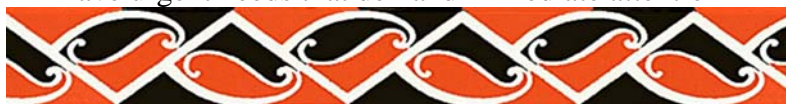
**NGA TAMARIKI WHAKATIPU**

**EACH CHILD IS DIFFERENT.THEY GROW AND  
LEARN AT DIFFERENT RATES IN DIFFERENT WAYS  
UP TO TWO YEARS :**

The words that can be used for the baby under two :

nga pepi, nga mokopuna, mokai. . . .

- An infant is totally dependent on others
- Must develop an intimate and loving relationship
- Time of most rapid growth and change
- Have urgent needs that demand immediate attention



“Up to two years. There are words that we use for babies and children under two years – pepi, mokopuna. Babies are totally dependent on others (photographs of mothers holding babies). Research also tells us that these babies must develop a loving relationship with their parents and grandparents (photograph of grandparents with mokopuna). When we see these babies here with us each week we can see how it is a time of growth and change, and that they demand immediate attention (photographs).” *(Extra notes written on blank transparencies)*



### CHILD DEVELOPMENT: OVERHEAD 3

#### FROM TWO YEARS TO SCHOOL:

- Gaining control of their world and checking limits.
- Toddlers are active and curious and lack self-control.
- Aggressive behaviour can start at around two years.
- Prosocial behaviour may be ignored
- They focus on the here and now
- Seek company and learn by imitating others

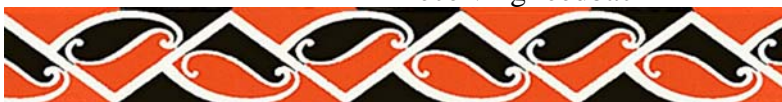


“Before the children get to school-age, they will learn a lot of skills from talking and walking to beginning to understand the world around them. They have to experience things to learn. They are active and curious and appear to lack any limits when they are trying things out. Two year olds can also be aggressive. Sometimes we focus on this and forget to notice when they are being good (*examples from session where some toddlers are sitting on mother’s knee, not interrupting*). Toddlers can demand immediate attention. We can start to manage this behaviour at around two or three years (*examples in sessions of child demanding behaviour and using a delayed reward when child has stopped crying*). Important to reward the stopping crying, not the crying itself. This age group starts to learn by imitating (*photographs from sessions where children are watching others eating and playing*). What other things are going on for them?” (*Extra notes written on blank transparencies*)

### CHILD DEVELOPMENT: OVERHEAD 4

#### SCHOOL AGE

- Connections between language, meaning and thought
- Value of routines and PRAISE
- Encourage non-violent modes of resolving conflict
- Child starts to understand thoughts & feelings of others
- Can develop real "friendships"
- Can now be taught
  - shown how to do it
  - given the chance
  - receiving feedback



“When tamariki start school they are learning about words and their meanings. You can encourage their language by reading books with them, talking with them and taking the time to explain (*photograph of child/adult reading*). Because they can see the meaning of things, it will make sense to them when you praise them (*photograph of smiling children*). The research has shown us that children of this age can be taught non-violent ways of resolving conflict. A two year old may appear aggressive and naughty, but you can start teaching them better ways to behave. All children will imitate and learn from others – other children, and other adults.” (*Extra notes written on blank transparencies*).



## CHILD DEVELOPMENT: OVERHEAD 5

### TEENAGEERS

- Legally, teenagers up to 14 cannot be left at home on their own
- Teenagers have been learning values and behaviour all their lives.
- Learning is complex and is by three main ways:

CONSEQUENCES

ASSOCIATION

MODELLING

- Teenagers are testing limits, testing and rejecting values, seeking identity, want peer approval
- Teenagers can still learn and change values and behaviours, but it can take longer.
- Drugs and alcohol may be involved
- Teenagers need to feel that they can achieve



“There are more complicated learning and social issues for teenagers. Up to age 14, teenagers cannot be left at home on their own. Teenage behaviours don’t happen overnight. They have been learning values and behaviours all their lives. Just as we talked about babies needing a loving relationship, a two year old needing positive training to cope with their aggression, and school age children responding to books and learning, a teenager is a product of all these stages of growing up. They learn from their environment and their friends and peers are a very important part of their lives. They are learning in other ways.

Learning, as we can see, is complex, and can be summarized in these three main ways. Learning by CONSEQUENCES, learning by ASSOCIATION, and learning by MODELLING.

When children are younger, we are also more likely to be able to organise positive consequences, or rewards – a trip to the park, McDonalds for tea. Rewards for teenagers are usually more expensive, more sophisticated and harder for us to set up (*examples from session of teenage behaviours and what might be the reason for their behaviour, how we reacted, what were the consequences for them*). As well as this, the other ways that we learn are often ways that are quite subtle, and we often don’t know that it is going on. We can associate certain situations or people with certain events and outcomes, but learning by modelling is less well understood. What this means for teenagers is that their environment and circle of friends provides complex learning situations that we often have to find ways of dealing with (discussion about ways that we can manage these situations). One of the things that we will be discussing next week is communication skills and how important this is.”

*Ask the group to note some things that we have talked about, and any reminders about child development and child behaviour that they would like in the booklet. Any additional time discussing individual plans with the parents. Finally, ask which recipe that would like included in the booklet as well.*



## Session 2: Communication

(Two overheads showing groups of children from a kohanga reo and a kura kaupapa to provide the illustration of Maori children and the association of communication and learning)

### COMMUNICATION: OVERHEAD 1



**PART ONE: ELEMENTS OF COMMUNICATION (30 mins)**

**PART TWO: PRACTICAL IDEAS (30 mins)**

**PART THREE: STATEMENTS (30 mins)**

**WINDUP: BOOKLET SUMMARY AND RECIPE**



“One of the most important things about bringing up our tamariki, and, in fact in our whole whanau is the ways that we communicate with them. We can see from last week how important this is when they are babies. When we hold them, we are communicating with them. You can see how they look at our faces and how they are aware that we are communicating. Communication can be body language as well as talking.”

### COMMUNICATION: OVERHEAD 2

#### ADULT COMMUNICATION

- INFORMATION
- INSTRUCTIONS
- LEARNING
- SINGING
- COMFORT

**TEND TO TALK TO EACH OTHER**

**DON'T USE WHOLE BODY OR TOUCHING**

**MAY HIDE OUR FEELINGS**



“As adults, our communication with each other can include giving information and instructions. We could be learning something. When we sing we are communicating. We communicate when we comfort someone. If we look at these overheads (*photographs of the mothers in session, karakia, preparing lunch*). There are some things that we can notice about the ways that children communicate, to help us understand them. (*Discuss how we get the attention of children – with photographs*). They will touch each other to get attention, and are often concentrating on their own activities. (*Discuss these situations*)”



### COMMUNICATION: OVERHEAD 3

#### CHILD COMMUNICATION:

- LEARN FROM THEIR ENVIRONMENT
- IMITATE
- NON-VERBAL : SIGNS : USE BODY
- SELECTIVE : DON'T LISTEN TO EVERYTHING



“Remembering about children copying people, they will copy communication. How can we help? Try to say one thing in a sentence not a whole lot. (*Use photographs of children and adults with the headings showing adult to adult, adult to child, and child to child and discuss*). They will also copy each other and adults. When children are busy they are concentrating on their activity. You need to gain their attention first and then use effective communication.”

### COMMUNICATION: OVERHEAD 4

#### WAYS TO BE MORE EFFECTIVE. .

- GET CLOSE & GAIN ATTENTION: CALL NAME
- TOUCHING
- MATCH BODY LANGUAGE
- MATCH WORDS
- GIVE A DIRECTION THAT IS SPECIFIC
- GIVE TIME TO RESPOND
- GIVE PRAISE - MORE TOUCHING



“We can see how we can use strategies when we communicate with children (*Photographs showing matching body language, words*). These are often different from our communication with adults. Keep directions clear and specific, and give praise. Eye contact and touch. Demonstrate and touch.”

### COMMUNICATION: OVERHEAD 5

#### INEFFECTIVE COMMUNICATION

- FAILURE TO GAIN ATTENTION
- GIVING SEVERAL DIRECTIONS: CHAIN
- BEING VAGUE



“There are a number of reasons that our communication may be ineffective. (*Discuss examples* Good communication is also an effective way of dealing with unacceptable behaviour. It has been shown to be more effective than smacking.”



COMMUNICATION: OVERHEAD 6
---------------------------

**CHALLENGING BEHAVIOUR**

- **WORK OUT WHAT THE CHILD DOES WELL & WHAT IS UNACCEPTABLE BEHAVIOUR**
- **HAVE A PLAN TO PRAISE AND TAKE ADVANTAGE OF ACCEPTABLE BEHAVIOUR**
- **EXPLAIN WHAT IS UNACCEPTABLE BEHAVIOUR**
- **IF YOU SEE THE BEHAVIOUR TELL THEM FIRMLY TO STOP**
- **IF IT STOPS, PRAISE THE CHILD**
- **IF IT CONTINUES, DON'T NAG, USE A QUICK TIME OUT AND WITHDRAW ATTENTION**
- **TRY TO ORGANISE ACTIVITIES AND SCHEDULES SO THAT THE FOCUS CAN BE POSITIVE**



“You might feel more in control if you can make some rules for acceptable behaviour. Let’s think about what might be acceptable and what might be unacceptable behaviour (*show overheads and pass out paper and allow parents to discuss examples*).

Reminder that these need to relate to the age of the children and should be . . . few, fair, easy to follow, enforceable and positively stated. To establish ground rules in a whanau there should be a hui of all the people involved to talk about it first. The more rules you have the more opportunity you have for your children to break them. Therefore, remember to keep it simple. Some ideas of ground rules follow

- children should always inform parents of where they are
- return home by agreed times
- respect and take care of each others property
- speak to and treat other whanau respectfully

It is important to have consequences of acceptable and unacceptable behaviour.

COMMUNICATION: OVERHEAD 7
---------------------------



**PRACTICAL IDEAS BASED ON COMMUNICATION**

**MAORI LANGUAGE**

**MAORI ARTS**

**MOODS**

**DANCING**

**SINGING**

**CUDDLING**

**BODY MOVEMENTS**



*Finish with a summary and collect the notes that parents would like included in the booklet and also the recipe that they want for Session 2.*

### Session 3: Positive Interactions

#### POSITIVE INTERACTIONS: OVERHEAD 1

**PART ONE: PRACTICAL IDEAS BASED ON  
LEARNING THEORY (30 mins)**

**PART TWO: POSITIVE INTERACTIONS  
"CATCH THEM WHILE THEY ARE GOOD" (30 mins)**

**PART THREE: CHOOSING TWO BEHAVIOURS  
ACCEPTABLE AND NOT ACCEPTABLE (30 mins)**



“Over the last two sessions we have shown how children learn as they grow up, and how important what we do is to their learning. What is going on around our tamariki is as important as the way that we talk to them. Our tamariki learn in the same way as we do. This week we are going to talk about learning theory, about managing our tamariki positively, and make some suggestions on handling difficult behaviour.”

#### POSITIVE INTERACTIONS: OVERHEAD 2



#### LEARNING THEORY

1. CONSEQUENCES
2. MODELLING
3. ASSOCIATION



“This part of our session is about learning theory, and the ways that we all learn. There are three main ways that we learn, and if we understand something about these, we can start to see what goes on for our children. The first way is the most easily understood with our tamariki - learning by consequences, or learning from what follows an action. (*Use examples from hungry infants, crying and being fed, or other examples that have been raised in the group*). Learning by modelling starts at a young age. Children will start to copy actions and language. We can demonstrate the right way to do things, and we can encourage them (*photographs of adults directing children, adults reading to children*). Learning by association is the least understood of the ways that we learn. It is complex and it occurs when we associate certain environments or people with certain events and activities. As parents and grandparents, the way that learning theory can most help us is with the consequences (*use examples from discussions*).”





**POSITIVE INTERACTIONS: OVERHEAD 3**

**PRAISE/REWARD**

**TIMEOUT**

**PUNISHMENT**



“We all wonder about the best way to deal with children when they are naughty. Some of us may use the same methods as we experienced ourselves. Sometimes we think that it worked for us and that physical discipline will probably work for our kids. A lot of information and research has now shown that praise and rewards are more effective than punishment in changing behaviour. Punishment may stop behaviour, but it is not likely to change it. These three statements are important to remember as the ways that have been shown to change behaviour. (*Examples of reward and feeling good to strengthen behaviour, and ignoring, or time-out, weakening behaviour.*) With this information we can remind ourselves of the range of ways that we can praise and reward our tamariki. (*Discuss how parents use time out and ask for examples.*)”

**POSITIVE INTERACTIONS: OVERHEAD 4**

**PRAISING GOOD BEHAVIOUR**

- **VERBAL REWARDS**
- **PHYSICAL REWARDS**
- **ACTIVITY REWARDS**

**REMEMBER MODELLING AND ASSOCIATION:**

**CHILDREN LEARN BY COPYING**



“Rewards don’t have to be presents that are expensive. Praise, and telling children that they have done well is important. Cuddles and hugs are very important. It is the same as for us. If someone who we love and respect tells us good things about ourselves, we feel good. A visit to an aunty or grandparent can be a good reward for tamariki. A walk, the playground, a trip to the swimming pool or the library are other ideas. (*Distribute sheets with reward headings and note ideas for verbal, physical and activity rewards.*) Share ideas. We also need to think about the groups of people around our children, as they will have an influence. When we talked a couple of weeks ago about teenagers, we were reminded that teenagers don’t suddenly change. They learn, and they are influenced. Peer pressure – modelling and association is very powerful for teenagers. We have to make sure that we do our best from infancy up to 10 or 12 years. Remember the positives, even when they are in trouble.”





**POSITIVE INTERACTIONS: OVERHEAD 5**

**POSITIVE INTERACTIONS  
SUGGESTIONS!!**

1. **CATCH THEM WHILE THEY ARE GOOD**
2. **PRAISE GOOD BEHAVIOUR**
3. **THINK ABOUT TYPES OF REWARD**
4. **TARGET BEHAVIOURS**
5. **EXTEND THESE AS THEY IMPROVE**
6. **GOOD BEHAVIOUR CHARTS**
7. **IGNORE MINOR UNACCEPTABLE BEHAVIOUR**



“A lot of the time, our children are good but we may not notice. For example, the children have been playing quietly while we have been having our discussions. *(Use other examples of children in the session who have been quiet. Demonstrate how we could thank them for behaving and show photographs of the children in the crèche playing together, eating their snacks, looking at books).* These are some situations when children are have been quiet and busy and we may have inadvertently ignored them. We also know that ignoring children weakens behaviour as we saw last week. *(Finish with discussion on rewards, and then ways of targeting any problem behaviours. Emphasise the positives.)*”

**POSITIVE INTERACTIONS: OVERHEAD 6**

**REMEMBER: USE THE BASIC PRINCIPLES  
CHILD DEVELOPMENT  
COMMUNICATION  
POSITIVE INTERACTIONS**

- **USE YOUR OWN UNDERSTANDING**
- **DISCUSS THESE WITH IMPORTANT PEOPLE**
- **AND USE THE BEST PLAN**

**HOW YOU FEEL WILL AFFECT YOUR BEHAVIOUR**



“Over the last few weeks we have covered the areas of child development, communication and positive interactions. It is a good idea to talk about your understanding with important people. Sometimes we want to change something about the way that we are bringing up our tamariki, but we don’t know how to do it. Other times we feel sure we are doing pretty much the right thing. It is good to talk to others and to ask others for help. How we feel does make a difference to how we can handle our family, and how we react to our children. So we also need to look after ourselves.

The reminders that we have written down, as well as the information from these sessions will be made into a booklet, with one recipe for each of the three weeks, along with a certificate.”

## **APPENDIX M**

### **WHANAU WHAKAPAKARI MATUATANGA RELATIONSHIPS MODEL (MRM)**

The materials for each of the three sessions in the MRM programme included the two overhead transparencies which illustrated and discussed whanau relationships. This first was a graphic illustration suggesting the relationships between the child (tamariki), the parent (matua), and the family (whanau) and the second overhead raised some discussion points on parents, children and whanau. Both of these overheads were shown at the beginning of every session.

In addition a number of overheads with photographs were prepared to illustrate the Matuatanga Relationships Model. A selection of three overheads for the three session topics (Child Development, Communication, Positive Whanau Interactions) is included in Appendix M. The MRM overheads were used and discussed in conjunction with the SPT overheads in Appendix L for each session.

Putting photographs on the overheads added to the enjoyment of the session and made the discussions more relevant.

## MRM: OVERHEAD 1

### WHANAU RELATIONSHIPS *How do we get on with our whanau?*



**MATUA**  
*How can we stay positive?  
How do we manage our problems?*



**TAMARIKI**  
*What do we expect from our tamariki?  
Tamariki are taonga!*



**THE MATUATANGA MODEL IS  
BASED ON  
OUR RELATIONSHIPS WITH OUR  
TAMARIKI AND MOKOPUNA**

## MRM: OVERHEAD 2

### THE MATUATANGA RELATIONSHIPS MODEL

- A parenting style based on our INTERACTIONS and RELATIONSHIPS with our children.  
How we get on with them?
- Recognises that PARENTS influence CHILDREN and that CHILDREN influence PARENTS.  
Things that we do with them!
- Encourages us to FEEL confident ourselves and also to recognise their successes  
How we can stay positive?
- Encourages us to understand and manage our own STRESSES and ANGER  
How do we manage our problems?
- Teaches us to remember the CHILD'S NEEDS and behaviours  
What do we expect from tamariki/mokopuna?
- Recognises each child as special and an INDIVIDUAL  
Tamariki are taonga!







## APPENDIX N

### WHANAU WHAKAPAKARI MATUATANGA VALUES MODEL (MVM)

The materials for each of the three sessions in the MVM programme included the overhead with the MVM introduction. Each session opened with a discussion overhead and overheads with photographs illustrating the three topics (Whakapapa, Whanaungatanga, Awhinatanga). For each session the MVM overhead was shown followed by a selection of the overheads with photographs.

The first session on Whakapapa included explicit discussion of identity and ways that people learn about their genealogy. This includes attending family hui and having access to family photographs and discussions. Different generations of a family were shown in the introductory overhead. The importance of talking about these topics with tamariki was highlighted with reference to child development. This was followed by the SPT Child Development session material as shown in Appendix L.

The second session on Whanaungatanga included a discussion on family relationships and understanding whanau connections, again illustrated with photographs. The importance of whanau environments for learning was raised. There was some reflection on the different generations in a whanau being consistent with tamariki and mokopuna to assist child management. A discussion on learning theory and the importance of reinforcement and rewards led into the SPT Positive Interactions session material from Appendix L.

The third session on Awhinatanga emphasised the nature of support and the ways that the participants helped each other. This includes the helpful activities that we share and the ways that we communicate our needs and ask for help. Effective communication was discussed and this was followed by the SPT Communication session material from Appendix L.



**MATUATANGA VALUES MODEL**

- WHAKAPAPA
- WHANAUNGATANGA
- AWHINATANGA



MVM: OVERHEAD 2

**WHAKAPAPA AND IDENTITY**

- AS YOUR CHILD DEVELOPS AND UNDERSTANDS NAN & KORO, AUNTY & UNCLE, COUSINS BASIC RIGHT TO KINSHIP
- PLACE IN WHANAU, PLACE IN HAPU AND COMMUNITY CONNECTIONS
- WE ARE ALL DIFFERENT HOW DO YOU SEE WHAKAPAPA?



MVM: OVERHEAD 3

**WHANAUNGATANGA AND POSITIVE WHANAU INTERACTIONS**

- UNDERSTANDING WHANAU CONNECTIONS
- HOW WE LEARN
- PERSONAL GOALS FOR OUR WHANAU
- NOTES AND RECIPE FOR PARENTING BOOKLET



MVM: OVERHEAD 4

**AWHINATANGA AND COMMUNICATION**

- AWHINATANGA: SEEKING SUPPORT
- AWHINATANGA: SUPPORTING OTHERS
- UNDERSTANDING HOW WE COMMUNICATE
- NOTES AND RECIPE FOR PARENTING BOOKLET









APPENDIX 0  
Maori Parent Training Group Panui

WHANAU WHAKAPAKARI



The  
University  
of Waikato  
*Te Whare Wānanga  
o Waikato*

**PANUI**

Are you a parent or grandparent of a pre-schooler interested in learning or extending your understanding of children?

As part of the Apumoana Parenting and Life Skills we are running three special programmes

Wednesday 7<sup>th</sup> June

- Whakapapa & childhood development

Wednesday 14<sup>th</sup> June

- Whanaungatanga & positive whanau interaction

Wednesday 21 June

- Awhinatanga & communication skills

*Apumoana Marae : Wednesdays 9.30 a.m.- 1 p.m.*

Contact: Averil Herbert, evenings 362 8070  
or Whare Hornfeck, 345 9853

**\*\*\* NAUMAI \*\*\* HAERE MAI \*\*\***



These sessions are part of a research programme from the University of Waikato. There is no charge.

**\*\*\* You will receive a Certificate of Completion \*\*\***



## WHANAU WHAKAPAKARI

### INFORMATION SHEET

Kia ora koutou

The WHANAU WHAKAPAKARI is running as a research project as part of the Apumoana Parenting Programme, to look at the different ways that we can best work with mothers and families.

I have designed three sessions that include information on child development, communication and ways of dealing with children's behaviour. There will be plenty of chances to talk about things that interest or concern you as we go along.

The research project is about the best ways to set up the sessions so that you find them helpful and interesting. We will also be putting some of the main things from each session into your own booklet.

When we start I will be asking you some questions at the beginning of the first session, and again when the sessions have all finished. This will help to compare the information that you give us with information from other groups. We plan to continue with these sessions during next year.

Once you have agreed to take part we don't need to use your name on any of the information, and it will be confidential. Before we start any of the sessions I will describe what we are going to do, and you are free to ask questions and discuss concerns at any time.

If you decide at any time that you don't wish to continue with the research you can withdraw your consent. This won't change your continuing with the sessions and being part of the Apumoana Programme. The Whanau Whakapakari booklets will have the three sessions that we do, and we will have a certificate to show that you have attended the sessions.

*Averil Herbert*  
Phone: 362 8070



## Maori Parent Training Group Consent Form

## WHANAU WHAKAPAKARI

## CONSENT FORM

## PARTICIPANT'S COPY



The  
University  
of Waikato  
Te Whare Wānanga  
o Waikato

Tena koe

He mihi tenei ki a koe me nga ahuatanga o te wa.

This consent form can be signed when you have read the Information Sheet, and are interested in being part of the research project.

This consent form is the only one with your name on it. We don't need to attach any names to any of the other forms, so that the research remains confidential. However, you are free to discuss any aspects of the research with me at any time.



I have read the Information Sheet about Whanau Whakapakari and the research project has been explained to me. I have had the chance to ask questions and to discuss my taking part in the study with other people. I agree to participate in this research project and I understand that I have the right to withdraw from the research at any time. This will not change my being part of the Apumoana Programme and continuing to come each week.

Thank you for helping with the research project.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX P**  
**Parent Training Measures Cover Page**

**ID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRE/POST**

**APUMOANA PARENTING: WHANAU WHAKAPAKARI**  
**WORKING WITH FAMILIES**



**NAUMAI HAERE MAI KI TENEI HUI**

**ATTACHED TO THIS SHEET ARE SOME QUESTIONS ABOUT YOUR EXPERIENCES AND IDEAS. YOU DON'T NEED TO USE YOUR NAME, BUT YOUR ANSWERS WILL HELP US WITH THE BEST WAYS TO PRESENT THESE SESSIONS, BY UNDERSTANDING THE PROBLEMS AND CHALLENGES FACED BY FAMILIES**

**KIA ORA!**

***THERE ARE FOUR PARTS TO FILL IN:***

- **PEOPLE WHO ARE IMPORTANT TO YOU**
- **YOUR OPINIONS ABOUT CHILDREN/MOKOPUNA**
- **YOUR OWN EXPERIENCES**
- **HOW YOU SEE YOURSELF**





**Parent Support Networks**  
**PEOPLE WHO ARE IMPORTANT TO YOU**

*Please read the questions and tick your answer. Kia ora! (Scoring notes added)*

1. During the week the people you see MOST often are:  
 TICK as MANY as you like  
  
(1) My Friends/Neighbours    (2) My Partner    (3) My Whanau  
(4) My Workmates  
(5) My Church/Marae/MWWL/LINE line dancing  
(6) Government Agencies(Social Welfare/ACC/Courts)  
(7) Other community support(doctor, counsellors)  
(8) No-one in particular
  
2. Who is the most important support in your life right now?  
 TICK JUST ONE  
  
(1) My Friends/Neighbours    (2) My Partner    (3) My Whanau  
(4) My Workmates  
(5) My Church/Marae/MWWL/LINE line dancing  
(6) Government Agencies(Social Welfare/ACC/Courts)  
(7) Other community support(doctor, counsellors)  
(8) No-one in particular
  
3. Who would you like to see more of?  
 TICK JUST ONE  
  
(1) My Friends/Neighbours    (2) My Partner    (3) My Whanau  
(4) My Workmates  
(5) My Church/Marae/MWWL/LINE line dancing  
(6) Government Agencies(Social Welfare/ACC/Courts)  
(7) Other community support(doctor, counsellors)  
(8) No-one in particular
  
4. If you had a problem, who could help you the most?  
  


---

  
 Which group is this helper from?  
  
(1) My Friends/Neighbours    (2) My Partner    (3) My Whanau  
(4) My Workmates  
(5) My Church/Marae/MWWL/LINE line dancing  
(6) Government Agencies(Social Welfare/ACC/Courts)  
(7) Other community support(doctor, counsellors)  
(8) No-one in particular

### Parent Support Networks SPT and MRM Participants' Results Table

The following Table summarises the responses from 14 participants – 7 in SPT and 7 in MRM. Each of the different supports were categorised by a number, (1) through to (7), as noted on the Parent Support Networks Questions. The category described as “No-one in Particular” (8) was not included, as only three participants out of 50 marked this. Where this response occurred in the three questions, it was scored (0).

Each participant was asked which individuals or groups they currently had contact with, and these responses for each participant were recorded as Y = Yes, current (or desired) contact, or N = No, no current contact, and not wanting contact.

Three further responses were included in this Table. The participant was asked to note the individual or group who was IMPORTANT NOW, the individual or group that the participant would LIKE TO SEE, and the individual or group who could assist with SOLVING A PROBLEM. For each of these three questions, the individuals or groups were recorded by the category number, (1) through to (7).

For example, Participant 1 reported currently seeing Whanau, Church/Marae and Community contacts, and was scored Yes under these categories. The Church/Marae contacts were important, and this participant reported wanting to see more of her Whanau contacts. The Church/Marae were important for assisting with problems. These numbers were listed under these three questions as follows:

Categories of Support Seen by Completing Participants SPT and MVM (n=14)										
I.D.	Friends (1)	Part Whanau (2)	Whanau (3)	Work (4)	Church/Marae (5)	Agency (6)	Comm (7)	IMPT NOW	LIKE TO SEE	SOLVE PROB
<b>SPT</b>										
1	N	N	Y	N	Y	N	Y	(5)	(3)	(5)
2	Y	N	Y	N	N	N	Y	(3,7)	(1,3)	(1,3)
3	N	N	Y	N	N	N	Y	(8)	(3)	(1,3)
4	Y	Y	Y	Y	Y	N	N	(2,5)	(2,3,5)	(1,5)
5	N	N	Y	N	N	Y	N	(3,7)	(2)	(3,7)
6	Y	N	Y	N	Y	Y	Y	(3)	(2)	(3)
7	N	N	Y	N	N	N	N	(3,6,7)	(3,7)	(3,6,7)
Totals	3	1	7	1	3	2	4			
<b>MRM</b>										
1	Y	N	N	Y	N	N	N	(1)	(3)	(1)
2	Y	N	Y	N	Y	N	Y	(1)	(3)	(1,5)
3	Y	N	N	N	Y	N	N	(1,5,6)	(3)	(3,5)
4	N	N	N	N	N	Y	Y	(6,7)	(7)	(6,7)
5	Y	Y	Y	N	Y	N	Y	(1,2,3,5,7)	(1,2,3,4)	(1,3)
6	Y	Y	Y	N	N	N	N	(1)	(1)	(1,3)
7	Y	Y	Y	N	N	Y	N	(3)	(7)	(3)
Totals	6	3	4	1	3	2	3			
<hr/>										
<b>TOTALS/9</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>7</b>				
% Match Impt Now								11/14		
% Match Like to See								9/14		
% Match Help Solve Problem								11/14		

### Non-Completing Participants' Results Table

#### Categories of Support Seen by Non-Completing Participants (n=26)

I.D.	Friends (1)	Part (2)	Whanau (3)	Work (4)	Church/Marae (5)	Agency (6)	Comm (7)	IMPT NOW	LIKE TO SEE	SOLVE PROB
1	Y	Y	N	N	Y	N	Y	(2)	(0)	(2)
2	N	N	Y	N	Y	N	N	(5)	(1,2)	(5)
3	N	Y	Y	N	N	N	N	(2)	(3)	(2,3,7)
4	N	Y	Y	Y	N	N	N	(2)	(3)	(2,3)
5	N	N	N	N	Y	N	N	(5)	(5)	no resp.
6	Y	N	Y	N	N	N	N	(3)	(1)	(1,3)
7	Y	Y	Y	N	N	N	Y	(all)	(all-6)	(12,3,5)
8	N	Y	Y	N	N	N	N	(3,5,7)	(1)	(7)
9	Y	N	Y	Y	Y	N	N	(1,4,5)	(1,3,4,5,0)	(1)
10	Y	N	N	N	Y	N	N	(1,4)	(3)	(1)
11	Y	Y	Y	N	N	N	Y	(3)	(3,0)	(1,2,3,6)
12	Y	N	Y	Y	Y	Y	Y	(3)	(7)	(2)
13	Y	Y	Y	Y	N	N	N	(2)	(0)	(2)
14	Y	N	Y	N	N	N	N	(1,2,3)	(0)	(2)(3)
15	Y	N	N	N	N	N	N	(3)	(2)	(7)
16	Y	N	N	N	Y	N	N	(5)	(1,3)	(1)
17	Y	N	N	N	Y	N	N	(3)	(0)	(3)
18	Y	Y	Y	Y	N	N	N	(3)	(3)	(3)
19	Y	Y	Y	Y	Y	N	N	(2,3,5)	(0)	(1,2,3,5)
20	Y	Y	Y	N	N	N	N	(1)	(3)	(1,3)
21	Y	Y	N	Y	Y	N	Y	(1,2)	(1,2,3,5)	(5)
22	Y	N	Y	N	N	N	N	(1,3,7)	(1,3,7)	(1,3)
23	Y	N	N	N	N	N	Y	(1,5)	(5)	(1,5,7)
24	N	Y	Y	N	N	N	N	(2,3)	(1)	(3)
25	N	Y	Y	N	N	N	N	(3)	(3)	(2,3)
26	Y	N	N	N	N	N	Y	(3)	(0)	(3)
<b>TOTALS</b> 19	<b>13</b>	<b>17</b>	<b>7</b>	<b>11</b>	<b>1</b>	<b>8</b>				

(% Match) Impt Now

13/26

(% Match) Like to See

9/26

(% Match) Help Solve Problem

15/25

+4/26

## APPENDIX Q

### Parent Opinion Questionnaire (POQ)

INSTRUCTIONS: The following questionnaire includes a series of statements that have to do with parents and children. Read each of the statements and decide if you AGREE or DISAGREE with the statement. If you **AGREE** with the statement, circle **A** for agree.

If you disagree with a statement, circle **DA** for **DISAGREE**. (Scoring notes A=1, DA=0)

1. In most cases, a 6 year old can get up, wash dress and go to school unassisted    **A**    **DA**
2. It's reasonable to think that most 5 year olds can cross a busy street and buy groceries at a corner store . . . . . **A**    **DA**
3. It is acceptable for a 14 year old to take part with parents in adult activities such as drinking and smoking . . . . . **A**    **DA**
4. Children (ages 4-5) are able to play outside alone even when there are no fences to keep them in . . . . . **A**    **DA**
5. If a baby really loved her mother and father, the baby would be well behaved .. **A**    **DA**
  
6. It' a good idea to put a 4 year old on the toilet for an hour after the child has soiled his pants . . . . . **A**    **DA**
7. In most cases, a 12 year old would not be able to stay at home alone for even a few hours without getting into trouble . . . . . **A**    **DA**
8. A 9 year old should usually be able to get himself and brothers and sisters off to school, keep rooms in order, and prepare coffee for his or her parents . . . **A**    **DA**
9. It is natural for a parent to be upset if a child breaks something expensive . . . **A**    **DA**
10. Most of the time a 4 year old can choose the right clothing for the weather and then get him or herself off to school . . . . . **A**    **DA**
  
11. A 15 year old should be expected to help patch up his or her parents' marital problems . . . . . **A**    **DA**
12. Usually, a 2 year old can sit and play quietly alone in a room for several hours **A**    **DA**
13. It's fine to go shopping and leave the children with a babysitter to supervise . . **A**    **DA**
14. I don't think older children should ever do household chores . . . . . **A**    **DA**
15. A 3 - 4 year old can be expected to behave and not cry when mother is upset . **A**    **DA**
  
16. There is nothing wrong in punishing a nine month old child for crying too much **A**    **DA**
17. A 1 year old usually can feed him or herself . . . . . **A**    **DA**
18. It's not a good idea to take away a privilege because it can be bad for children **A**    **DA**
19. An older daughter (12 years old) could reasonably be expected to discipline younger brothers and sisters . . . . . **A**    **DA**
20. It is alright for a parent to ask a 13 year old to stay home from school in order to help a grandparent even if this happens somewhat frequently . . . . . **A**    **DA**
  
21. A 7 year old is old enough to set his or her own curfew and meal times . . . . . **A**    **DA**
22. A 3 year old child usually knows when his mum or dad is upset and that he should stay out of the way at these times . . . . . **A**    **DA**
23. A 9 year old child would probably be saddened by a death in the immediate family . . . . . **A**    **DA**
24. It's usually a good idea to physically punish a 6 year old with a belt for acting out on the school bus because the child will learn how to behave next time. . . . **A**    **DA**
25. Children ages 8 - 10 are usually old enough to wash their own clothes and also earn money for most of their personal supplies . . . . . **A**    **DA**

26. An 8 year old probably can get a 2 year old brother dressed and off to day care before going to school . . . . . **A DA**
27. It's OK to punish a child once in a while if he or she really misbehaves . . . . . **A DA**
28. A 13 year old should be expected to stay home and rarely go out with friends in order to keep a parent company if the parent is feeling down about things . . . . . **A DA**
29. A 6 year old is probably old enough to be able to use a stove without parental supervision . . . . . **A DA**
30. Most often a 3 year old will know how to play quietly for longer periods of time when his or her mother is not feeling well . . . . . **A DA**
31. A 16 year old is not old enough to do his or her own laundry . . . . . **A DA**
32. When a 4 year old rudely grabs something that belongs to his or her mother, it is probably a good lesson for the child if the mother bends back the child's thumb **A DA**
33. A 2 year old child can be expected to toilet train him or herself with little help from parents . . . . . **A DA**
34. Parents should have older children participate in household chores . . . . . **A DA**
35. Parents can expect even a child as young as 2 1/2 to be able to comfort them when they are sad and crying . . . . . **A DA**
36. Generally 10:00pm is not too late for a 7 year old to remain outside in the neighbourhood . . . . . **A DA**
37. A 13 year old is not old enough to go to the corner store and buy grocer. . . . . **A DA**
38. Talking in front of children (5 - 7 years) about problems in the family is OK because they can't understand . . . . . **A DA**
39. When a 2 year old bites his or her mother, it's all right for the mother to bite the child back to teach the child that biting mother isn't allowed . . . . . **A DA**
40. A 5 year old can be expected to help by feeding, dressing, and changing nappies for an infant . . . . . **A DA**
41. If an infant or young child sucked his thumb a lot, and kept doing this even when told not to, it would be good to spank him once to teach him to stop . . . . **A DA**
42. Even a 3 month old would miss a brother or sister if they were separated . . . . . **A DA**
43. I think the sign of a good parent is approving of everything a child does . . . . . **A DA**
44. If a parent had to work nights, older children (8 - 10) would take the responsibility and be left home alone . . . . . **A DA**
45. Most 12 year olds are old enough to be able to listen to their mother's problems and give advice . . . . . **A DA**
46. A 6 year old should be expected to keep his or her room clean and pick up toys after playing . . . . . **A DA**
47. A 2 year old can sometimes take a bath without the parent being in the room . **A DA**
48. Generally, it's a good idea to physically punish (slapping the hand, etc.) a 2 year old for touching a stereo . . . . . **A DA**
49. A 2 - 3 year old boy can be expected to "act like a little man," that is, not cry when his mother leaves home to go shopping . . . . . **A DA**
50. A 12 year old can take a bath without help . . . . . **A DA**
51. It's OK to leave a 3 year old, who is soundly sleeping in a bed, alone in the house or apartment while the parent walks a friend to the corner bus stop . . . . . **A DA**
52. It won't hurt a 10 year old to stay home from school occasionally when a parent feels sad or ill . . . . . **A DA**

53. School age children can stay home on weekdays sometimes in order to clean house and do the laundry . . . . . A DA
54. A 3 year old can usually be expected to button shirts and tie shoe laces . . . . . A DA
55. I don't think kids should ever get punished . . . . . A DA
56. If a 6 year old disobeys, its all right to occasionally use a stick to physically punish him or her . . . . . A DA
57. Even small infants have mean tempers and disobey when mad . . . . . A DA
58. It's not fine for a 15 year old to take a bus without parental supervision . . . . . A DA
59. A 12 year old can be expected to get up, pick out his or her clothes, and get off to school . . . . . A DA
60. Generally, it would be all right to leave kids alone for a few days if they are as old as 12 or 13 . . . . . A DA
61. Parents can expect infants to always show them love and affection . . . . . A DA
62. Occasionally, even a 10 year old should be expected to do his or her part for the family staying home from school to help run a business like a family store. . . . . A DA
63. It's a good idea to take away children's privileges if they misbehave . . . . . A DA
64. A 1 year old can usually feed him or herself without spilling food . . . . . A DA
65. If a young child continues to disobey, it is the parent's right to sternly use a belt for discipline . . . . . A DA
66. A parent should not be upset if a child breaks something expensive, because it's normal for children to do things like that . . . . . A DA
67. Generally, one could expect a 4 year old to understand why his or her brother, who suffered a birth defect, gets extra love and attention . . . . . A DA
68. It's all right for a parent to leave a 6 year old alone for the day if taking time off from work would be very costly . . . . . A DA
69. Even preschool kids have feelings . . . . . A DA
70. It's probably not too much to expect a 4 year old to behave in front of others so not to embarrass the parent . . . . . A DA
71. Parents do not need to approved of everything a child does . . . . . A DA
72. A 7 year old is old enough to be expected to do the laundry for the family . . . . . A DA
73. A young child (7 years) will not be bothered much by moving 3-4 times a year . A DA
74. A parent can expect a young child (3 - 4 years) to know enough to behave in a supermarket so that the parent won't look foolish in front of others . . . . . A DA
75. If a child is misbehaving, it's appropriate for a parent to physically punish the child with a board or stick . . . . . A DA
76. A 5 year old should be mature enough not to be bothered when he or she doesn't get candy or praise from his/her parents . . . . . A DA
77. It's all right to leave an 8 month old infant on a bed or couch for a while . . . . . A DA
78. In most cases a 10 year old can be expected to care for an elderly grandparent, which includes giving pills each day . . . . . A DA
79. A 15 year old is not old enough to help with the cooking . . . . . A DA
80. A 2 year old can be expected to go to his or her room and get dressed when told A DA

**Kia ora!**





**APPENDIX R**  
**Parental Self-Efficacy Questionnaire**

INSTRUCTIONS: The following statements describe a range of thoughts and experiences about being a parent. There are no right or wrong answers, and you may agree with some and disagree with others. Read each of the statements and decide if you **AGREE** or **DISAGREE** with the statement. If you **AGREE** with the statement, circle **A** for agree. If you disagree with a statement, circle **DA** for **DISAGREE**.

Remember to read each statement; it is important not to skip any statement(*scoring notes*)

1. There is really no way I can solve the problems that I have . . . . **A (1) . . . DA (0)**
2. I can do just about anything that I set my mind to . . . . . **A (0) . . . DA (1)**
3. I don't enjoy the children as much as I would like to . . . . . **A (1) . . . DA (0)**
4. I would like to spend more time with my children . . . . . **A (0) . . . DA (1)**
5. I often feel that I have to get away from my children . . . . . **A (1) . . . DA (0)**
6. I feel that I will enjoy life more when the children are older . . . . **A (1) . . . DA (0)**
7. The problems of taking care of a child are easy to solve once you know how your actions affect your child . . . . . **A (0) . . . DA (0)**
8. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age . . . . . **A (1) . . . DA (0)**
9. I go to bed that same way I wake up in the morning, feeling that I have not accomplished a whole lot . . . . . **A (1) . . . DA (0)**
10. I do not know why it is, but sometimes when I am supposed to be in control, I feel more like the one being manipulated. . . . **A (1) . . . DA (0)**
11. My mother/father was better prepared to be a good mother/father than I am. . . . . **A (1) . . . DA (0)**
12. I would make a fine model for a father/mother to follow in order to learn what he/she would need to know to be a good parent . . . . . **A (0) . . . DA (1)**
13. Being a parent is manageable, and any problems are easily solved. **A (0) .. DA (1)**
14. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one. . . . . **A (1) . . . DA (0)**
15. Sometimes I feel like I am not getting anything done. . . . . **A (1) . . . DA (0)**
16. I meet my own personal expectations for expertise in caring for my child . . . . . **A (0) . . . DA (1)**
17. If anyone can find the answer to what is troubling my child, I am the one . . . . . **A (0) . . . DA (1)**
18. My talents and interests lie in other areas, not in being a parent. **A (1) . . . DA (0)**
19. Considering how long I have been a mother/father. I feel thoroughly familiar with this role . . . . . **A (0) . . . DA (1)**
20. If only being a mother/father to a child was more interesting, I would be motivated to do a better job . . . . . **A (1) . . . DA (0)**
21. I honestly believe I have all the skills necessary to be a good mother/father. . . . . **A (0) . . . DA (1)**
22. Being a parent makes me tense and anxious . . . . . **A (1) . . . DA (0)**
23. Being a good mother/father is a reward in itself . . . . . **A (0) . . . DA (1)**

*Kia ora*



**APPENDIX S**  
**Parental Self-Rating Scale**

I HAVE INCLUDED **TEN** QUESTIONS ABOUT HOW YOU RATE YOURSELF IN A NUMBER OF AREAS: PLEASE **TICK ONE BOX** FOR EACH QUESTION.

- |  |  |  |  |                                   |                 |  |  |  |                |
|--|--|--|--|-----------------------------------|-----------------|--|--|--|----------------|
| 1.   | How do you rate your understanding of children needs at different ages?                    | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not very good</i>   | <i>Good</i>  | <i>Very good most of the time</i> |                 |  |  |  |                |
| 2.   | How do you rate your support networks?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not very good</i>   | <i>Good</i>  | <i>Excellent</i>                  |                 |  |  |  |                |
| 3.   | How do you rate your stress and anger management?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not very good</i>   | <i>Good</i>  | <i>Very good most of the time</i> |                 |  |  |  |                |
| 4.   | How do you rate your communication with your children?                                     | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not very good</i>   | <i>Good</i>  | <i>Very good most of the time</i> |                 |  |  |  |                |
| 5.   | Do you feel that you are in charge of things?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not at all</i>  | <i>Sometimes</i>   | <i>Most of the time</i>           |                 |  |  |  |                |
| 6.   | How do you handle conflicts and fights with your children?                                 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not very well</i>   | <i>O.K.</i>  | <i>Good most of the time</i>      |                 |  |  |  |                |
| 7.   | Do you feel pretty good about yourself?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not at all</i>  | <i>Sometimes</i>   | <i>Most of the time</i>           |                 |  |  |  |                |
| 8.   | Do you get the help you need when you have a problem?                                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not at all</i>  | <i>Sometimes</i>   | <i>Most of the time</i>           |                 |  |  |  |                |
| 9.   | Are you able to provide support for others?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not at all</i>  | <i>Sometimes</i>   | <i>Most of the time</i>           |                 |  |  |  |                |
| 10.  | How do you feel about things right now?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>          |                 |  |  |  |                |
|  |  | <i>Not very good</i>   | <i>O.K.</i>  | <i>Very good</i>                  |                 |  |  |  |                |
| <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 15%;"><b>Scoring:</b></td> <td style="width: 30%; text-align: center;"><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/></td> <td style="width: 30%; text-align: center;"><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/></td> <td style="width: 25%; text-align: center;"><input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/></td> <td style="width: 10%; text-align: right;"><b>Totals:</b></td> </tr> </tbody> </table> |  |  |  |                                   | <b>Scoring:</b> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/> | <b>Totals:</b> |
| <b>Scoring:</b>  | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="0"/> | <b>Totals:</b>                    |                 |  |  |  |                |

## APPENDIX T

### Critical-Incident Scenarios Pre-Training Measures

#### **HANDLING SITUATIONS:**

As a parent you have to handle family problems and stresses, or help your friends with problems. What sorts of things could you do in the following situations?

- (1) Let's say that your baby is 7-months-old. He continues to wake during the night. You are working during the day and there is no-one else to get up to your baby at night. You are feeling very tired and are having a hard time keeping awake during the day. How would you deal with this situation?
  
  - (2) Suppose your 13-year-old has again agreed to do something, but does not follow through. You are noticing a pattern of failing to follow through more often than keeping to an agreement. This time, after agreeing to clean up his room on Saturday afternoon, your teenager went off with a friend and did not return until supertime. What would you do?
  
  - (3) You are feeling quite stressed out with family problems as your sister has just had a run in with the Department of Child Youth and Family. She has just been told that her children are being taken into care because of abuse allegations. You are upset, and then your 5-year-old comes home from school and tells you that she has gone up a group for reading. She has to read two chapters of a book for homework. She asks you to help her. And she wants you to come to the school tomorrow. How could you manage this situation?
- 

### Critical-Incident Scenarios Post-Training Measures

#### **HANDLING SITUATIONS:**

As a parent you have to handle family problems and stresses, or help your friends with problems. What sorts of things could you do in the following situations?

- (1) Suppose that you are the parents of a 1-month-old baby who has been healthy since birth. This evening about an hour after being fed, she begins to cry and continues to cry loudly – something that she has not done before. She does not appear ill to you. What would you do?
  
  - (2) Let's say that your 14-year-old daughter along with two friends, views a porn video at the home of one of her friends. The mother of one of these friends lets you know has happened. How would you handle this situation?
  
  - (3) You have five children, and your youngest child has just turned five and gone to school. Your friend fill their time with drinking together and going from pub to pub. You are not very keen to join them, and you are wondering what else there is for you to do. Who could assist you, and what would you do?
-

## Critical-Incident Scenario Response Categories

### Quantity Measure.

*Frequency* Number of different actions reported for each scenario

### Quality Measure.

*Coercive Solutions.* Solutions that are consistent with an authoritarian parenting style. Typically do not involve direct communication with child, or age-appropriate expectations. Coercive solutions are restricting and include arbitrary withdrawal of privileges, or unconditional limitations, threats and blaming. Coercive solutions are more likely to promote aversive behaviour or negative child functioning. A response, or absence of response, which could result in harm to child. For example, if a parent considers the scenario and then makes no response because of lack of ideas rather than a lack of time.

*Assistive Solutions:* Solutions that are more likely to enhance parent-child cooperation, and are consistent with an authoritative parenting style. Responses typically allow for direct communication with the child, and an opportunity for the parent to express their expectations. Assistive solutions are considered more likely to promote positive social functioning. Also, responses that are positive problem-solving actions.

*Neutral Solutions.* Responses that are child-focused in terms of care, but may not be directly related to a solving a problem. In other words, the response does not exacerbate a problem, but it also does not suggest positive steps to resolve it. Where there is no response, where there may have been a lack of time to write a response.

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## Critical Incident Scenario Scoring Examples

### (SPT Participant 3)

#### Pre-Training Response

(2) Suppose your 13-year-old has again agreed to do something, but does not follow through. You are noticing a pattern of failing to follow through more often than keeping to an agreement. This time, after agreeing to clean up his room on Saturday afternoon, your teenager went off with a friend and did not return until suppertime. What would you do?

*Send him off to his room. Tell him that I 'm really mad and if he can't give me a good reason then I'll take away something that he really likes until he learns.*

**SCORING: 2 COERCIVE**

#### Post-Training Response

(2) Let's say that your 14-year-old daughter. Along with two friends, views a porn video at the home of one of her friends. The mother of one of these friends lets you know has happened. How would you handle this situation?

*Sit and talk with her about all the things you can do with as a 14 year old, then tell her that she has got a long way in life to go, and let her know that it is not love, and if she waits then the right [man] will come along and show her the right way. For her body is her own.*

**SCORING: 2 ASSISTIVE**

---

### MVM Participant 3

#### Pre-Training Response

(1) Let's say that your baby is 7-months-old. He continues to wake during the night. You are working during the day and there is no-one else to get up to your baby at night. You are feeling very tired and are having a hard time keeping awake during the day. How would you deal with this situation?

*Put him on my stomach and rub him to sleep/ and sleep with him*

**SCORING: 2 NEUTRAL**

#### Post-Training Response

(1) Suppose that you are the parents of a 1-month-old baby who has been healthy since birth. This evening. About an hour after being fed, she begins to cry and continues to cry loudly – something that she has not done before. She does not appear ill to you. What would you do?

*Take her to a family member/ or friend to see if they can sort her out. If not, take her to the doctors.*

**SCORING: 2 NEUTRAL 1 ASSISTIVE**

**APPENDIX U**  
**Programme Evaluation Form**  
PARENT EVALUATION OF SESSIONS

Please circle the number that best describes what you think of these sessions.  
 Choose only one number for each question.

1. Please rate how much you think you learnt from these sessions.  

1	2	3	4	5
<i>nothing</i>	<i>a little</i>	<i>some</i>	<i>quite alot</i>	<i>a great deal</i>
  
2. How many more skills do you think you have now compared to when you started?  

1	2	3	4	5
<i>none</i>	<i>a little</i>	<i>some</i>	<i>alot more</i>	<i>a great deal more</i>
  
3. How much did you learn about changing children's behaviour?  

1	2	3	4	5
<i>nothing</i>	<i>a little</i>	<i>some</i>	<i>quite alot</i>	<i>a great deal</i>
  
4. Please rate how much information you now have to deal with children.  

1	2	3	4	5
<i>none</i>	<i>a little</i>	<i>some</i>	<i>quite alot</i>	<i>a great deal</i>
  
5. How much did you enjoy these sessions?  

1	2	3	4	5
<i>not at all</i>	<i>sort of enjoyed them</i>	<i>enjoyed them half the time</i>	<i>quite a bit</i>	<i>enjoyed them very much</i>
  
6. How much did you look forward to your sessions?.  

1	2	3	4	5
<i>not at all</i>	<i>kind of didn't want to go</i>	<i>O.K.</i>	<i>looked forward</i>	<i>looked forward alot</i>
  
7. How did you find the session presenter?  

1	2	3	4	5
<i>very poor</i>	<i>not very good</i>	<i>O.K.</i>	<i>pretty good</i>	<i>very good</i>
  
8. How well did the presenter understand your feelings and concerns?  

1	2	3	4	5
<i>not at all</i>	<i>a little bit</i>	<i>some of the time</i>	<i>most of the time</i>	<i>a great deal of the time</i>
  
9. Are you glad that you took part in these sessions?  

1	2	3	4	5
<i>not at all</i>	<i>a bit</i>	<i>didn't mind one way or the other</i>	<i>fairly glad</i>	<i>very glad that I participated</i>
  
10. How interesting were the sessions?  

1	2	3	4	5
<i>very boring</i>	<i>somewhat boring</i>	<i>neither interesting nor boring</i>	<i>usually pretty interesting</i>	<i>very interesting</i>
  
11. Please rate how much you feel that you can use what you have learnt.  

1	2	3	4	5
<i>can almost never use</i>	<i>can use a bit</i>	<i>use them about half the time</i>	<i>can use quite alot</i>	<i>can use a great deal</i>

12. To what extent are you able to use what you have learned about child development?
- |                             |                      |                                     |                           |                             |
|-----------------------------|----------------------|-------------------------------------|---------------------------|-----------------------------|
| 1                           | 2                    | 3                                   | 4                         | 5                           |
| <i>can almost never use</i> | <i>can use a bit</i> | <i>use them about half the time</i> | <i>can use quite alot</i> | <i>can use a great deal</i> |
13. To what extent are you able to use what you have learned about communication?
- |                             |                      |                                     |                           |                             |
|-----------------------------|----------------------|-------------------------------------|---------------------------|-----------------------------|
| 1                           | 2                    | 3                                   | 4                         | 5                           |
| <i>can almost never use</i> | <i>can use a bit</i> | <i>use them about half the time</i> | <i>can use quite alot</i> | <i>can use a great deal</i> |
14. To what extent are you able to use what you have learned about positive interaction?
- |                             |                      |                                     |                           |                             |
|-----------------------------|----------------------|-------------------------------------|---------------------------|-----------------------------|
| 1                           | 2                    | 3                                   | 4                         | 5                           |
| <i>can almost never use</i> | <i>can use a bit</i> | <i>use them about half the time</i> | <i>can use quite alot</i> | <i>can use a great deal</i> |
15. Has what you have learnt changed the way you react to your tamariki/mokopuna?
- |                   |                     |                         |                   |                     |
|-------------------|---------------------|-------------------------|-------------------|---------------------|
| 1                 | 2                   | 3                       | 4                 | 5                   |
| <i>not at all</i> | <i>a little bit</i> | <i>some of the time</i> | <i>quite alot</i> | <i>a great deal</i> |
16. Has what you have learnt changed your understanding of your tamariki/mokopuna?
- |                   |                     |                         |                   |                     |
|-------------------|---------------------|-------------------------|-------------------|---------------------|
| 1                 | 2                   | 3                       | 4                 | 5                   |
| <i>not at all</i> | <i>a little bit</i> | <i>some of the time</i> | <i>quite alot</i> | <i>a great deal</i> |
17. How important do you think it is to have these sessions on a marae?
- |                             |                           |                         |                  |                       |
|-----------------------------|---------------------------|-------------------------|------------------|-----------------------|
| 1                           | 2                         | 3                       | 4                | 5                     |
| <i>not at all important</i> | <i>somewhat important</i> | <i>fairly important</i> | <i>important</i> | <i>very important</i> |
18. What part of the sessions have you enjoyed the most?  
(the slides and information, the photos, the discussions, doing your own summary, sharing ideas and experiences, the questionnaires, all of these, none of these)
- 
19. What part of the sessions have you enjoyed the least?  
(the slides and information, the photos, the discussions, doing your own summary, sharing ideas and experiences, the questionnaires, all of these, none of these)
- 
20. Please give an overall rating of the sessions.
- |                  |             |             |             |                  |
|------------------|-------------|-------------|-------------|------------------|
| 1                | 2           | 3           | 4           | 5                |
| <i>very poor</i> | <i>poor</i> | <i>O.K.</i> | <i>good</i> | <i>very good</i> |

Please add any other comments you would like to make

---

*Thank you for taking part in the sessions and answering these questions. It will assist our research with parenting and life skills programmes.*

*Kia ora rawa atu!*

### Programme Evaluation Comments

- 19. What part of the sessions have you enjoyed the most?  
(the slides and information, the photos, the discussions, doing your own summary, sharing ideas and experiences, the questionnaires, all of these, none of these)**

#### STANDARD PARENT TRAINING (SPT) PART I

1. All above but questionnaires
2. I have enjoyed all the studies
3. All of these
4. The expressions on the childrens' faces
5. All
6. Looking at the photos and sharing ideas
7. Meeting other mothers, all of it

#### MATUATANGA RELATIONSHIPS MODEL (MRM)

1. Discussions, sharing ideas
2. All of these
3. All of these things
4. All of these
5. All of the above
6. Discussions – sharing our experiences. Hey, I'm not the only one going through this. Positive korero – not too heavy, not too light, just right
7. I have enjoyed all the sessions on the programme

#### STANDARD PARENT TRAINING (SPT) PART II

1. Discussion and one another
2. The whole sessions
- 3.
4. All of them. Visual, talking, understanding of ways we learn
5. Everything that involves our tamariki

#### MATUATANGA VALUES MODEL (MVM)

1. All of these
2. Sharing experiences
3. All of these sessions were primo

- 19. What part of the sessions have you enjoyed the least?  
(the slides and information, the photos, the discussions, doing your own summary, sharing ideas and experiences, the questionnaires, all of these, none of these)**

#### STANDARD PARENT TRAINING (SPT) PART I

1. Questionnaires
2. I have enjoyed all
3. None of these [I have enjoyed it all]
4. These sessions are O.K. for learning and helping to be more aware of the things I did not understand before
5. All
6. Discussions and experiences of others
7. None of it, it was all good

## MATUATANGA RELATIONSHIPS MODEL (MRM)

1. I have enjoyed everything we have done
2. None of these
3. Whare Hornfeck and others and especially Averil Herbert 's presentations and communicating, sharing discussions . Excellent in improving our life as a parent, as a person. Binding the family together as a unit. "Excellent".]
4. None of them
5. None of these
6. Averil is so inspiring. She's got a beautiful way of explaining and talking to us. She's got one beautiful wairua, God bless you, kare
7. Actually nothing. I enjoyed it all

## STANDARD PARENT TRAINING (SPT) PART II

1. Photos and questionnaires
- 2.
3. Photos, some of the discussion, talking and getting to know others
- 4.
5. I've enjoyed everything

## MATUATANGA VALUES MODEL (MVM)

1. I have thoroughly enjoyed it all
2. Slides, closeness, ideas, photos
3. None of these. They were too much

**20. Please give an overall rating of the sessions.**

1	2	3	4	5
<i>very poor</i>	<i>poor</i>	<i>O.K.</i>	<i>good</i>	<i>very good</i>

**Please add any other comments you would like to make**

## STANDARD PARENT TRAINING (SPT) PART I

1. **5**,I believe if whanau Whakapakari was known to me earlier in parenthood I would have a better idea of acceptable discipline. My communication ability has improved immensely thanks to the ideas put on paper and I was asked to voice. Many thanks, Averil
2. **5**,These sessions are really needed on marae and in our communities as well
3. **5**,I know from what I have learned I can apply it in coping in the raising of my child and her well-being, thanks to the support of Mums like myself and ideas shared
4. It's been a blessing to partake in the Whanau Whakapakari. Bless you, Averil, you're a wonderful teacher
5. **5**,More parents out there need what Apumoana has to offer
6. This programme has shown me how to deal with my kids lot better than I had been doing
7. **5**,



### MATUATANGA RELATIONSHIPS MODEL (MRM)

1. I have really gained a new insight and some new ways in which to understand my children better
2. **5**,I would like to see more of these programmes set up on marae all over the country to help our generation and the next to learn more positive techniques about parenting their tamariki
3. **5**,I would have enjoyed the sessions more if I was able to read and write for myself
4. **5**,I would like to see the counsellors who volunteer to come and share their knowledge and experiences with us. Preferably 2 consecutive weeks instead of one session per term
5. **3**,I liked the “I can do it” thinking that we talked about

### STANDARD PARENT TRAINING (SPT) PART II

1. **3**,Reinforcement increases a person’s behaviour. Learning more about punishment and positive things
2. **5**,I would like to learn more on discipline and abuse. Parent’s role and children
3. This really gives me the timeout to relax and I’m thankful for the help I’m getting for me and my children
4. **5**,Marae needs 2 or 3 vans for [transport]
5. **5**,This is a more learned experience from my own upbringing. Choice! Primo!

### MATUATANGA VALUES MODEL (MVM)

1. **5**,As above, I recommend young mums to come along to Apumoana Parenting and Living Skills
2. **5**,Was so awesome to hear the young mothers’ remarks and awareness
3. **5**,Have a good and primo holiday. Catch you up at the next sessions

## APPENDIX V

### *MWWL Parenting and Life Skills Brochure*

*I designed these brochures during the Whanau Whakapakari research to enhance publicity for the parenting training sessions and to assist the Maori Women's Welfare League Parenting and Life Skills Programme.*

*Shown on following pages:*

- (1) Cover graphics of A4 brochure, folded in three, providing details of the MWWL Parenting and Life Skills Programme.*
- (2) Reverse page including MWWL Programme Mission Statement, the term programme Term 3, 1998: Whanau Whakapakari Part I SPT, and the Code of Discipline.*
- (3) Term 4, 1998: Part I MRM*  
*Term 1, 1999: Part I MRM*  
*Term 2, 1999: Part I SPT*
- (4) Term 3, 1999: Maori parent focus group 1*  
*Term 4, 1999: Maori parent focus groups 2 and 3*
- (5) Term 1, 2000: Part II SPT*  
*Term 2, 2000: Part II MVM*

**(1) Cover Graphics and Information**

**MISSION STATEMENT**

*To help develop marae based parenting and life skills programmes for Maori and non-Maori parents, encouraging each one of them to develop confidence and self-esteem and positive attitudes to help become better parents*

**OUR AIMS ARE TO:**

- *Develop parenting skills*
- *Educate in life skills*
- *Develop confidence to be able to communicate*
- *Develop an awareness of the need for a healthy home environment*
- *Live within your budget*
- *Identify areas of crisis, violence, alcohol & substance abuse*
- *Know who you are through Maori values*
- *Form a network to help each other*

**PROGRAMME PLAN: TERM 3 1998**

15 July: Planning session

22 July: Weaving: Harakeke

29 July: Te Reo Maori/Waiata

5 August: First Aid & CPR  
Korowai Aroha

12 August: First Aid & CPR  
Korowai Aroha

19 August: Cooking: Lasagne

**26 August: Parenting Skills: Child Development**  
**Averil Herbert: Psychologist**

**2 September Parenting Skills: Communication**  
**Averil Herbert: Psychologist**

**9 September Parenting Skills: Positive Interactions**  
**Averil Herbert: Psychologist**

16 September: Evaluation & Hakari

- \* *ALL SESSIONS ARE FREE*
- \* *TRANSPORT CAN BE PROVIDED*
- \* *CRECHE AVAILABLE*

*We promote a Code of Discipline for living in a no-hitting family:*

1. *Children need love and understanding.*
2. *Children need to be praised for the right behaviour.*
3. *Parents are told to show the children how to behave.*
4. *Parents are shown how to supervise children.*
5. *Encouragement and praise are shown as the best way to change behaviour and improve self-esteem.*
6. *Parents are encouraged to use time out rather than hitting.*
7. *Parents and workers are encouraged to seek help for their own stress and anger management.*

*M.W.W.L. Parenting and Life Skills Programme is funded by NZCFA*

PROGRAMME PLAN: TERM 4 1998

7 October: Planning session. Harakeke

14 October:

21 October: Maori Counselling  
Maxine Rennie: Mana Social Services

27 October: Cooking: Steam Pudding

**4 November: Parenting Skills: Matuatanga Model: Child Development  
Averil Herbert: Psychologist**

**11 November: Parenting Skills  
Matuatanga Model: Communication  
Averil Herbert: Psychologist**

**18 November: Parenting Skills:  
Matuatanga Model: Whanau Interactions  
Averil Herbert: Psychologist**

25 November: Budgeting  
Michelle Nahu: Runanga Budgeting

1 December: Crafts and gift making

8 December: Graduation & Hakari

PROGRAMME PLAN: TERM 1 1999

3 February: Planning session

10 February: Cooking. Bottling Pickles

17 February: Parenting: Matuatanga Model  
Child Development  
Averil Herbert: Psychologist

**24 February: Parenting: Matuatanga Model: Child Development  
Averil Herbert: Psychologist**

**3 March: Parenting: Matuatanga Model  
Communication  
Averil Herbert: Psychologist**

**10 March: Parenting: Matuatanga Model  
Positive Whanau Interactions  
Averil Herbert: Psychologist**

17 March: Swimming Trip  
Aquatic Centre

24 March: Driver Licencing  
Cedric Rogers: Drivewise Trust

1 April: Benefit Entitlements  
WINZ

7 April: Evaluation & Hakari.

PROGRAMME PLAN: TERM 2 1999

21 April: Harakeke/Planning session

28 April: Fire safety  
Piki Thomas Fire Safety Officer

5 May: Immunisation  
Korowai Aroha

12 May: Keeping our children safe  
Maxine Rennie Mana Services

19 May: Cooking winter meals

26 May: Health and cancer checks  
Breast Cancer Society

**2 June: Parenting Skills: Child Development  
Averil Herbert: Psychologist**

**9 June: Parenting Skills: Communication  
Averil Herbert: Psychologist**

**16 June: Parenting Skills: Positive  
Interactions  
Averil Herbert: Psychologist**

23 June: Hakari windup

**(3) Whanau Whakapakari Programme 2: Part I MRM  
Whanau Whakapakari Programme 3: Part I MRM  
Whanau Whakapakari Programme 4: Part I SPT**

PROGRAMME PLAN: TERM 3 1999

14 July: Planning session

21 July: Budgeting  
Michelle Nahu: Runanga Budget Advisory

28 July: Te Reo Maori/Waiata  
Mihaere Kirby: Kaiako

**4 August: Discussion Group on Parenting Issues**  
**Averil Herbert: Psychologist**

11 August: First Aid & CPR  
Korowai Aroha

18 August: First Aid & CPR  
Korowai Aroha

25 August: Cooking  
Arapeta Tahana: Politics

1 September: Driver Licencing  
Cedric Rogers: Drivewise Trust

8 September Early Childhood Development  
Connie Boasa: ECDU

15 September: Evaluation & Hakari windup

PROGRAMME PLAN: TERM 4 1999

6 October: Harakeke/Planning session

**13 October: Discussion Group on Parenting Issues**  
**Averil Herbert: Psychologist**

20 October: Genetic Engineering: Lyn Dempsey  
Y2K: RDC Natalie Bennett

27 October: WINZ Entitlements

3 November: Farm Visit

10 November: Child Safety Issues  
Maxine Rennie: Mana Social Services

**17 November: Discussion Group on Parenting Issues**  
**Averil Herbert: Psychologist**

24 November: Healthy Eating  
Heart Foundation

1 December: Crafts and gift making

8 December: Graduation & Hakari

(4) Whanau Whakapakari Maori Parent Focus Group 1  
Whanau Whakapakari Maori Parent Focus Groups 2 & 3

PROGRAMME PLAN: TERM 1 2000

2 February: Planning session & cooking

9 February: Cooking. Bottling Pickles

**16 February: Parenting Skills: Child Development**  
**Averil Herbert: Psychologist**

**23 February: Parenting Skills: Communication**  
**Averil Herbert: Psychologist**

**1 March: Parenting Skills: Positive Interactions**  
**Averil Herbert: Psychologist**

8 March: Cooking: Bread and Butter  
Pudding

15 March: Child Immunisation  
Korowai Aroha

22 March: Child Safety & Counselling  
Maxine Rennie: Mana Social Services

29 March: Weaving: Harakeke

5 April: Evaluation & Planning.  
Hakari windup

PROGRAMME PLAN: TERM 2 2000

26 April: Whakawhanaungatanga &  
Harakeke

3 May: Te Reo. Marae Tikanga

10 May: Te Reo  
He Kainga mo te Reo

17 May: Addictions  
Te Utuhina Manaakitanga Trust

24 May: Budgeting  
Michelle Nahu: Runanga Budgeting

31 May: Cooking

**7 June: Parenting Skills: Whakapapa**  
**Averil Herbert: Psychologist**

**14 June: Parenting Skills:**  
**Whanaungatanga**  
**Averil Herbert: Psychologist**

**21 June: Parenting Skills: Awhinatanga**  
**Averil Herbert: Psychologist**

28 June: Hakari. Evaluation & Planning

(5) Whanau Whakapakari Programme 5: Part II SPT  
Whanau Whakapakari Programme 6: Part II MVM

## **APPENDIX W**

### **Whanau Whakapakari Programme Booklets**

The six programme booklets are listed below. Four of these booklets and a copy of the completion certificate are reproduced in Appendix W.

Each booklet had between 10 and 14 pages in size A5, with cover as illustrated. Within each booklet the three pages for each session are in a different and distinct colour, and the entire booklet was spiral bound with a clear plastic cover.

The booklets were designed to:

- summarise the session teaching
- illustrate with parents' comments from each session
- add a recipe for each session
- provide opening and closing karakia & himene (hymn)
- allow for acknowledgements

#### **Whanau Whakapakari Booklets in Appendix W**

Whanau Whakapakari Booklet Programme 1 (Part I SPT)

Whanau Whakapakari Booklet Programme 2 (Part I MRM) – not shown

Whanau Whakapakari Booklet Programme 3 (Part I MRM)

Whanau Whakapakari Booklet Programme 4 (Part I SPT) – not shown

Whanau Whakapakari Booklet Programme 5 (Part II SPT)

Whanau Whakapakari Booklet Programme 6 (Part II MVM)



## Whanau Whakapakari Booklet: Programme 1 Part I SPT



### APUMOANA WHANAU WHAKAPAKARI WITH THE M.W.W.L. PARENTING AND LIFE SKILLS PROGRAMME

APUMOANA



PARENTING BOOKLET COMPILED FROM SESSIONS  
26 AUGUST TO 16 SEPTEMBER, 1998

1. Child Development
2. Communication
1. Positive Interactions

[List of parents' and facilitator's first names]



(Page 1)

1. CHILD DEVELOPMENT: nga pepi, nga mokopuna, nga mokai. An infant is totally dependent on others, and the first two years is the time of most rapid growth. They should develop loving relationships, and their physical needs must be met.

Between 2 and 5 years toddlers are active and curious. They may also become aggressive and they learn by IMITATING others. It is important to notice and praise their good behaviour. They are developing motor skills, language and social behaviour. Parental reaction and support is important.

By school age the children are making the connections between language, meaning and thought. They also start to understand the thoughts and feelings of others and will develop "friendships". Children can be shown how to do things, given the chance to do things and be given feedback. PRAISE is important.

Remember: Each child is different and will learn in different ways, and at different speeds. Think about each of your children and their differences. Think about the things that each of them enjoys and what makes them special.

(Page 2)

#### NOTES & QUOTES FROM THE PARENTING GROUP:

Catch your child being good and reinforce

Parents *behave yourselves*                      *Understand the differences between children*  
*CHILDREN ARE ALWAYS WATCHING THEIR PARENTS*

Look at yourself more

Encourage them to share their feelings eg. When they  
are angry

**ALLOW THEM TO EXPLORE THEIR OWN WORLD**

Sing to them

*Love and be loved*

*Tell your child you love them every day of your life*

**Facial expression**

Awhi them in distress

Show I care

don't yell at them all the time

**Handle with gentle care**

**REWARD THEIR GOOD BEHAVIOURS!!**

Page 3) RECIPE 1:WON TON SOUPIngredients:

Available at Big Fresh

Won Ton pastry (packets in freezer)

Potato flour (in bulk bins)

Minced meat (pork or chicken best)

2-3 eggs

Chicken stock

Spring onion

Bok choy (Chinese cabbage)

Soya sauce

Salt &amp; pepper

Quantities to suit

1. Defrost the won ton pastry squares, but don't let them dry out (note: there are 100 squares in each packet). Make them all up, and free flow deep freeze ones not required.
2. Finely chop the spring onions. Add to the mince and season with soya sauce and salt & pepper. Mix a little potato flour with 2 or 3 eggs. This is to bind the mince together. Let marinate for 10-15 mins.
3. To make the won tons you will need a saucer of either water, or a flour and water mix. Place a teaspoon of mince in the middle of a pastry square. Dampen the pastry corners with the flour-water mixture and turn to form a triangle. Then dampen two corners of the triangle and fold these on to each other. Fold the remaining corner over to form the 'hat'.
4. Boil a pot of water, add a little salt and oil. Place won tons in and cook for approximately 7 mins. (Instead of boiling, you can fry in oil, and serve with sweet and sour or barbecue sauce).
5. While won tons are cooking, boil another pot of water, add chicken stock and a little oil. When it is boiling, add the chopped stems of bok choy. Turn element off.
6. When won tons are cooked, drain off excess water, put into chicken stock broth.
7. Cut leaves of bok choy into bite-sized pieces and add to the broth. Serve. ANNE

[Page 4]

2. COMMUNICATION: Children communicate in different ways to adults.

Children more often show their feelings, they are more physical, they imitate more. They are often engrossed in things that are important to them, and seem not to be listening. If children learn by copying, then WE SHOULD ALSO SHOW GOOD LISTENING so that they know what to do.

We can be more effective if we think about things like gaining their attention first. By touching, or facial expressions, eye contact. It is good to MATCH their body language and to MATCH their words and language.

Children will respond to a direction that is specific. Give them time to respond and give praise. PRAISE is important. Use effective communication to deal with challenging behaviour. But be clear on what is acceptable behaviour and what is unacceptable behaviour. EXPLAIN this to the child. If you see the unacceptable behaviour, tell them firmly to stop. If it stops, praise the child. If it continues, don't nag, use a quick time out, and withdraw attention.

Think about communication in Maori language, Maori arts, dancing, singing, cuddling and reading.

Remember: How important the setting is - what you are doing, what the child is doing, what your tone of voice is, and what you mean.

[Page 5] NOTES & QUOTES:

Listen      →      Think      →      Respond  
 Kids need to know who's the boss      *Read their body language*  
**Respect where they're at**      Praise always  
**TO LISTEN IS LEARNING RESPECT**

Before getting into a conflict with my children I will try to think what I want done, and choose a setting so that both parties will feel comfortable!

Being involved with them, simplify, praising them. Talking about sex education.

Make sure I have their attention and, more important, eye contact. Makes for positive communication.

Talk with calmness in your voice

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(Page 6) **VEGETABLE or MEAT CASSEROLE** (Good for winter days!)

**Ingredients:** Use (left over) cooked meat (sausages, chicken, mutton, or pork)  
 Any green vegetables (silver beet, leeks, celery, frozen veges)  
 Onions, carrots (optional)  
 Boiled eggs (three or more)  
 Potatoes  
 Salt, pepper, chicken or bacon stock  
 Grated cheese (for the sauce and topping)  
 Butter (4 tablespoons)  
 Milk (300 mls) and flour (4 tablespoons) for sauce

You will need a casserole dish or oven tray

1. Boil the potatoes. These will be mashed for the topping. If you are making just a vegetable casserole, just slice them for the main dish.
2. Boil the eggs, and chop up all the other vegetables.
3. Make the cheese sauce by melting the butter and stirring in the flour. Cook a couple of minutes. Don't let it brown! Stir in the milk slowly and allow to thicken (about 200-300 mls). Adjust so that it is a nice smooth consistency. When thickened, add the grated cheese to taste (save some for the topping).
4. In the oven dish, place chopped eggs, vegetables and meat. Season with salt, pepper and a stock (optional). Pour cheese sauce over, and top with mashed potatoes and more grated cheese, or just the grated cheese if you have a vegetable casserole.
5. This doesn't need too long in the oven as everything is already cooked. Serve hot. *AVERIL*

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(Page 7)

**POSITIVE INTERACTION:** There are three ways that we learn.

- FROM CONSEQUENCES
- BY MODELLING
- BY ASSOCIATION

Learning by modelling and association is complex. As parents we can apply the principles of learning from consequences. This can be used to encourage acceptable behaviour. Positive consequences strengthen behaviour, and are more powerful than negative consequences. Reward is more effective than punishment. Rewards can be VERBAL, such as praise; PHYSICAL rewards, such as hugs, smiles, pats or ACTIVITY rewards. Activities can be stories, walks, the playground, the library, playing a game. It is good to think of these and have a reminder list. It is also good to think about what is acceptable and unacceptable behaviour because we often overlook the times when everything is going well. "Catch them while they are good". Don't forget to tell them when they have been quiet, or they have been a good helper. .

When there is a problem, explain it and what the positive and negative (punishment) consequences are. There are ways to negotiate this. Ignore minor unacceptable behaviour. Think about positive interactions as

- (1) Praise/reward      (2) Timeout      (3) Punishment

**Remember:** how you feel will affect how you behave.

---

(Page 8)

**NOTES & QUOTES FROM THE PARENTING GROUP:**

😊😊😊 *Feeling comfortable and secure helps trust and communication* 😊😊😊

Communication is hearing the need and the barriers to break to help communication.

Problems in the home environment. One is whakama – no confidence, and need a lot of support and awahi

*Understand behaviour, how to handle and cope with it. Instead of yelling, do positive things.*

**TANTRUMS – DON'T SCREAM. WAIT AND THEN TALK TO THEM OR PICK THEM UP.  
GET SUPPORT FROM OTHERS.**

Korero to the child. A messy room doesn't take long to clean. Ask nicely, 'Please, son, clean your room'  
Children learn communication from you and others!!

☺☺☺ Listen to kids. Talk with them. Believe them. ☺☺☺

(Page 9) Recipe 3 FISH PIE

Ingredients: 1 or 2 tins of smoked fish fillets  
Rice (enough for numbers)  
Butter (3 tablespoons)  
1 Onion (chopped)  
Curry powder (2 tsps)  
Grated cheese (for the sauce and topping)  
Butter (4 tablespoons)  
Milk (300 mls) and flour (4 tablespoons) for sauce

You will need a casserole dish or oven tray.

1. Boil the rice until cooked.
2. Melt 2 tablesp butter and add chopped onion, then 2 tsp curry powder, then cooked rice.
3. Put this in the bottom of oven dish. Drain tins fish fillets and put on top. Cover with the cheese sauce.
4. Make the cheese sauce by melting the butter and stirring in the flour. Cook a couple of minutes. Don't let brown! Stir in the milk slowly and allow to thicken (about 2-300 mls). Adjust so that it is a nice smooth consistency. When thickened, add the grated cheese to taste (save some for the topping).
5. This doesn't need too long to in the oven as everything is already cooked.  
Season with soya sauce.

*AVERIL*

(Page 10)



(Page 11)

E mihi ana ahau e nga matua, e nga kuia mo to koutou mahi, mo to koutou tautoko e pa ana i tenei wahanga rangahaua, whanau whakapakari.

To all the parents and kuia who took part in these sessions and to those who participated in the Apumoana Whanau Whakapakari project. Kia ora koutou!

I have appreciated your interest in assisting with my research and hope that the sessions we have developed together have also assisted you in some way. I will be running these three sessions again in each of the M.W.W.L. Parenting and Life Skills

programmes and invite you and others to come along. I will also be presenting a summary of the research findings later in the year.

My thanks also to the Ngaroto Branch of the Maori Women's Welfare League and the Apumoana Marae Committee for their involvement and support. Tena koutou katoa  
Averil Herbert (Ph 362 80-70)

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## Whanau Whakapakari Booklet: Programme 3 Part I MRM



### APUMOANA WHANAU WHAKAPAKARI WITH THE M.W.W.L. PARENTING AND LIFE SKILLS PROGRAMME

APUMOANA



PARENTING BOOKLET COMPILED FROM SESSIONS  
7 JUNE TO 21 JUNE, 2000

MATUATANGA MODEL

2. Whakapapa & Child Development
3. Whanaungatanga & Positive Interaction
4. Awhinatanga & Communication

[List of parents' and facilitator's first names]



(Page 1)

#### KARAKIA TIMATANGA

E te Atua  
Manaakitia mai matou  
Arahinatia matou  
I a matou mahi  
I tenei ra  
I runga i tou ingoa tapu AMINE

#### HIMENE

- |   |   |
|---|---|
| <p>1. I roto i te etohu o te he<br/>O nga whakawaitanga<br/>Ka toro mai te ringa o te Ariki<br/>Ka hotu ake te manawa</p> <p><u>Chorus:</u> He tohu, he tohu wairua<br/>Tiaho mai ra nga whetu<br/>He aha rawa ra ka puawaitia<br/>Te tohu o te Ariki nui</p> | <p>2. Shackled by a heavy burden<br/>'Neath a load of guilt and shame<br/>Then the hand of Jesus touched me<br/>And now I am no longer the same</p> <p>* He touched me, he touched me<br/>He touched me<br/>And now I am no longer the same</p> <p>3. Since I met my blessed Saviour<br/>Since he cleansed me and made me whole<br/>I will never cease to praise him<br/>We'll shout until eternity rolls</p> <p>* He touched me, he touched me AMINE</p> |
|---|---|

(Page 2)

#### WHANAU RELATIONSHIPS *How do we get on with our whanau*



*How can we stay positive?  
How do we manage our problems?*



*TAMARIKI  
What do we expect from our tamariki?  
Tamariki are Taonga!*



THE MATUATANGA MODEL IS  
BASED ON  
OUR RELATIONSHIPS WITH OUR TAMARIKI  
AND MOKOPUNA

(Page 3) 1. THE MATUATANGA MODEL is a parenting style based on our interactions and relationships with our children. It reminds us about how we get on with them. It recognises that parents and grandparents influence children, and tamariki and mokopuna influence parents. The matuatanga model is based on our relationships with our tamariki, mokopuna and our relationships with nga matua: parents, aunties, nannies.

Understanding CHILD DEVELOPMENT we reminds us that an infant is totally dependent on others. The first two years of life is the time of most rapid growth. They should develop loving relationships, and their physical needs must be met. Between 2 and 5 years of age toddlers are active and curious. They may also become aggressive and they learn by IMITATING others. It is important to notice and praise their good behaviour. They are developing motor skills, language and social behaviour. Parental reaction and support is important.

By school age the children are making the connections between language, meaning and thought. They also start to understand the thoughts and feelings of others and will develop "friendships". Children can be shown how to do things. They should have the chance to do things and be given feedback. PRAISE is important.

Remember: It is important to know what to expect from our children and teenagers at different ages. Each child is individual and different from their brothers and sisters.

(Page 4)

NOTES & QUOTES FROM THE PARENTING GROUP:

From 0-2 years:

**Need security to develop trust**

Need patience because they are demanding **Good listening skills**

Rebellious, curious, experimenting **USING THEIR SENSES!!**

From 2-5 years:

QUESTIONS! WHY! WHY NOT! *Discovery of body*

Social situations Teach to behave and respect different values

Socialising

**TRY TO BE CONSISTENT.**

**ROUTINES - USE PLANNING WITH THE CHILD**

School Age:

Independence

*Self esteem and confidence*

From physical to emotional needs

value the person

**Start to rely on other children.** Difference between girls and boys

*Learn right from wrong!*

**Sit and korero heaps**

Teenagers:

**DRIVEWISE**

*SAFETY*

**DRUGS! ALCOHOL! SEX!**

Life skills - relationships - whanau and partners

(Page 5)

RECIPE 1: MUSTARD PICKLE

WASH JARS AND PUT INTO A PREHEATED OVEN FOR 30 MINUTES.

ALLOW TO COOL A LITTLE BEFORE REMOVING FROM THE OVEN.

Ingredients: Use any vegetable available e.g. cabbage, cauliflower, onions, cucumber, carrots, beans, pumpkin.

Chop into small pieces and put into a large pot.

For each 4 cups of chopped vegetables, add 2 tablespoons of salt, 2 cups sugar and enough vinegar to almost cover the vegetables. Simmer for at least an hour. Stir often and check the flavour.

Thicken by mixing dry ingredients :  
 1 cup flour  
 1 tablespoon tumeric  
 1 tablespoon curry powder  
 2 tablespoons dry mustard

Make in to a paste with a little water and then warm liquid from the pot.

This prevents the flour mixture going lumpy when stirred into the pickle.

Stir the thickening in and cook for another 15 minutes.

PUT INTO THE WARM STERILISED JARS AND COVER

(Page 6)

2. THE MATUATANGA MODEL encourages us to think about our communication and relationships with our nanny, koro and mokopuna. Try to see things through their eyes. Stay positive and be confident. At different ages we COMMUNICATE in different ways. Watch children and learn ways to get their attention. It is good to make eye contact and make sure they understand what we are saying. Children are more physical and show their feelings more. Children are often engrossed in things that are important to them, and seem not to be listening. MATCH their body language MATCH their words and language. Children will respond to a direction that is specific. Give them time to respond and give praise. PRAISE is important  
Children learn by copying. So we should model good LISTENING behaviour ourselves.  
Remember: we can communicate better if manage our own problems and stay positive.

(Page 7)

NOTES & QUOTES FROM THE PARENTING GROUP:

Appreciate your nanny & koro . . . . .look through their eyes  
ENCOURAGEMENT. SHARING. EACH CONTRIBUTES. Networks.  
Sharing.

*Show children yourself. Honesty*

Respect for the values of each generation **PROUD OF BEING MAORI**

**Always let them know that you love them**

Independence - strength

Talk with tamariki about the differences

Look through teenager's eyes Look through nanny and koro's eyes

**IN THE END, IT IS THE RELATIONSHIP**

(Page 8) RECIPE 2:

BREAD & BUTTER PUDDING

(Amounts can be varied. This recipe 4 to 6)

1. Grease an ovenproof dish (a small roasting dish is good)
2. 6-8 slices of bread (stale is best). Spread one side with butter and jam
3. Place one layer in the dish, jam side up
4. Sprinkle (handful) sultanas (or fruity muesli or similar)
5. Place a second layer of bread
6. Beat 300 mls milk with 4-6 eggs. Add half to one cup sugar. 1/4 tsp vanilla essence
7. Pour this carefully over the bread. Make sure it just covers the bread.
8. Sprinkle the top with a little sugar and spices (cinnamon/mixed spice)
9. Bake in a low to moderate oven for 30 to 45 minutes or until set.

(Page 9)

THE MATUATANGA MODEL helps us understand how we learn. Children are learning all the time. If we want children to change their behaviour, we may need to change ours. There are three ways that we all learn.

FROM CONSEQUENCES

BY MODELLING

BY ASSOCIATION

Learning by modelling and association is complex. As parents we can apply the principles of learning from consequences. Use charts and praise. Take the time to read and organise outings. Rewards are more powerful than punishment. Punishment might stop a behaviour (for a while), but rewards will make them feel good. Hitting may be modelling behaviour for when they are older. POSITIVE INTERACTIONS remind us about being positive to our children. Rewards can be VERBAL, such as praise; PHYSICAL rewards, such as hugs, smiles, pats or ACTIVITY rewards. Activities can be stories, walks, the playground, the library, playing a game. It is good to think about what is acceptable and unacceptable behaviour and reward good behaviour. "Catch them while they are good".

(1) Praise/reward                      (2) Timeout                      (3) Punishment

(Page 10)

NOTES & QUOTES:



*“Relationship & interaction with all the whanau members (kuia, koroua, tamariki, moko)  
Accepting the individualism of the wairua, hinengaro, tinana.  
Nurture within one’s soul pertaining to your tipuna and apply to nga tamariki.  
Enjoy who you have, always accepting the best in everyone.  
Communicate spiritually and maintain a physical balance with all”*

*Quote from a parent*

(Page 11)

**Recipe 3: RANGIMARIA'S CURRIED SAUSAGES**

Use sausages bought pre-cooked, or cook them gently in another pan while you make the sauce

For 4-5 servings:

1 tbsp butter	2-3 tsps mild curry powder
1 onion	1 carrot
2 stalks celery	1 cup water
400-500g pre-cooked sausages	1 cup frozen peas
2 tbsp cornflour	1 1/2 tsp instant chicken stock
1/2 tsp sugar	1 cup milk

1. Melt butter in a large pot and stir in curry powder while you prepare the vegetables
2. Cut onion, carrot and celery in to small cubes, and stir these into the butter
3. Add water, cover and simmer 5 mins.
4. While vegetables simmer, skin the pre-cooked sausages and slice 5mm thick.
5. Add sausages and frozen peas to pot and cook 5 mins longer. By this time all the vegetable should be tender.
6. Using level measures, mix cornflour, instant stock and sugar together. Add milk and stir until smooth
7. Add this to the vegetables and sausages and stir gently until the mixture thickens. Serve on plain rice, spirals or other pasta. No other vegetables are necessary.

(Page 12)

HIMENE

Ko tenei te wa  
Ka waiata au  
Ka waiata kia Ihu  
Ko tenei te wa  
Ka inoi ahau  
Ka inoi ki te Ariki  
Waiata aroha nui (3 times)  
Ko te Ariki nui

KARAKIA WHAKAMUTUNGA

E te Atua  
Kua mutu a matou  
Mahi i tenei ra  
Manaakitia aku hoa  
Me taku whanau  
I runga i tou ingoa tapu AMINE

(Page 13)

Acknowledgements:

Nga mihi nui ki nga wahine hoa. E mahitahi ana tatou, e ako ana tatou, i roto i tenei wahanga Parenting and Life Skills. Tena tatou katoa.

This is the third booklet that we have completed with the participation of parents, grandparents and helpers at the M.W.W.L. Parenting and Life Skills Programme. My thanks to all the parents and kuia who took part in the Whanau Whakapakari sessions and who have contributed with their discussions and whakaaro towards this booklet. Kia ora koutou!

My special thanks to the Ngaroto Branch of the Maori Women's Welfare League and the Apumoana Marae Committee for their involvement and support. Tena koutou katoa

Averil Herbert (Ph 362 8070)

## Whanau Whakapakari Booklet: Programme 5 Part II SPT



### APUMOANA WHANAU WHAKAPAKARI WITH THE M.W.W.L. PARENTING AND LIFE SKILLS PROGRAMME



PARENTING BOOKLET COMPILED FROM SESSIONS  
16 FEBRUARY TO 1 MARCH, 2000

1. Child Development
2. Communication
3. Positive Interaction

[List of parents' and facilitator's first names]



[Page 1]

#### HIMENE

I roto i te tohu o te he  
O nga whakawaitanga  
Ka toro mai te ringa o te Ariki  
Ka hotu ake te manawa

He tohu, he tohu wairua  
Tiaho mai ra nga whetu  
He aha rawa ra ka puawaitia  
Te tohu o te Ariki nui AMINE

#### KARAKIA TIMATANGA

E te Atua  
Manaakitia mai matou  
Arahinatia matou  
I a matou mahi  
I tenei ra  
I runga i tou ingoa tapu AMINE

[Page 2]

1. CHILD DEVELOPMENT: nga pepi, nga mokopuna, nga mokai  
An infant is totally dependent on others, and the first two years is the time of most rapid growth. They should develop loving relationships, and their physical needs must be met.

Between 2 and 5 years toddlers are active and curious. They may also become aggressive and they learn by IMITATING others. It is important to notice and praise their good behaviour. They are developing motor skills, language and social behaviour. Parental reaction and support is important.

By school age the children are making the connections between language, meaning and thought. They also start to understand the thoughts and feelings of others and will develop "friendships". Children can be shown how to do things, given the chance to do things and be given feedback. PRAISE is important.

**Remember:** Each child is different and will learn in different ways and at different speeds. Think about each of your children and their differences. Think about the things that each of them enjoys and what makes them special.

[Page 3] NOTES & QUOTES FROM THE PARENTING GROUP:

From 0-2 years: They're beautiful!!

*THEY NEED YOU!*

Remember they are still young, and to comfort them.

**LOVE THEM AND KNOW THAT YOU ARE  
THERE FOR THEM!!**

From 2-5 years:

I say NO but they still do it!

**Don't smack, pull them away.**

GOOD BOY! GOOD GIRL!

That's very good!

HUG THEM

School Age: They're growing up.  
themselves.

They can dress

Get their breakfast

*Talk more, write more, ask questions*

*THEIR BEHAVIOUR IS DIFFERENT*

Teenagers: **STILL COMPLIMENT THEM**

**TALK TO THEM – CATCH THEM OFF GUARD WHEN THEY ARE GETTING  
SOMETHING TO EAT!!**

When they say \*\* Mum, can I talk to you? \*\*

We need teenage dances – all their own age.

**Money is a problem. Peer pressure**

[Page 4] RECIPE 1:

GHERKIN CHUTNEY

Ingredients: 1 kg gherkins  
1 kg tomatoes  
¼ kg onions  
2 cups chopped celery

Chop all the vegetable roughly into smallish pieces. Add 1 tablespoon salt and 2 cups boiling water. Leave overnight. Next day – drain. Put 2 cups malt vinegar and 3 cups sugar in a saucepan and boil. Add drained gherkins

In another saucepan mix 1 cup vinegar  
1 tablespoon tumeric  
3 tablespoons mustard

Bring to boil and thicken careful with ¼ cup flour.

When thickened, stir this into the gherkins and cook a further 5 minutes

Meanwhile, thoroughly wash jars and lids and place jars in a roasting tray in a preheated oven.

Turn oven off and leave jars in for 20 mins. Pour pickles into heated jars and put lids on tightly.

[Page 5] 2. COMMUNICATION: Children communicate in different ways to adults.

Children more often show their feelings, they are more physical, they imitate more. THERE MAY BE BARRIERS TO COMMUNICATION: Shyness, not knowing what to do, pride (staunch), tone of voice, depression.

TO HELP COMMUNICATION WITH CHILDREN:

Give them time                      Patience Attention                      Explain

They are often engrossed in things that are important to them, and seem not to be listening. If children learn by copying, then WE SHOULD ALSO SHOW GOOD LISTENING SKILLS so that they know what to do.

It is good to MATCH their body language, and to MATCH their words and language.

Children will respond to a direction that is specific. Give them time to respond and give praise.

PRAISE is important. Use effective communication to deal with challenging behaviour. But be clear on what is acceptable behaviour and what is unacceptable behaviour. EXPLAIN this to the child. If you see the unacceptable behaviour, tell them firmly to stop. If it stops, praise the child. If it continues, don't nag, use a quick time out, and withdraw attention.

Remember: We can be more effective if we think about things like gaining their attention first. By touching, or facial expressions, eye contact.

[Page 6]

NOTES & QUOTES FROM THE PARENTING GROUP:*Give them time with you. Encouragement and love!*

Have one on one conversation and treat children how you would an adult.

Own message: To reflect on my own actions, to let the children know that I will be there for them and to praise them so they feel good about themselves.

*Don't nag .....Praise*

Use your own self control!

Have a routine

Learn to Listen more at school      Give children a positive message

[Page 7]

RECIPE 2:BREAD & BUTTER PUDDING

(Amounts can be varied. This recipe 4 to 6)

1. Grease an ovenproof dish (a small roasting dish is good)
2. 6-8 slices of bread (stale is best). Spread one side with butter and jam
3. Place one layer in the dish, jam side up
4. Sprinkle (handful) sultanas (or fruity muesli or similar)
5. Place a second layer of bread
6. Beat 300 mls milk with 4-6 eggs Add half to one cup sugar & vanilla essence
7. Pour this carefully over the bread. Make sure it just covers the bread.
8. Sprinkle the top with a little sugar and spices (cinnamon/mixed spice)
9. Bake in a low to moderate oven for 30 to 45 minutes or until set.

[Page 8]

3. POSITIVE INTERACTION: There are three ways that we learn.

- FROM CONSEQUENCES
- BY MODELLING
- BY ASSOCIATION

Learning by modelling and association is complex and not clearly understood. As parents we can apply the principles of learning from consequences. This can be used to encourage acceptable behaviour. Positive consequences strengthen behaviour, and are more powerful than negative consequences. In other words, reward is more effective than punishment, so we should try to be positive.

Rewards can be VERBAL, such as praise; PHYSICAL rewards, such as hugs, smiles, pats or ACTIVITY rewards. Activities can be stories, walks, the playground, the library, playing a game. It is good to think of these and have a reminder list. It is also good to think about what is acceptable and unacceptable behaviour because we often overlook the times when everything is going well. "Catch them while they are good". Don't forget to tell them when they have been quiet, or they have been a good helper. .

When there is a problem, explain it and what the positive and negative (punishment) consequences are. There are ways to negotiate this. Ignore minor unacceptable behaviour. Think about positive interactions as

- (1) Praise/reward      (2) Timeout      (3) Punishment

Remember: how you feel will affect how you behave.

[Page 9]

NOTES & QUOTES FROM THE PARENTING GROUP

☺☺☺ *The positive things for me are* ☺☺☺

*Being with my friends. Taking our kids together to the park. For myself, I like doing the course.*

My family. Talking to a good friend. Having lunch with friends.  
Having time out for an hour a day. Going out for tea with my kids.

*Going on a family outing. Gives us things to do and talk about.*

FRIENDS. READING. RELAXING. ROUTINES THAT WORK. WHEN MY DAUGHTER AND SON NEED ME.

MUSIC. RELAXING. TIME OUT. COOKING. PLAYING WITH THE KIDS.

Explore and find skill to become a better person for my kids

☺☺☺ *The positive things for my children are* ☺☺☺

Watching T.V. **My baby loves the pool and watching people come to her**

*Swimming. Having a treat when the chores are done.*

My daughter likes being HUGGED! *Playing* *Reading*

Going on walks with the dogs. Watching Barney or Wiggles

[Page 10] Recipe 3:PLAY DOUGH

2 CUPS FLOUR

1 CUP SALT

1 CUP OF WATER (WITH FOOD COLOURING IN)

2 TABLESPOONS OIL

Mix together and put into a saucepan on a low heat.

Knead it into a ball adding a little more oil or flour to make it the right texture.

[Page 11] HIMENE

Ko tenei te wa

Ka waiata au

Ka waiata kia Ihu

Ko tenei te wa

Ka inoi ahau

Ka inoi ki te Ariki

Waiata aroha nui (this line 3 times)

Ki te Ariki nui AMINE

KARAKIA WHAKAMUTUNGA

E te Atua

Kua mutu o matou mahi

I tenei ra

Manaakitia aku hoa

Me taku whanau

I runga i tou ingoa tapu AMINE

[Page 12]

Acknowledgements:

E mihi ana ahau ki nga wahine hoa mo to koutou mahi i a wiki i a wiki hei mahitahi ana tatou ki a tatou, hei ako ana tatou hoki, i roto ki tenei kaupapa: MWWL Parenting and Life Skills Programme. No reira, tena tatou katoa.

This is the fifth booklet that we have completed with the participation of parents, grandparents and helpers at the M.W.W.L. Parenting and Life Skills Programme at Apumoana Marae. My thanks to all the parents and kuia who took part in the Whanau Whakapakari sessions and who have contributed with their discussions and whakaaro towards this booklet. Also to the tamariki and mokopuna who have been a part of the Programme and reminded us of our jobs as parents. Kia ora koutou!

My thanks to the Rotorua Branch of the Maori Women's Welfare League and the Apumoana Marae Committee for their involvement and support, and especially to the staff and volunteers who contribute each week. Tena koutou katoa Averil Herbert (Ph 362 8070)

## Whanau Whakapakari Booklet: Programme 6 Part II MVM



### APUMOANA WHANAU WHAKAPAKARI WITH THE M.W.W.L. PARENTING AND LIFE SKILLS PROGRAMME

APUMOANA



PARENTING BOOKLET COMPILED FROM SESSIONS  
7 JUNE TO 21 JUNE, 2000  
MATUATANGA MODEL

1. Whakapapa & Child Development
2. Whanaungatanga & Positive Interaction
3. Awhinatanga & Communication

[List of parents' and facilitator's first names]



The University  
of Waikato  
Te Whare Wānanga  
o Waikato

[Page 1]

#### HIMENE

Ko tenei te wa  
Ka waiata au  
Ka waiata kia Ihu  
Ko tenei te wa  
Ka inoi ahau  
Ka inoi ki te Ariki  
Waiata aroha nui (this line 3 times)  
Ki te Ariki nui AMINE

#### KARAKIA TIMATANGA

E te Atua  
Manaakitea mai matou  
Arahinatia matou  
I tenei ra  
I runga i tou ingoa tapu AMINE

[Page 2] 1. WHAKAPAPA & CHILD DEVELOPMENT: nga pepi, nga mokopuna, nga mokai. An infant is totally dependent on others, and the first two years is the time of most rapid growth. They have loving relationships, and their physical needs must be met. Between 2 and 5 years toddlers are active and curious. They may also become aggressive and they learn by IMITATING others. It is important to notice and praise their good behaviour. They are developing motor skills, language and social behaviour. By school age the children are making the connections between language, meaning and thought. They also start to understand the thoughts and feelings of others and will develop "friendships". Children can be shown how to do things, given the chance to do things and be given feedback. PRAISE is important.

As our children grow up we need to realise that whakapapa is the key to identity. Each generation understands this by starting with themselves and learning about their parents, grandparents, family and kaumatua. This can be from whanau hui, birthdays, weddings and especially tangihanga. We learn from the photos that we have at home, from being around the marae and from kaumatua, family reunions and family reunion booklets. We ourselves will be pepi, tamariki, rangatahi, matua, whaea/papa and kuia/koroua

[Page 3]

#### NOTES & QUOTES FROM THE PARENTING GROUP:

I loved that way you spoke about our whakapapa, about our koro, kuia – whanau – it was awesome

***Aunties tell you, give you advice on what to do***

We learn our whakapapa from others, their experiences.

**WHAKAPAKARI! GROWING OF OUR PEPE, THEN TO HOLDING THINGS. AS A KUIA IT TOOK ME BACK TO HAVING MY 13 TAMARIKI!**

**Children today are lucky! They are taught these things in the schools.**

Korero mo nga rangatahi. We need to be there to hear their needs, about their future, or what's around them in kaupapa Maori.

[Page 4] RECIPE 1: STEAM PUDDING

<u>Ingredients:</u>	100g butter 1 cup sugar 3 tablespoons golden syrup 2 ½ cups milk 1 ½ teaspoons baking soda	<u>Dry ingredients:</u> 2 cups plain flour 1 cup self raising flour 2 teaspoons baking powder ½ teaspoon ginger 1 teaspoon mixed spice
---------------------	--	---

1. Melt butter, sugar and golden syrup.
2. Stir the baking soda with milk and add to the butter mixture
3. Sieve the all the dry ingredients.
4. Pour into a greased tin and cover with tinfoil tied with string/flax

Place carefully in big saucepan of boiling water. Keep the water below the tin. Boil 2 ½ to 3 hrs.

Optional: add burnt sugar with the dry ingredients, which you make by putting sugar into a hot saucepan and heat until it is sticky and caramelly.

[Page 5]

2. WHANAUNGATANGA & POSITIVE INTERACTION:

Whanaungatanga is the quality of the family relationships. How well you get along. All generations supporting and working alongside each other.

Whanaungatanga should incorporate all the values of whakapapa, awhinatanga and wairuatanga. Families can learn to interact on a positive basis with each other, and with other families in the community.

There are three ways that we learn:

- FROM CONSEQUENCES
- BY MODELLING
- BY ASSOCIATION

Learning by modelling and association is complex and not clearly understood. As parents we can apply the principles of learning from consequences. This can be used to encourage acceptable behaviour. Positive consequences strengthen behaviour, and are more powerful than negative consequences. In other words, reward is more effective than punishment, so we should try to be positive.

Rewards can be VERBAL, such as praise; PHYSICAL rewards, such as hugs, smiles, pats or ACTIVITY rewards. Activities can be stories, playing a game. It is good to think of these and have a reminder list. Don't forget to tell them when they have been good. When there is a problem, explain it and what the positive and negative (punishment) consequences are. There are ways to negotiate this. Ignore minor unacceptable behaviour. Think about positive interactions as

- |                   |             |                |
|-------------------|-------------|----------------|
| (1) Praise/reward | (2) Timeout | (3) Punishment |
|-------------------|-------------|----------------|

[Page 6]

NOTES & QUOTES FROM THE PARENTING GROUP:

*Whanau interactions – you have to find time and make time to spend with your kids.*

*Have to be a good listener, and talk with, not to!*

It is trying to see the good in our kids.

Need to stop them fighting – use time out      Don't forget to praise them!  
Awhina, aroha, whanau – support, love and families      Whanaungatanga says it all

[Page 7] RECIPE 2:SAMOAN LUAU

What you need:           ½ cabbage or bunch of taro leaves  
                                   1 large onion  
                                   1 can of Samoan coconut cream  
                                   1 large roll of tinfoil  
                                   Steak, pork or chicken that is boneless

Method: 1. Heat the oven to 150  
 2. Cut the cabbage and onions into small pieces  
 1. Cut the meat into small pieces (can cook the meat first)  
 2. Take two pieces of tinfoil and make a cross, then another two and make an X on top of the cross  
 3. Take a handful of cabbage, onion and meat and place in tinfoil  
 4. Gather the side of the tinfoil toward middle, then add salt and some of the coconut cream. Close the tinfoil securely  
 5. Place all the foil packets in an oven dish and cook in the oven about 1 hour.

[Page 8]

### 3. AWHINATANGA & COMMUNICATION:

Communication is important for the ways that we can ask for support and information for ourselves, and the way that we can support others. We awhi and support our tamariki as they grow up.

We communicate differently: Adult to adult – can give information, instructions and sharing mainly verbal.

Child to child - more often show their feelings, more physical, imitate more.

#### TO HELP COMMUNICATION WITH CHILDREN:

Let them stop what they are doing, make eye contact, talk to them and listen  
 Get their attention and don't need to yell.

Children will respond to a direction that is specific. Give them time to respond and give praise. PRAISE is important.

#### THERE MAY BE BARRIERS TO COMMUNICATION:

Don't know how to say things. Stressed, tired. Feeling depressed, no confidence.

Remembering put downs. Try to change thoughts and behaviour. Seek help and awhinatanga from others who will be positive. Gain confidence and communicate better.  
Awhinatanga is friendship and helping and supporting each other

#### [Page 9] NOTES & QUOTES FROM THE PARENTING GROUP:

😊😊😊 *Feeling comfortable and secure helps trust and communication* 😊😊😊  
**Communication is hearing the need and the barriers to break to help communication.**

Problems in the home environment. One is whakama – no confidence, and need a lot of support and awhi

*Understand behaviour, how to handle and cope with it. Instead of yelling, do positive things.*

**TANTRUMS – DON'T SCREAM. WAIT AND THEN TALK TO THEM OR PICK THEM UP.**

#### **GET SUPPORT FROM OTHERS.**

Korero to the child. A messy room doesn't take long to clean. Ask nicely, "Please, son, clean your room" Children learn communication from you and others!!

😊😊😊 *Listen to kids. Talk with them. Believe them.* 😊😊😊



1. Boil potatoes normally
2. Drain the water from the potatoes
3. Leave the potatoes in the pot and add 1 or 2 cans of coconut cream
4. Boil the cream until it bubbles, then simmer for 5 minutes
5. Eat while it is hot
6. Don't forget to add salt to taste

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[Page 11]

HIMENE

He honore, he kororia  
 Maungarongo ki te whenua  
 Whakaaro, pai - e  
 Ki nga tangata katoa  
 Ake, ake, - ake, ake  
 A-mine  
 Te Atua, te piringa  
 Toku oranga (twice) AMINE

KARAKIA WHAKAMUTUNGA

E te Atua  
 Kua mutu o matou mahi  
 I tenei ra  
 Manaakitia aku hoa  
 Me taku whanau  
 I runga i tou ingoa tapu  
 AMINE

---

[Page 12]

Acknowledgements:

Maku . . . e mihi atu  
 Kia koutou Te iwi e tau nei  
 No reira . . tenei te mihi  
 Kia koutou Kia ora ra . . .  
 Ka tangi . . te manu ti ori ori . .  
 Ka tangi te ngakau tangata  
 No reira . . tenei te mihi  
 Kia koutou Kia ora ra

Ki nga wahine hoa mo to koutou mahi i a wiki i a wiki hei mahitahi ana tatou ki a tatou, hei ako ana tatou hoki, i roto ki tenei kaupapa: MWWL Parenting and Life Skills Programme. No reira, tena tatou katoa.

My thanks to the Rotorua Branch of the Maori Women's Welfare League and the Apumoana Marae Committee for their support, and especially to the staff and volunteers who contribute each week. Tena koutou katoa  
 Averil Herbert (Ph 362 8070)

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**Parents' Statements from Parenting Booklets**  
**SPT Programmes (Part I Programmes 1 & 4, Part II Programme 5)**

**Specific Skills Statements**

**General Relationship/Values Statements**

Catch your child being good and reinforce  
 Parents behave yourselves  
 Children are always watching their parents  
 Look at yourself more  
 Put up their pictures  
 Don't nag .....Praise  
 Use your own self control!  
 Good boy. Good girl!  
 Show I care  
 Reward their good behaviours  
 Don't yell at them all the time  
 Can roll off beds - look after  
 Give our tamariki our attention  
 Routines  
 Supervision- watch them  
 Know where they are at all times  
 Expect the unexpected  
 Learning to talk and copy  
 Make sure the room is safe  
 Still compliment them [teenagers]  
 Try not to say "Hang on, I'll look in a minute!"  
 Don't smack, pull them away  
 Kids need to know who's the boss  
 Make sure I have their attention and, more important, eye contact. Makes for positive communication  
 Give children a positive message  
 Listen → Think → Respond  
 Prevention is better  
 Read their body language  
 Praise always  
 Safety  
 Praising them.  
 Talk with calmness in your voice  
 Talk to children properly  
 Rainy days drawing with paint or pens  
 Let them have their tantrum wait and then see what they want!  
 Explain - keep things simple.  
 Ask nicely to do jobs  
Listen when they talk about their day  
 Praise for being good  
 Try not to give them everything  
 Negotiate with teenagers – be fair  
 Understand what children enjoy - aquatic centre, the park, te amorangi museum, playing with them, with their toys.  
 Don't ignore. Listen  
 Spend time with them  
 Crayons for colouring in!  
 Don't forget time out for Mums  
 When you are busy don't forget to give them attention  
 I say no but they still do it!

Understand the differences between children  
 Encourage them to share their feelings  
 eg. When they are angry  
 Allow them to explore their own world  
 Love and be loved  
 Awahi them in distress  
 Facial expression  
 Needs me  
 Remember what the taonga is  
 Love yourself first  
 Handle with gentle care  
 Sing to them  
 Make time to spend with them  
 They see us doing things  
 Respect where they're at  
 Listen for them  
 To listen is learning respect  
 When they say, "Mum, can I talk to you?"  
 Know what they are doing and why they are doing it  
 Before getting into a conflict with my children I will try to think what I want done and choose a setting so that both parties will feel comfortable!  
 Give them time with you!  
 They're beautiful!!  
 Being involved with them  
 Gentle touching does wonders  
 Patience!  
 Remind them that you love them!  
 Always let them know that you love them  
 Difficult when they are two (tutu)  
 - demanding, tantrums, embarrassing at times  
 They need you  
 Peer pressure  
 Encouragement and love  
 Remember they are still young, and to comfort them  
 Love them and know that you are there for them!!  
 Their [teenagers] behaviour is different  
 Going on a family outing. Gives us things to do and talk about  
 Explore and find skill to become a better person for my kids  
Own message: To reflect on my own be so actions, to let the children know that I will there for them and to praise them so that they feel good about themselves.  
 Tell your child you love them every day of your life

**(39 statements)**

Don't just give them just anything,

give them things to do,so that they learn!  
 Go to the park, go to the shops!  
 That's very good! Hug them  
 They're growing up. They can dress themselves  
 Get their breakfast  
 Talk more, write more, ask questions  
 Talk to them – catch them off guard – when  
     they are getting something to eat.  
 Have one on one conversation and  
 treat children how you would an adult.  
 Have a routine. Learn to Listen more at school

**(59 statements)**

### **Relationship Programmes (Part I MRM Programmes 2 & 3)**

Specific Skills Statements	General Relationship/Values Statements
Good listening skills	Love and understanding
Learn things myself when I don't understand	Mixing with other preschool kids
Children are nosy and learn by example and copying	Learn to stand tall and know what he wants
Try to be consistent	Active - Creative - Praise - Safety
Routines	Be there for them!
Use planning with the child	To respect me as their mother
From physical to emotional needs	To respect older people
Notice and hear and copy	Talking to them to know and understand them
Learn right from wrong!	Children are curious, caring and active.
Matching their words	"Te kakano" nurture the seed!
Voice tones differ	How your child feels is important
Praise when doing well	If they are happy we are happy!
Praise for acceptable behaviour	Smiles and hugs are free
Set limits for your children	Love is not something that will be taken away as punishment
Don't yell	Need security to develop trust
Rewards and praise	Need patience because they are demanding
Ignore minor bad behaviour	Rebellious, curious, experimenting
Show children yourself	Using their senses
Encouragement	Independence
No put downs	Self esteem and confidence
Remember how old the child is	Sit and korero heaps
Praise builds hope for the child	Value the person
Recognise individual behaviour!	Start to rely on other children.
Cuddles show love and security for the child	Difference between girls and boys
Safety	Relationships - whanau and partners
Communicate by talking to the child when they are in the wrong.	Spending quality time together
Life skills	Cuddling
Get to the child's level, talk to them and explain	Loving them
	Recognition of who you are communicating with
	Treat them as individuals, not as things
	Give then guidance
	Be more understanding, loving and kind
	Calm down in any situation that it out of control.
	Let the child express their feelings
	Appreciate your nanny & koro
	Look through their eyes
	Sharing. Each contributes
	Networks. Sharing.
	Honesty

**(29 statements)**

Respect for the values of each generation  
 Proud of being Maori  
 Always let them know that you love them  
 Independence – strength  
 Talk with tamariki about the differences  
 Look through teenager's eyes  
 In the end, it is the relationship  
 Treat us as individuals and with respect!  
 Listening shows that you care and have time  
 Be confident, stay positive, leave negativity behind  
 Learn things myself when I don't understand  
 Nobody is perfect!  
 Teach to behave and respect different values  
 Tell them every day that you love them  
 If you make a promise, keep it!  
 Relationship & the interaction with all the  
 whanau members (kuia, koroua,  
 tamariki, moko)  
 Accepting the individualism of the wairua,  
 hinengaro, tinana  
 Nurture within one's soul pertaining to your  
 tipuna and apply to nga tamariki  
 Enjoy who you have, always accepting the  
 best in everyone  
 Communicate spiritually and maintain a  
 physical balance with all.


**(59 statements)**

### Values Programme (Part II MVM Programmes 6)

Specific Skills Statements	General Relationship/Values Statements
Understand behaviour, how to handle cope with it Instead of yelling, do positive things Tantrums – don't scream Wait and then talk to them or pick them up A messy room doesn't take long to clean, Ask nicely, "Please, son, clean your room" Children learn communication from you and others Don't forget to praise them Need to stop them fighting – use time out Have to be a good listener, and talk <u>with</u> , not <u>to</u> ! Communication is hearing the need and the barriers to break to help communication	I loved that way you spoke about our whakapapa, and about our koro, kuia – whanau – it was awesome Aunties tell you, give you advice on what to do We learn our whakapapa from others, their experiences Whakapakari! Growing of our pepe As a kuia it took me back to having my 13 tamariki! Children today are lucky! They are taught these things in the schools. Korero mo nga rangatahi. We need to be there to hear their needs, about their future, or what's around them in kaupapa Maori. Get support from others Feeling comfortable and secure helps trust and <u>communication</u> Korero to the child Problems in the home environment. One is whakamaa – no confidence Need a lot of support and awhi Whanau interactions – you have to find time and make time to spend with your kids. It is trying to see the good in our kids. Awhina, aroha, whanau – support, love and families Whanaungatanga says it all
<b>(11 statements)</b>	<b>(18 statements)</b>

## Whanau Whakapakari Completion Certificates

**WHANAU WHAKAPAKARI  
MATUATANGA MODEL**



---

has attended the following sessions as part of the  
M.W.W.L. Parenting and Life Skills Programme.

Child Development    Communication    Positive Interaction  
And has participated in the Apumoana Whanau Whakapari Research Project

*Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Averil Herbert Lecturer/Researcher*

**APPENDIX X**  
**Programme Integrity Form Standard Parent Training Session 1**

**WHANAU WHAKAPAKARI**



**SESSION 1A CHECKLIST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*He mihi tenei ki a koe. Thank you for assisting with this research project by attending and ensuring that the research protocol is observed and that the sessions are fair to all participants.*

*It is important to develop a standard delivery so that the sessions can be repeated and the results compared. Below is a checklist for you to note that each part has been completed*

- |    |  |                          |
|----|--|--------------------------|
| 1. | Participant introductions  | <input type="checkbox"/> |
| 2. | Questionnaires distributed and explained   | <input type="checkbox"/> |
| 3. | Session outline explained  | <input type="checkbox"/> |
| 4. | Developmental stages using overheads and stimulating discussion on parent issues     | <input type="checkbox"/> |
| 5. | Time with children following up on parent issues                                     | <input type="checkbox"/> |
| 6. | Final time with session summary and written notes for booklet. Recipe for inclusion. | <input type="checkbox"/> |

*Kia ora rawa atu!*

Signature : \_\_\_\_\_

**Programme Integrity Form Standard Parent Training Session 2**

**WHANAU WHAKAPAKARI**



**SESSION 1B CHECKLIST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*He mihi tenei ki a koe. Thank you for assisting with this research project by attending and ensuring that the research protocol is observed and that the sessions are fair to all participants.*

*It is important to develop a standard delivery so that the sessions can be repeated and the results compared. Below is a checklist for you to note that each part has been completed*

- |   |                          |
|---|--------------------------|
| 1. Participant introductions  | <input type="checkbox"/> |
| 2. Catchup questionnaires distributed and explained   | <input type="checkbox"/> |
| 3. Session outline explained  | <input type="checkbox"/> |
| 4. Feedback from first session (1A) and practical information included                          | <input type="checkbox"/> |
| 5. Communication information on overheads. Discussion with parents on aspects of communication. | <input type="checkbox"/> |
| 6. Practical strategies discussed   | <input type="checkbox"/> |
| 7. Final time with session summary and written notes for booklet. Recipe for inclusion.         | <input type="checkbox"/> |

*Kia ora rawa atu!*

Signature : \_\_\_\_\_

**Programme Integrity Form Matuatanga Model**

**WHANAU WHAKAPAKARI**



**SESSION CHECKLIST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*He mihi tenei ki a koe. Thank you for assisting with this research project by attending and ensuring that the research protocol is observed and that the sessions are fair to all participants.*

*It is important to develop a standard delivery so that the sessions can be repeated and the results compared. Below is a checklist for you to note that each part has been completed*

- |   |                          |
|---|--------------------------|
| 1. Participant introductions  | <input type="checkbox"/> |
| 2. Questionnaires distributed and explained   | <input type="checkbox"/> |
| 3. Session outline explained  | <input type="checkbox"/> |
| 4. Matuatanga Model presented. Then session topic (child development/communication/positive interactions) | <input type="checkbox"/> |
| 5. Following up on individual parent issues   | <input type="checkbox"/> |
| 6. Final time with session summary and written notes for booklet. Recipe for inclusion.                   | <input type="checkbox"/> |

*Kia ora rawa atu!*

Signature : \_\_\_\_\_



**APPENDIX Y**  
**Programme Follow-Up Form and Participant Comments**

APUMOANA WHANAU WHAKAPAKARI WITH THE  
 M.W.W.L. PARENTING AND LIFE SKILLS PROGRAMME



August 1999

Tena koe

I am planning to talk about our Parenting Programme to a Conference this month, and I would like to know about your experiences of the Apumoana programme.

1. Is/was the programme helpful to you? What did you like best?

2. When you first came, what helped you to keep on coming?

3. Have things changed for you? What are you doing now?

3 months      6 months      12 months      18 months

*The statements have been content analysed under three themes of  
 (1) Programme Attractions      (2) Personal Changes      (3) Outcomes/Goals*

**Content Analysis of Programme Follow Up Comments**

Themes Responses from Summaries

**(1) Programme Attraction**

1a	Getting out of the house	6
1b	Meeting people	5
1c	Cooking	4
1d	Chance to learn	6
1e	Programme content/variety	3
1f	Identifying with/helping each other	5
1g	Safe place for kids	3

**(2) Personal Changes**

2a	Increased confidence/self-esteem/ communication skills	6
2b	Understanding abuse	3
2c	Parenting skills/handling children, moko	4
2d	Learnt heaps	5
2e	Made friends	2

**(2) Outcomes/Goals**

3a	Further learning (Polytech/wananga/literacy)	4
3b	Voluntary work (kohanga/church)	2
3c	Part-time work	2

### Summaries and Analysis of Parents' Comments

*Follow-up comments from nine participants are summarised below. Although the parents were asked about the Whanau Whakapakari parenting-training sessions, these remarks also relate to other aspects of the MWWL Parenting and Life Skills Programme*

(1) /I am happy to be part of anything that will encourage me to feel all right about my progress in life *1d/*. My /communications skills *2a/*, /confidence *2a/*, and positive interactions. Also listening to authoritative figures, and knowing that /job opportunities *3c/* await my talents. /I understand non-verbal abuse towards partner and children *2b/*. /I have patience *2c/* and I know I am O.K.

(2) The Programme /gave me an outlet *1a/*, and I could /take my baby with me *1g/*. I liked the /variety *1e/*, and that were /able to initiate what went on *1e/*. When I first came I liked /meeting the people *1b/*, and then the /cooking part of it *1c/* kept me coming. It was stimulating. /Everybody helped everybody *1f/*. I am /training in Early Childhood at Polytech now *3a/*, and I owe everything to the Programme

(3) The Programme has helped me by /meeting new people *1b/*, /enjoying their company *1f/*, /building my confidence *2a/* (/with one another too *1f/*). I believe that everything in the Programme is a /learning experience in the different areas of my life *1d/*. The Co-ordinators are a blessing to have by their encouragement. They're real mothers. /I made "heaps" of changes *2e/*. I'm /stronger within my self and I've overcome my shyness *2a/*. Now enrolled in Maori weaving and whariki at /Te Wananga *3a/*.

(4) Actually/ getting out *1a/* and /meeting different people *1b/*, and /allowing my kids to go somewhere *1g/* [the crèche]. The whole Programme was awesome. /My benefit entitlements and some of the korero . The CPR and First Aid *1e/* has helped me get [voluntary] work as /kaiawhina at kohanga reo *3b/*. The /parenting skills got me on the track *2c/*. Really /made me take a good look at what was going on for me *2b/*. And coming to the kohanga is the same. It has really opened my eyes , and set me right. I am helping at the kohanga now, and next year I am /going to the Wananga *3a/* to do music. I play the guitar.

(5) I came because it was /good to get out of the house *1a/*. I've /learnt heaps *2e/*. It's a /safe place to bring your kids *1g/*.

(6) It was /very helpful to me *1d/*. The best bits were /in the groups *1f/*. It /makes you sit down and think – what are the things we could do, rather than verbally abusing *2b/*. It was the whole thing. Going over and over it. /Learning *2e/*. Stimulating. When I first came it was the /cooking *1c/* and /meeting the women *1b/*, and /knowing that you weren't alone *1f/*. I /still keep in touch with a couple of them *2e/*. I've had my ups and downs – with my teenager getting into drugs and alcohol. But the Programme /built up my self-confidence and self-esteem *2a/*, and /communication *2a/*. It really did make a difference. It gave me /time out from the children *1a/*. Since the Programme, I have been doing /voluntary work for the church *3b/*. I have been doing a WINZ course /to get a part-time job *3c/*.

(7) The Programme helped me /meeting new mothers *1b/*, /cooking *1c/* and it /helped me to sort myself out *1d/*. I had /nowhere else to go when I started coming *1a/*. The /food kept me coming *1c/*, and it was a /break for the day *1a/*. I am "getting there" slowly. I have had another baby and have been reconciled with my partner for a while, but I am back on the benefit now. I have /made some friends at the Programme *2e/*. I would like to go to /school and learn to read and write *3a/*. I have the person who comes and helps me with reading each week.

(8) My daughter (5) was coming home from the course and /talking about the ways that we learning and the consequences *1d/*, and it has been /helpful for my mokos *2c/*. I have /thoroughly enjoyed your parenting sessions *2c/*, Averil, and /learnt a lot *2d/*.

(9) It was /wonderful to be here *1d/*. I am from Tainui, and I find it hard in Te Arawa. But I have /learnt so much *2d/* from. Whare, Monica, Averil, my dear friends. You can just fit in with the Programme and learn heaps. I thank the Lord for this place.

## APPENDIX Z

### WHANAU WHAKAPAKARI PRESENTATIONS, CONSULTATIONS AND HUI

#### Conference Presentations

- Herbert, A.M.L. (1999). Clinical research in Maori-directed settings. Paper presented at the annual conference of the New Zealand Psychological Society, Dunedin.
- Herbert, A.M.L. (2000). A parenting programme in an urban marae setting. Paper presented at the RANZCP Faculty of Child and Adolescent Psychiatry Conference, Auckland.
- Herbert, A. M. L. (2001, July). Marae-based behavioural parent-training programmes emphasising client strengths and Maori values in parenting. In I. M. Evans (Chair), Reconciling Cognitive-Behavioural Interventions with Cultural Imperatives. Symposium conducted at the World Congress of Behavioral and Cognitive Therapies, Vancouver, Canada.
- Herbert, A.M.L. & Te Kanawa, D. (1998). The Mana Kainga Programme: Practice and research perspectives: strengthening families for self management. A Maniapoto model of family empowerment. Presented at the ISPCAN International Society for Prevention of Child Abuse and Neglect. Auckland September 1998.

#### Formal Addresses

- Herbert, A.M.L. (1999, September). Maori parenting programmes: Community and clinical aspects. A paper presented at the suffrage luncheon for the National Council of Women, Rotorua.
- Herbert, A. M. L. (2001, August). Maori-centred research and clinical training programmes in Aotearoa/New Zealand. Invited keynote address to the annual conference of the New Zealand Psychological Society, Auckland, New Zealand.

#### Informal Address

- Herbert, A.M.L. (2001, April). Families and Whanau 1998-2001. Staff seminar, Psychology Department, University of Waikato, Hamilton.

#### Hui and Consultations

- Rotorua Branch Maori Women's Welfare League Parenting and Life Skills Programme, Rotorua: Volunteer staff April 1997 to December 2000
- Research consultation May 1998 (Whare Hornfeck, Merlene Tahata, Monica Nicholls, Ngawhira Waititi)
- Apumoana Marae Committee, Rotorua: Monthly meetings as Secretary.
- Research consultation June 1998

- Rotorua Maori Women's Welfare League monthly meeting, Rotorua: Whanau Whakapakari thesis debriefings 20 March 2001, 14 October 2001
  - Te Arawa Trust Board, Rotorua: Research consultation January 1998 (Arapeta Tahana, Shane Gibbons)
  - Tuhourangi Runanga-A-Iwi, Rotorua: Research consultation June 1998 (Sonny Sewell, Kathy Webster)
  - Parents as First Teachers, Specialist Education Services, Rotorua: Research consultation January 1998 (Maureen Locke)
  - Princess of Wales Health Camp Parenting Programme, Rotorua: Research consultation January 1998 (Sonia Robertson)
  - Mana Social Services, Rotorua: Research consultations June 1998, September 1999 (Maxine Rennie)
  - Ngati Maniapoto Marae Pact Trust, Te Kuiti: Research consultations February 1998, April 1998, December 1999 (Rore Pat Stafford, Lynne Benefield and Social Services team)
  - Raukura Manaaki Tainui Social Services, Hamilton: Research consultations December 2000, February 2001 (Tui Arama, Major Herewini, Christine Brunt and Social Services Team)
  - Tipu Ora Child Health, Rotorua: Research consultations February 2000, April 2001 (Matapihi Kingi, Pipi Moke and team)
  - Letters advising of Whanau Whakapakari research to Early Childhood Development Unit, Rotorua (Lesley Rameka); Te Puni Kokiri, Rotorua (Maria Tini)
- Kaumatua Interviews: Makere Herbert (Rotorua), Dan Te Kanawa, (Hopuhopu), Maxine Rennie (Rotorua), Putiputi O'Brien (Te Teko), Doreen McCorkindale (Opotiki), Wharekaihua Coates (Te Teko), Rangitukehu Paora (Te Teko), Mauriora Kingi (Rotorua).