

**KA TIPU MAI NGA TAI OHI MĀORI: A STUDY OF  
TAIOHI MĀORI LEAVING CARE IN NEW ZEALAND**

by  
Kerrin Leoni

A thesis presented in partial fulfillment  
of the requirements for the degree of  
Masters of Youth Development  
at the Auckland University of Technology  
Auckland, New Zealand  
2007

## **Mihi**

No hea te manu?

No runga rawa te manu nei

Ko hamuera te pipiwharaua

Te tātai e tū wātea ai rātau

I ngā tini waihanga o tēnei ao Hurihuri

Ko ihoa te piringa e tino tata ana

I nga wā katoa

Ka puta te whai, ki te ao mārama

Tihēi Mauri Ora

## **Acknowledgements**

This study was inspired by my contact with Māori young people who are motivated and optimistic about positive change for Māori people in Aotearoa, New Zealand. With each other's support we can move forward and provide more opportunities for our people. I would like to thank all those who have taught me in some way shape or form throughout my life. In particular I would like to thank my lecturers who are here with us today and those who have passed on, kaiako from school and my colleagues during my time as a social worker. You have all contributed to the person that I am today and I thank you for your strength and guidance.

The study would not have been possible without the willing participation of the eighteen people who contributed their individual stories and experiences to this research. The passion of the participants was heartfelt and much appreciated. Much āroha and thanks to Deborah Yates who has provided great assistance and support; my supervisor Josie Keelan who has supervised me from New Zealand while I have been living in England.

And finally thanks to all my friends, colleagues, study mates and family who have supported me both here in London and back home in New Zealand while carrying out this challenging mahi. I could not have completed this study without your awahi and tautoko.

Ārohanui Kia Koutou

Kerrin Leoni (Ngai Takoto, Ngāti Paoa, Ngāti Kuri)

*Kia Māia te Tikanga*

*Manāki te Āroha*

*Whakapono*

Retain and hold onto Māori processes

Support and encourage each other

To sustain well-being

**Proverb given to the study for Māori care leavers by Wayne Blisset (2005)**

## **ABSTRACT**

The main purpose of this qualitative study is to identify the problems for young Māori people who have transitioned out of foster care at some stage in their lives. The study has involved interviews with eight Māori care leavers who spoke about their experiences of being in care, conditions when leaving care and what their lives were like afterward. During the interviews they also spoke about their experiences of whānau, hapū and iwi involvement, education, and their own recommendations on how the leaving care process can be improved for future Māori care leavers.

A further ten interviews were completed with professionals and community members who at some point had been involved with Māori who had left care. They spoke about their own experiences working with young people leaving care and the work pressures which affect the leaving care process. They also spoke about the involvement of whānau, hapū and iwi during the transition process and their recommendations on improving leaving care practice.

There has been extensive research completed regarding the topic overseas in countries such as England, Wales and the USA. However in New Zealand the development of legislative change is only in its initial stages. There have been two studies completed in New Zealand on the topic of leaving care which have resulted in two pilot programmes being developed. These programmes have been developed to test their effectiveness and then assess how the transition towards independence can be improved.

The findings raised in this study are specific to the experiences of Māori care leavers. A Māori framework has been used to analyse the findings of the study. These findings have then been transformed into recommendations towards improving policy and practice for Māori and non-Māori leaving care in New Zealand.

# Contents

<i>Mihi</i> .....	ii
<i>Acknowledgements</i> .....	ii
ABSTRACT .....	IV
ATTESTATION.....	3
<b>CHAPTER 1 .....</b>	<b>4</b>
WHAKAMŌHIOTANGA.....	4
<i>Introduction</i> .....	4
<i>Background to research</i> .....	5
<i>Research problems and hypothesis</i> .....	6
<i>Justification for research</i> .....	8
<i>Outline of this thesis:</i> .....	12
<i>Conclusion</i> .....	13
<b>CHAPTER 2 .....</b>	<b>15</b>
TE TĀTARITANGA A RANGAHAU.....	15
<i>Introduction</i> .....	15
<i>A history of care practice in New Zealand</i> .....	24
<i>Young People Leaving in Care in New Zealand</i> .....	28
<i>The social changes in Māori history</i> .....	34
<i>Māori Strategies in the Department of Child Youth and Family</i> .....	38
<i>Conclusion</i> .....	42
<b>CHAPTER 3 .....</b>	<b>45</b>
NGĀ WHAKATEPENGA.....	45
<i>Introduction</i> .....	45
<i>Aims and methodology of the study</i> .....	45
<i>Qualitative research</i> .....	46
<i>Ethical approval</i> .....	48
<i>Sample recruitment for care leavers</i> .....	48
<i>Sample recruitment for professionals and community members</i> .....	49
<i>The voices that needed to be heard</i> .....	50
<i>Kaupapa Māori frameworks and the effects of research on Māori</i> .....	51
<i>Data analysis and interpretation</i> .....	55
<i>Using the Mauri framework</i> .....	55
<i>Mauri Moe</i> .....	56
<i>Mauri Oho</i> .....	56
<i>Mauri Ora</i> .....	57
<i>Tihē</i> .....	57
<i>Problems while carrying out the study</i> .....	60
<i>Timeframe of the study</i> .....	60
<i>Conclusion</i> .....	60
<b>CHAPTER 4 .....</b>	<b>62</b>
THE VOICES THAT NEEDED TO BE HEARD.....	62
<i>Introduction</i> .....	62
<i>Participant information</i> .....	62
<i>Experiences in care</i> .....	63
<i>Whānau, hapū and iwi connections</i> .....	66
<i>Recommendations by the Māori care leavers</i> .....	73
<i>A Professional &amp; Community View</i> .....	80
<i>Work pressures involved with statutory social work</i> .....	81
<i>Planning towards the transition</i> .....	84
<i>Whānau, hapū and iwi involvement</i> .....	86
<i>Recommendations by professionals and community members</i> .....	89
<i>Conclusion</i> .....	92

<b>CHAPTER 5 .....</b>	<b>93</b>
<b>THE MAURI FRAMEWORK WORKING TOWARDS POSITIVE CHANGE .....</b>	<b>93</b>
<i>Introduction .....</i>	<i>93</i>
<i>Impacting factors for Māori care leavers .....</i>	<i>94</i>
<i>Improving the leaving care process .....</i>	<i>100</i>
<i>Improving whānau, hapū and iwi involvement .....</i>	<i>105</i>
<i>Conclusion .....</i>	<i>112</i>
<b>BIBLIOGRAPHY.....</b>	<b>115</b>
<b>GLOSSARY OF MĀORI WORDS .....</b>	<b>123</b>
<i>Appendix 1: Participant Information Sheet .....</i>	<i>125</i>
<i>Appendix 2: Consent Form .....</i>	<i>127</i>
<i>Appendix 3: Guiding Questions Used For Interviews.....</i>	<i>128</i>

#### **LIST OF TABLES**

2.1 <i>History of care practice in New Zealand .....</i>	<i>25</i>
2.2 <i>The four organizational levels of tribal autonomy.....</i>	<i>36</i>
3.1 <i>Mauri framework .....</i>	<i>59</i>
4.1 <i>Maori care leaver participant information .....</i>	<i>63</i>
4.2 <i>Professional and community participant information.....</i>	<i>81</i>
5.1 <i>Impacting factors for Maori care leavers .....</i>	<i>100</i>
5.2 <i>Improving the leaving care process .....</i>	<i>104</i>
5.3 <i>Improving whanau, hapu and iwi involvement .....</i>	<i>107</i>
5.4 <i>Enhancing kaupapa Maori initiatives .....</i>	<i>112</i>

## **ATTESTATION**

“I hereby declare that this submission is my own work that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

Kerrin Leoni

# Chapter 1

## Whakamōhiotanga

### Introduction

This thesis will examine the transition process for Māori young people leaving foster care in Aotearoa, New Zealand. Seven Māori people who had left care and one who was transitioning out of care were interviewed. They discussed their time in care, the planning and processes under which they left care as well as whānau, hapū and iwi involvement during their transition. A further ten professionals and community members were interviewed to inform the study. During these interviews they spoke about the current preparation and procedures for leaving care, problems related to the process and how whānau, hapū and iwi were involved. The interviews presented some clear recommendations as to how the transition from care process could be improved for Māori care leavers.

The purpose of the study was to:

- Consider the data collected for the research project for recommendations towards improving social work practice and procedures
- Consider the importance of using tikanga Māori frameworks and models when researching Māori topics
- Examine leaving care in New Zealand from a Māori cultural perspective as well as a social and political perspective
- Consider implementing tikanga Māori practice models when working with Māori care leavers
- Determine the need to continue further research and development in the area of leaving care in New Zealand



## **Background to research**

There are a number of reasons that I became motivated into this particular study. Prior to becoming a social worker for Child Youth and Family Services I always had an interest in Māori Youth Development. My interest grew after attending a hui in 1995. The hui was held in preparation for the Indigenous Youth Conference which was being hosted by Aotearoa (New Zealand). Aotearoa is used here to denote that indigenous Māori youth were the hosts as opposed to young New Zealanders. While attending the hui I became more interested in the transition from teenage to adulthood process for indigenous young people. This led to an interest in social work, and after finishing my Degree in Māori Development with a Social Service Major, I started working for Child Youth and Family Services in the Māori Roopu of the office in which I was situated. The Māori Roopu mainly worked with Māori families where child abuse concerns existed.

Child Youth and Family is the government agency that deals with the care and protection of children and young people in New Zealand. The agency assesses the risk and safety of children aged 0-17 where abuse may be occurring. Once the risk assessment has been completed, intervention plans towards keeping the child or young person safe are made. However where child abuse is substantiated, and it is confirmed that it is unsafe for the children to stay with their parents an application for a custody order is made. There must be a substantial amount of evidence which proves the parents are unable to protect their children. Furthermore the protection concerns formed by the social worker must be in accordance with Section (14) of the Children Young Person and Their Families Act (1989).

The application for custody is usually a Section 101 (Custody Order) or Section 78 (Interim Custody Order) order (Children Young Persons and Their Families Act 1989) which is made to the Family Court. Once the order has been granted Child Youth and Family (CYFS) are responsible for the day-to-day care of the child; this is otherwise known as the child being 'in care'.

The child or young person is typically placed in the care of CYFS when the parents are not in a position to protect them. Placements can be made with caregivers (foster

parents or whāngai parents) approved by the Department or in a family home or residence owned and managed by CYFS. Alternatively young people can be placed with Iwi Cultural Social Services or other Social Services approved and contracted by the Department.

It is the allocated social worker's obligation to find an alternative safe placement for a young person immediately, once CYFS have custody. A referral for a Family Group Conference (FGC) is also made to the Coordinators' Bureau in order to discuss the care and protection concerns with the family. The Coordinators Bureau are responsible for arranging and facilitating the conference. Family members are encouraged to take the primary role in deciding where will be the best place for the child or young person to live. This is while the natural parents may be undergoing therapy or completing tasks to address the concerns. Once a decision is made as to where the young person will be placed a care plan is completed. The care plan identifies the young person's individual needs, medical history and plans regarding education and length of placement. Placing a child in a safe and secure environment is always paramount. However there are some pressures for the social worker associated with placing children in care.

### **Research problems and hypothesis**

As a social worker I had experienced some of the pressures involved in placing children in care. I had also experienced some of the problems that occur when planning towards transitioning young people from care to their family or independence. It was always difficult to find an appropriate caregiver to meet the needs of each particular child. The goal always was to try and match the ethnicity of the child with the caregiver. However there was always a shortage of approved caregivers available, and therefore children were not always placed in culturally appropriate homes. These inappropriate placements would sometimes last years, and the connection between the child's cultural background and their families would fall apart. In some cases it was difficult to re-establish the family connection depending on where and with whom the child was placed.

Another problem associated with placing children in care was that a caregiver might be found, but only on a short term basis. Therefore the children would experience multiple placements and their sense of belonging or forming trusting relationships with caregivers became more difficult. I observed a number of Māori children experience these problems while in care as well as the effects it had on their lives.

The problems associated with finding appropriate caregivers had a significant effect on the children. Multiple placements meant they were not able to settle into school properly and as a result they would fall behind. When they turned seventeen years old, which is the age they are discharged from care, some care leavers had not formed any safe or secure relationships with adults. Moreover I observed a high number of Māori care leavers had limited career options when they left school due to their poor educational background.

After several years of experience in the Māori Roopu I became aware that there was a major lack of consistency in practice for all social workers when preparing towards discharge. I noticed that once a child was placed in care with CYFS, less energy and time was put into moving them out of care. Moreover I noticed that whānau, hapū and iwi were involved in the initial Family Group Conference and decision-making processes when placing children in care. However it seemed that when a Māori young person was being discharged only a few extended family members were present at meetings. Therefore the care leavers only had small support networks and limited skills to become successful adults once discharged from Child Youth and Family.

I was concerned that these Māori care leavers were venturing into the adult world with negative memories of being in care with CYFS, and hardly any skills on how to cope with the pressures of life. Their mauri (life force) would be at a state of mauri moe (unrealised potential), where they had no idea of what they needed in order to become successful adults in society. I observed the care leavers experience feelings of hurt, pain and isolation. There was little preparation towards their transition from care and therefore it was expected that they would just cope with whatever life had to offer them. Once the young person turned seventeen years old they were not seen again, and whether they were coping after they had left care was never known.

## **Justification for research**

The problem of lack of support for Māori leaving care continued to worry me. This led to further consideration of what the possible long term effects of limited support and minimal preparation would have on these young people. I was concerned that non-intervention and little support during such an important time in any young person's life, more importantly a young person who had experienced child abuse, could have negative effects for care leavers.

Clear risk factors have been identified for young people leaving care in research by McParlin (1996). He states that around ten thousand young people leave care annually in the United Kingdom. Out of these care leavers 75% will have no qualifications, 80% will be unemployed after twelve months, 50% will be homeless and 33 – 40% of the young women will be either pregnant or have a child between 16 – 18 years of age. More importantly Mc Parlin's research shows that 54% of 18 – 24 year olds in prison had been in the "looked after" system. Although these statistics represent young care leavers in the United Kingdom it is likely that similar problems may exist in New Zealand.

Māori youth are already over-represented in youth offending. The Youth Offending Strategy (2002) states that Māori comprise about half of all youth apprehended by police. In some parts of New Zealand Māori represent 90% of all youth offenders. By 2016 it is projected that Māori will constitute 27% of all New Zealanders under seventeen, which is a 7% increase in comparison to 1996. According to these statistics it is likely that the number of Māori children in care will also increase, as will the number of Māori care leavers who are at risk of becoming unsuccessful adults.

More recently the focus for keeping children and young people safe has been to ensure their immediate safety. Much effort has been put into placing children and young people in care. However it seems that by the time the young person becomes a teenager they are deemed to be safe because they can protect themselves. This is not the case and it is even more important to support the young person through their transition from care by ensuring that clear protective mechanisms are put in place.

A number of initiatives have been developed towards improving the leaving care process in New Zealand. The initiatives were prompted as an outcome of evidence provided by two studies completed on leaving care in New Zealand by Yates (2000) and Ward (2000). Their research confirms that children and young people who are raised in stable, safe and supportive families learn independent living skills over a long period of time as they gain increasing independence. For children and young people who come into care, the process of developing independence has been disrupted, and many who have been in care are likely to have experienced frequent placement changes.

Their studies also suggest that young people who are in the care of CYFS or who are moving from care, and approaching 17 years will usually be preparing for independent living or return to a family/whānau. Therefore it is a time of intense growth, and there is high risk of isolation and insecurity once custody or guardianship orders have been discharged. In addition care leavers have often experienced less success with education, have inadequate family/whānau networks of support and are less confident of living independently than are the general population (Collins: Transition to Adulthood for Vulnerable Youths, Social Service Review, June 2001).

The Ministerial Review of the Department of Child Youth and Family Services (CYFS) prepared by Judge Mick Brown (2000) also indicated that leaving care was an important area of service which needed further development. As a result, a pilot programme was put in place by CYFS in 2003, called the Transition from Care to Independence Initiative. One of the goals of the programme was to contribute to the New Zealand Government's strategic social service goals (CYFS 2003) which include:

1. Closing economic gaps and
2. Strengthening communities

The Transition from Care to Independence Programme currently funds two social service providers, Youth Horizon's Trust and the Dingwall Trust. These organisations were willing to develop and pilot the innovative proposal for the delivery of social

and welfare services to young adults who are leaving or who have left Child Youth and Family's guardianship, custody or care to live independently.

The programme includes supporting young adults to access a range of statutory and voluntary services available within the community. It was funded for four years (2003 - 2007) and was designed to assist young people in their transition from care to independent living. Personal advisors are assigned to each care leaver to provide support in their transition planning prior to leaving care. Other tasks include collating leaving care information packs, providing oversight once the young person leaves care, and providing transition and aftercare services.

The programme and services for the initiative includes:

- Aid in accessing safe and affordable accommodation
- Life skills, personal development courses
- Mentoring
- Brokerage and advocacy services
- Contingency planning and keeping in touch – ongoing backup and support for young people at least until they turn nineteen years old.

The target groups for the programme are young people who are soon to exit out of care aged 15 – 17 years. They include young people who:

- Have a goal of living independently
- Are still, or have recently been, in the care of the Chief Executive of Child Youth and Family

The initiative addresses a number of problems that had been previously identified in New Zealand studies. It encourages mentoring and assistance for young people during their transition. And in addition the mentors are able to remain involved with the young person leaving care until their nineteenth birthday, as opposed to their seventeenth birthday. However the programme does not meet the specific needs for Māori, and the New Zealand government fails to acknowledge the need for legislative change towards enhancing leaving care practice in New Zealand.

The programme only allows for around 100 young people per programme to participate. It also stipulates that it is only aimed at assisting young people transitioning towards independence. In 2004 there were 4674 children and young people placed in care and protection placements. There were also 151 young people in youth justice placements, giving a total of around 4800 children and young people in care (Child Youth and Family National Care Plan 2004). This raises concern that the initiative only provides assistance for a small number of care leavers. It also raises some concerns about for whom assistance should be provided. Should mentoring only be available to care leavers transitioning towards independence? Or should assistance be made available to all care leavers in New Zealand?

For those who return to the care of their families, it is not known whether these families have the appropriate skills to assist and mentor care leavers who have experienced trauma in their lives. This is because there has been no contact with the young people once they have been discharged. Māori in particular are more at risk of becoming unsuccessful adults after leaving care as they are over-represented in the areas of crime and of parents who are child abusers in particular.

Māori currently represent around half of all children and young people in care in Child Youth and Family (National Care Plan CYFS 2004). Their high numbers of representation have been consistent for many years and it is expected that this will continue. According to the Ministry of Justice and Social Development (2002) Māori are over-represented in youth offending and adult crimes. It needs to be acknowledged that Māori care leavers are potential adult criminals. Therefore appropriate supports need to be put in place during their teenage years to prevent poor adult outcomes from occurring. Supports and programmes for Māori care leavers also need to be culturally appropriate and specific to meet their needs.

The aim of this study is to make recommendations towards improving the leaving care process from a kaupapa Māori perspective, with the envisaged outcome that young care leavers will be more equipped to become successful adults in the future.

**Outline of this thesis:**

Chapter 2 is the literature review which provides a wealth of overseas knowledge and findings. In particular England, Wales and the USA have completed various reports and studies on young people leaving care. The findings in these studies have identified the connection between risk factors for care leavers and poor adult outcomes. Consequently the research has influenced a number of legislative changes in improving care practice in their countries.

The review goes on to present the current procedures, policies and studies related to young people leaving care in New Zealand. This is then followed by an extensive history of the changes that have taken place in New Zealand's social welfare system, along with the systemic and cultural issues faced when these changes have occurred.

Finally the review provides a historical perspective on Māori in Aotearoa/New Zealand since 1840. It focuses on the current state of Māori in kinship care and identifies some of the Māori strategies and positive changes that have occurred for Māori people in the area of foster care.

Chapter 3 looks at the methodology of the study. The study was carried out from a Kaupapa Māori perspective where two Māori frameworks were used as tools to gather and analyse the data. The method of whakawhanaungatanga was used when interviewing Māori participants involved with the study, while the Mauri framework was used as a tool to analyse the recommendations made as an outcome of the study. The framework was divided into three parts mauri moe (unrealised potential for change), mauri oho (the awakening - acknowledgement and acceptance that changes are required) and mauri ora (the state of being fully aware). Tihē (additional analysis) was experienced at all three levels of mauri during the analysis phase.

The methodology chapter also includes the steps taken when carrying out the study as well as the ethical and practical issues which were encountered. One of the difficulties experienced was finding interviewees who were prepared to speak about their memories of leaving care. The reasons for this, along with the research constraints, are addressed in more detail in Chapter 3.



Chapter 4 discusses the findings from the interviews with the Māori care leavers, and the professionals and community members. The chapter has been divided into two areas. First the feedback from the Māori care leavers is presented, and then the data collated by the professionals and community members.

The care leavers spoke about their experiences before going into care, what it was like while in care, and their transition out. During the interviews they expressed emotion and some became tearful when remembering their past. However all of the care leaver participants were able to provide positive recommendations on how the leaving care process could be improved in the future.

The professionals and community members seemed to be well aware of the problems and practice issues related to leaving care. The professionals in particular were open about their workload pressures and the effect it had on leaving care practice. They also provided some positive feedback about how the transition from the care process could be improved. Most of the participants agreed there was a serious need to develop clear policies and practice guidelines for leaving care. The interview data was analysed, where common themes emerged and final recommendations were identified.

The final chapter presents the recommendations made as an outcome of the study. They are presented in a table format where the Mauri framework was used as a tool to analyse the data. The recommendations were tested through the three elements of mauri which have been mentioned previously mauri moe, mauri oho and mauri ora. Four main categories for change were identified along with some direction as to how the recommendations could be achieved.

## **Conclusion**

This thesis is designed to identify the issues related to leaving care from a Kaupapa Māori perspective. It is likely that there will be numerous Māori young people who will leave care in the future, since there has been a consistent number of Māori in care since the care system in New Zealand was first established. It is important also to note

that the Māori youth population is growing. Therefore it is hoped that the recommendations made as a result of this study will contribute towards improving the current leaving care process for all young New Zealanders. In particular leaving care needs to be improved in ways which are culturally appropriate for Māori, given there seems to be a consistently high number of Māori in care.

There are a number of risk factors that make all care leavers more at risk of becoming unsuccessful adults in society. These risk factors are usually the result of unstable living environments while in care, experiencing multiple placements, negative experiences at school and not developing strong caring relationships with adults.

The following Chapter reviews the studies that have been previously completed relevant to the topic in New Zealand and overseas. The review also presents the Māori development strategies which have already been put in place in Child Youth and Family to address the seriously high number of Māori in care.

## Chapter 2

# Te Tātaritanga a Rangahau

### Introduction

There is a vast amount of literature and research material which has been completed on foster children who are leaving care in other countries. The following literature provides an overview of these studies. The review then provides a background and history of care practice in New Zealand, followed by an analysis of the two New Zealand studies completed on young people leaving care.

A background on Māori history is then presented which highlights the key social changes that have taken place for Māori in New Zealand over the past one hundred and sixty years. These social changes are significant for Māori, and have had an impact on Māori being statistically over-represented in Child Youth and Family (CYFS).

There have been a number of Māori development strategies put in place by CYFS to address the high number of Māori in care. These strategies have also been included in the review to provide an understanding of the policies implemented to date.

### An International Perspective on Young People Leaving Care

Some of the research which has been completed overseas looks at the social impact of young people leaving care, while other research identifies the psychological long term effects related to the leaving care process.

In 1999 Marsh and Peel completed a study on young people leaving care in the United Kingdom. He argued that young people in their teens are particularly vulnerable when leaving care or care accommodation. He examined ways in which young care leavers could be more positively involved in the decisions and events leading up to leaving care. In particular he assessed how extended family members could be encouraged to lend more support during this time.

His findings were made from a study sample of 87 young men and women aged sixteen to seventeen. As an outcome of the research he identified that there needs to be a better understanding of the young peoples' emotional and behavioural difficulties experienced before leaving care. He further stated that it is crucial to understand these difficulties in order to plan towards appropriate interventions for care leavers, and that carers need to be closely involved at every level of service delivery while a child is in care, as the intervention of the carers is likely to have long term effects on the child.

In 2003 another study was carried out in the United Kingdom by the Joseph Rowntree Foundation. The study was based on care leavers entering work, education and training. It sought to examine care leavers' transitions to independent living and to identify the factors that help or hinder their economic engagement. The research involved semi-structured interviews with a small group of young people shortly after leaving care and one year later. The interviews explored their current and previous economic circumstances and activities, their support networks and the factors that affected their involvement in post-age 16 career options. Other areas covered were housing needs, substance abuse and debt. Data from their social service records were also included in the analysis where a number of conclusions were formulated.

As an outcome of the study it was found that young people who enjoyed a relatively stable 'looked after' experience were more likely to be settled post-age16. Important factors that affected their care experiences included the age they entered care, the reasons that brought them to care, and the number and type of placements they had experienced.

The study also found that their care experiences had an impact on their educational achievement. Because of their disrupted childhood, a number of young people had already been struggling with their school work when they entered care. Schooling was further affected by moves to new places that on occasions also required a change of school. On these occasions, young people struggled because schools were following different curricula. Getting behind in their school work affected their motivation and self-confidence. It also had a bearing on their educational achievements. Most of these young people left school with few or no qualifications.

According to the Rowntree Foundation, professional and informal supports were crucial in enabling young people to overcome the difficulties arising out of their experiences in care. It was identified that these supports were needed in order for the young people to remain engaged in employment, training or education. Moreover young people benefited from help in finding out about their career options, developing plans and accessing opportunities. The Joseph Rowntree Foundation argues that professionals were the best people to provide this type of support. These professionals included life skills mentors who had long-term consistent engagement with the young person. Young people who could access emotional support fared better. This type of support included encouragement to apply for jobs or training and to stick at what they were doing. The mentor was also someone who was available for advice when so much else in their lives was changing.

Several recommendations were made as a result of the study. They included:

- Enhancing professional support during and after the transition
- Addressing any issues the young person has as early as possible
- Promoting informal support
- Tackling any financial barriers
- Protecting and promoting education

These recommendations reinforce the care leavers' need to have appropriate supports in place during and after leaving care. Therefore the more supports put in place for life guidance the more likely it is that the young person will become a successful adult.

Other studies in the UK suggest that young people are forced to make it alone because they are cut off from their family and their origins. They are therefore without a sense of their own identity. Lyna Ince (1996) completed a study of the care experiences of young black people in the UK. The study reported that black children were two times more likely than white children to come into care earlier and remain in care longer. Ince found that a problem for black care leavers was their lack of strong racial identity. She believed that the lack of identity and information about organizations

likely to offer help to care leavers led to isolation and loneliness. Furthermore she states that young black care leavers were more likely to have experienced contact with the juvenile system, which would substantially diminish their chances of gaining employment.

Ince's findings note that young black people are cut off from their families when in care, while on the other hand Marsh (1999) argues that an important aspect of leaving care for young people is to have birth families lend more support during the transition process. According to Ince, extended family support does not exist for young black care leavers. It is clear that young black people are in less of a position to be successful as adults in the UK when their family connections are removed. As a result they are dependant on community professionals and other support people to provide motivation for positive long term development. The loss of race identity amongst black care leavers in the UK can also be compared with Māori youth in the same circumstances, though it must be noted that Māori are the indigenous people of New Zealand and have ancestral links to the country whereas black care leavers in Britain do not. Therefore it would be more difficult for black care leavers to access resources pertaining to their own cultural needs.

The connection between resiliency and young care leavers has been explored by Ann Buchanan (1999). Resiliency in this case is the ability to recover readily from adversity. Buchanan studied the long term effects of young people being in care. This was achieved by researching the links between children who have been in care (as they were known pre-Children Act 1989), life satisfaction in adult life, psychological problems around 16 and depression at 33.

For her research she used data from the National Child Development Study (NCDS.) The NCDS was conducted by the Centre for Longitudinal Studies in London. The longitudinal study followed the lives of those born in March 1958 to monitor their physical, educational and social development. To assess these factors six sweeps of surveys were carried out by NCDS with the participants. The first sweep of surveys were in 1965 (7 years of age), then 1969 (aged 11), 1974 (aged 16), 1981 (aged 23), 1985 (aged 33) and 1999-2000 (aged 41-42). Buchanan mainly focused on the data recorded for the care leaver participants at age 16 and at age 33.

Initially Buchanan was of the view that children who had been in care were less satisfied with their lives. She had also believed they were significantly more at risk of psychological problems at age 16 and depression at age 33. However after completing her study she found that three out of four children who were care leavers did not have psychological problems at age 16 and four out of five did not have such problems at age 33. Those who were more satisfied with their lives were more likely to have qualifications, jobs and partners. Her paper suggests that caring opportunities for young people to develop outside interests as they grow up increases their sense of self-worth and indirectly protects them from later mental health problems.

Buchanan argues caring relationships with adults are a protective factor for youth at risk. Her literature on resiliency demonstrates that unfortunate beginnings do not inevitably lead to poor adjustment. This challenges professionals to shift their views regarding the needs of at-risk children.

Propp, Ortega & Newheart (2003) carried out some research in the USA on how self-sufficiency relates to youth leaving care. They state that youth who transition out of foster care are often overlooked and unprepared when leaving the child welfare system. They argue that, as youth begin to grow up in the foster care system, they are encouraged to move towards the goal of self-sufficiency. Their article proposes a different approach to the state of transition, an approach called interdependency. Interdependence means the care leaver is dependent and attached to appropriate supports and mentors in their community.

They argue that, prior to leaving foster care, youth spend months, even years in a system of care designed to encourage connection and attachment to family or a family-like setting. However as youth involved in the child welfare system reach adolescence it sometimes becomes apparent that birth families are not going to be safe and consistent support for them. Therefore the case plan for youth becomes independent living.

As a result of their study they recommended that there needs to be a change in the definition of independent living. They state there also needs to be a change in the

attitudes, values and beliefs that child welfare workers hold regarding the efficacy of youth. A more realistic standpoint for working with youth leaving care is one of interdependence with their community. They believe that by focusing on interdependence it encourages connectedness of youth to others. This is achieved through a relationship of collaboration between the care leaver and youth worker. Together they can plan towards building support networks and career pathways which provide options for their own positive development.

In the United Kingdom the transition from the care process is highly resourced and implemented in policies such as the Child Care Act (1989) and the Leaving Care Act (2000). The Leaving Care Act states that it is the duty of the local authority to provide services and support for young people leaving care. Assistance and support is provided for care leavers from age 16 – 21. At the age of 16 the care leaver completes a needs assessment prior to leaving care. Once they have left care they then develop a pathway plan with their personal advisor who will be a mentor and monitor them until they are 21 years old. Additional grants for training and education are also available for care leavers until they turn 24 years of age.

As stated earlier, there have been a number of studies carried out in the UK related to leaving care. This is because the government in the United Kingdom acknowledges that leaving care is a crucial and important time for any young person who has been in care at some stage of their lives. It also shows that the UK government recognises that resources are necessary to produce care leavers who can become successful adults, especially when these adults come from a background where there is a high incidence of care leavers failing to function successfully in their communities. Research has shown these figures can be turned around with strong support in early adult life. New Zealand on the other hand is only in the initial stages of developing such Acts or programmes to assist care leavers. The leaving care initiatives that are currently being developed in New Zealand are considered in Chapter 3.

Kimberly Nolan (2000) carried out a study in the USA on the effects associated with young people leaving care. She argues that the disruptions and traumas suffered by youth in out-of-home care can have long-term effects on care leavers. These effects can result in delays or interruptions in the development of life skills needed for



successful transition from out of home care to independent living. She states that the findings of several outcome studies indicate youth placed in foster care do not do as well as their peers in the general population in rates of high school completion and employment. Nolan argues that they also have higher incidents of homelessness (Susser 1987).

As a result of her studies she stated that there are four strategies effective in preparing youth for self-sufficiency: systemic skill assessment, independent living skills training, involving caregivers as teachers, and developing community connections. Nolan states that it is important for programmes providing independent living services to evaluate their effectiveness on a regular basis. She identified that aftercare is the weakest aspect of most independent living programmes. A state by state survey of statutes and regulations relative to aftercare services for care leavers was carried out. The survey found that 70% of the states lacked the provision for extending services for leaving care.

Nolan argued that intensive skill and vocational training courses using instructors from businesses and industries are beneficial. This is because youth who leave care usually need help in forming support networks. She stated that the process of replacing agency services with natural system resources is particularly important.

In 1999 the United States of America congress addressed the need to strengthen after care services for youth leaving care. Section 477 of the Social Security Act (1935) was amended to extend 'financial, housing, counselling, employment, education, and other appropriate support services to former foster care recipients between 18 and 21 years of age. According to Nolan, the John Chafee Foster Care Independence Programme was developed to provide all states with authorization and resources to expand and strengthen after care services. Finally, Nolan stated in her studies that it is now the responsibility of the state and child welfare services to provide support and assistance for youth leaving care in the United States of America.

The literature has also shown that significant relationships with caring adults are the most important factor in a youth's success. Larsen and Birmingham (2003) conducted an ethnographic study of 23 youths' perceptions of caring adults. They also explored

how caring relationships help youth face adversity. Their study confirmed that caring adults could serve as a protective factor for at risk youth. In addition the study delineated seven characteristics of those caring relationships: trust, attention, empathy, availability, affirmation, respect and virtue. The results suggest a road map for self reflection and skill development for those who seek to have a positive impact on the lives of challenging youth.

Their research presents a different perspective to care: that young people who grow up in at-risk environments can still be successful as adults. The study also confirms that the supportive environment which family would usually provide can be replaced by a support person in the community. For example the support person could be a teacher who enhances a young person's development. However Larsen and Birmingham have not made comparisons with regard to the diversities involved in community support people and family attachments.

Therefore it is recommended that a longitudinal study should be completed in this area. The study could identify whether in fact family supports can be replaced by community supports. In addition the effectiveness of the relationships formed with community members in comparison to family members should be evaluated.

Birmingham & Larsen's findings are comparable with the findings of Nolan. They both agree that young people leaving care should have community supports in place. They also agree that these supports would be beneficial for the young person's development into adulthood.

Bernard (1997) completed a study named "Turning it all around for youth: from at risk to resiliency". Bernard was of the view that poverty was the factor which would most likely put a person "at risk" of drug abuse and teen pregnancy. She stressed the fact that the media, policy makers and researchers themselves reinforce this by lowering expectations and stereotyping youth, families and culture. Bernard argues that looking at the problem through what she terms a "deficit lens," obscures the innate ability of people to overcome and survive their particular circumstances. Her findings are corroborated by research on the characteristics of teachers and schools,

families, organizations and communities that successfully motivate and engage youth from high risk environments.

Bernard states that all individuals have the power to change and transform themselves. Her literature shows that up to seventy percent of youth from disadvantaged families grow up to be successful by societal norms and become caring, confident people in their communities. This is if the young person is nurtured through a process of having protective support people to motivate them in a positive transition to adulthood.

In 1996 a longitudinal study was completed on wards leaving care by Judy Cashmore and Marina Paxton. Their research identified that when young people leave care they generally have a history of abuse or neglect prior to being placed in care. They also have a history of out of home placements, irregular parent contact, and changes in schooling and social workers while they are in care. Given these factors they argue that young people leaving care are at greater risk of unemployment, poverty and homelessness than other young people their age.

In completing their longitudinal study they found that children who were in long term stable placements did very well. Much better than they would have done if they had remained with families who were unwilling or unable to care for them.

The literature completed abroad on young people leaving care suggests that young people are becoming more resilient and reliant on community rather than family support. Protective people and positive role models in society are believed to be the more favourable approach to successful development for young people.

The transition to adulthood has a combination of factors which contribute to successful development, one being a young person's attachment to their culture and identity. It is clear that only a small amount of literature has been completed on young people leaving care from a cultural perspective internationally. Therefore it would be useful to carry out future research on young people leaving care from the perspective of different ethnicities and cultural backgrounds. Another important factor identified by studies abroad is that young people leaving care should be prepared and have

systemic skills assessments. In the UK the Children Leaving Care Act (2000) states that these assessments must occur for all care leavers. Furthermore every care leaver in the UK must also have services and supports in place until they are 21.

It is clear that in both USA and UK the governments have paid special attention to leaving care and have put the appropriate resources in place. On the other hand New Zealand seems to still be focusing on children coming into care, rather than considering the importance of ensuring young care leavers are equipped with the necessary skills to develop into successful adults.

### **A history of care practice in New Zealand**

Since 1925 there have been a number of changes to care practices which have developed in New Zealand. Before looking at the current research that has been completed on young people leaving care it is important to identify the history of care practice and in particular the events that have taken place which shape current care practice today. The following timeline identifies the dates and significant events which have occurred regarding care in New Zealand (Care Practice Under the CYPP Act 1989, A CYFS Southern Area Resource Book April 2003).

Table 2.1 History of Care Practice in New Zealand

Date	Care Practice
1882	<p><b>Industrial Schools Act</b></p> <p>Legislation that introduced the system of ‘boarding out’ inmates of the industrial schools with foster parents or employers</p>
1925	<p><b>Child Welfare Act</b></p> <p>Legislation that created the Child Welfare Branch of the Department of Education, Child Welfare Officers, the Children’s Court for under sixteen-year olds, and emphasized foster care over institutional care</p>
<p><b>Late 1950s – Early 1960s</b></p>	<p><b>New Child Welfare theories</b></p> <p>Child Welfare practices became informed by development and attachment theories. These reinforced the trend away from institutional care for children by stressing the importance of the quality and continuity of child-adult relationships – particularly the maternal role – and family life and psychological health for child’s overall development</p>
1970s	<p><b>Permanency emerges as a guiding principle in child welfare – predominantly Britain, USA and Canada</b></p>
1972	<p><b>Department of Social Welfare (DSW) Established</b></p> <p>Placing children in care was at this time the primary intervention of child welfare. The disproportionate numbers of Māori children coming to notice was an immediate focus for DSW</p>
1972	<p><b>Department of Social Welfare operated twenty-six residential institutions</b></p>
1974	<p><b>Children and Young Persons Act introduced</b></p> <p>This legislation better reflected prevailing societal views than its predecessor, the outdated Child Welfare Act 1925. Of particular significance was its legislative principle that the ‘interest of the child and young person (shall be) paramount’.</p>
1976	<p><b>Formation of the New Zealand Foster Care Federation</b></p> <p>Established in response to an inadequate foster care system. Was to spearhead seriously needed reform over the ensuing decade, in particular.</p>
1980	<p><b>Department of Social Welfare (MacKay) Research Study</b></p> <p>Highlighted the instability of statutory foster placements. Its findings</p>

	depicted multiple temporary placements, breakdowns of intended ‘permanent’ placements, alienation of foster children from their families, children drifting in care, and a disproportionate number of Māori children in care
<b>1980</b>	<b>Intensive Foster Care Schemes</b> This scheme provided specially selected and supported homes for children unlikely to succeed in ordinary foster homes
<b>1981</b>	<b>Planning and Review System for Children in care introduced</b> The programme was designed to eliminate ‘drift’ and/or uncertain futures for foster care children, progress was reviewed every 12 months
<b>1983</b>	<b>Ministerial Review of Foster Care System</b> 51 recommendations for change in foster care policies and practice
<b>1983</b>	<b>Mātua Whāngai Programme</b> Provided sustained assistance for at-risk Māori children, more Māori foster homes, and better supported Māori children in Pākeha foster homes
<b>1985</b>	<b>Permanency Planning Project</b> Examined current care cases and provided advice and direction on permanency options
<b>1986</b>	<b>Pūao-Te-Ata-Tu: Daybreak – Ministerial Advisory Committee’s Report on Māori Perspectives</b> Highlighted the department’s failure in meeting the needs of Māori children. It expressed concern at the large numbers of Māori children in care. It viewed departmental care processes as undermining, even eliminating the basis of Māori society. It recorded profound misunderstanding and ignorance of the place of the child in Māori society and its relationship with whānau, hapū, and iwi structures. The report called for changes in fostering and care policy and practice, and casework with Māori families and clients.
<b>1989</b>	<b>New legislation-The Children, Young Persons and Their Families Act</b> Incorporated cultural issues, family values, community responsibilities, and reduced the power of the state through a policy of minimum feasible and necessary intervention. Its principles and practices firmly place the child within the family, whānau, hapū, iwi and family group, and legally

	<p>acknowledge the primary responsibility of this group in resolving issues of care, protection and juvenile offending. Its legislative assumption is that where the immediate family/whānau cannot adequately meet the child’s needs, the wider family/whānau is the best option for support and assistance. The Act confines legal intervention to planned, time-limited and reviewable actions. In recognizing and protecting the rights of families, it demands a radical rethink as to what constitutes the ‘best’ interest of the child, requiring the principle of paramountcy of the welfare and interest of the child or young person to be integrated with due regard to the importance of family responsibility for care and decision making.</p>
<b>1996</b>	<p><b>Because We’re Family</b></p> <p>Jill Warren’s kinship care study highlighted the limited support, both practical and financial, extended by the Department to children in kinship care, and pointed clearly to the desirability of some necessary reforms</p>
<b>2000</b>	<p><b>Ministerial Review of the Department of Child Youth and Family Services</b></p> <p>Made 16 recommendations directly applicable to children and young people in care, with permanency very much a focus, e.g.: importance of planning, keeping of non-negotiable timeframes, relevance of attachments, need to rebuild/maintain family links and the importance of effecting permanency placements (guardianship) based on significant psychological attachment.</p>
<b>2002</b>	<p><b>Te Pounamu</b></p> <p>A Māori Strategy developed by the Department with the desired outcome of “All Māori children will be safe and have opportunities to flourish in the communities”, It identified that Māori made up 45% of the Department’s total client group. Of this total, 55% comprised children in care.</p>
<b>2004</b>	<p><b>Care of Children Act</b></p> <p>Replaced the 1968 Guardianship Act</p>
<b>2005</b>	<p><b>Permanency Policy</b></p> <p>Confirms the Department’s commitment to the philosophy of permanency and provides guidelines for practice</p>

The table identifies the major changes in policy that have taken place regarding care in New Zealand. In particular in 1980 it was noted that high figures of Māori children and young people were in the care of the Department of Social Welfare. This then led to a number of Māori strategies being developed and implemented. The Mātua Whāngai programme was brought in to address the issue of Māori being over-represented in care, and later on the Children Young Persons and Their Families Act (1989) being restructured to meet the needs of Māori. These and other Māori welfare strategies will be detailed later in the chapter.

The table also shows that since 1925 when the Child Welfare Act was first introduced, there has been little or no focus on leaving care. Again, current studies internationally emphasise that leaving care is a crucial time for young people. Moreover it is even more crucial given that children in foster care have experienced abuse at some stage in their lives. In 2000 it was recognized by the Department of Child Youth and Family that the leaving care experience in New Zealand was poor and that there was a need to improve the process. The next part of this chapter provides a review of the two studies that Yates (2000) and Ward (2000) completed in New Zealand regarding the topic and the recommendations that were made as a result of the research.

### **Young People Leaving in Care in New Zealand**

The two studies provide clear recommendations on how the leaving care process could be improved for young people leaving care. It also identifies consistent patterns and themes which had occurred during young people's transition out of foster care. Both of the studies have been from a Pākeha perspective, and one of the studies which was carried out involved eight Pākeha participants. There has been no specific research completed on young Māori people leaving care in the past in New Zealand. Therefore there have been no other direct studies completed with which I could compare my research on Māori care leavers, making it more difficult to analyse, make comparisons and assess the data.

Trish Ward's Masters of Social Work thesis, "Happy Birthday – Goodbye", is a study of the files of 35 young people on the point of leaving care (2000). In her study she states that foster adolescents are typically characterized by experiences of abuse,



neglect, rejection, loss, poverty, deprivation, educational disruption, familial disruption, ongoing care and behavioural conflicts, and frequently less than ideal integration into surrogate families. Ward goes on to say that for many of them these negative experiences impede the negotiation of age-appropriate developmental milestones. Her research findings suggest that a considerable proportion of foster adolescents fail to flourish in statutory care and this failure, in turn affects their transition out of care.

Her thesis discusses the lack of readiness and preparation in foster adolescents for independent living. It considers the limitations of the policies and programmes underpinning the transition and questions the effectiveness of the state as a parent.

Ward is of the view that a lack of continuity in foster care is a significant inhibitor to positive psychological development in young people. The findings of her study, particularly around placement, education, socialization and skill acquisition, indicate that stability in foster care is crucial for an individual's overall development. However she states that this stability is not occurring. The current demand for foster homes far outstrips availability, even viability, and finding placements for adolescents is highly problematic. In her study she found the need for permanence and stability was the most basic unmet need across the sample. She argues that if this need alone had been met, it would have been likely that more intrinsic and extrinsic independent living skills may have been developed for young people leaving care. Instead without the luxury of time to allow the young person to manage their transition, social workers are forced into effecting independent living for young people who exhibit few, if any, indicators of self-sufficiency.

No one individual in her study had circumstances which met all five of Child Youth and Family's criteria for a successful transition from custody to independence. The criteria at the time of her study included availability of guidance and support, positive family/whānau contact, satisfactory accommodation and general living circumstances, and quality preparation. Most typically, Ward argues, the quality of preparation is lacking. She states that preparation for independent living is not the driving force for service delivery in the Department.

In completing her study she found that 63% of the sample group had no mention in care plans for independence. She also found 71% were without any record of independent living skill development, and 60% registered below the sample's average of 3.5 independent living skills. This suggests that the system of statutory care in New Zealand focuses on accommodating the adolescent, but with generally little pressure, incentive, priority or accountability towards planning for independence and discharge.

Furthermore in her study findings 71% of the sample had special educational needs, 94% had behavioural, emotional or developmental needs and 37% had diagnosed disorders. This confirms the necessity for a specialised, supported and resourced adolescent remedial care programme. The study also supported the magnitude of the task which faced the Chief Executive of Child, Youth and Family.

Ward argues that important protective factors should be provided for young people before and during the transition process to adulthood. These factors include:

- Continued significant psychological attachments and relationships providing support and a sense of identity and belonging
- A level of independence appropriate to the young person's life skills, educational achievement and employability
- Sufficient regular income and material well being; and
- Stability (Stein and Carey 1986, Cashmore and Paxton 1996)

Ward indicated in her work that young people leaving care are like overseas cohorts. They are significantly at risk of poor adult outcomes via homelessness, early parenthood, long-term mental health and substance abuse. Although these studies, to a certain extent, inform the research the latter does so only from a social and political perspective. The study did not provide a Māori cultural perspective on Māori young people leaving care. There was no specific mention of the experiences or recommendations for Māori care leavers. This is a concern given that around 45% of all children and young people leaving care would have been Māori at the time of her study.

In conclusion her study made a number of recommendations which informed a change in policy and practice for those working with young people that transition out of foster care. The recommendations were:

- That the provision of the CYFS Act (1989) be strengthened and clarified to assist foster adolescents
- That the provision of kinship care and foster care in Aotearoa/New Zealand be formally reviewed
- That transition from care is redefined from a single event to a planned long term approach.
- That current Child Youth and Family pre-discharge and post discharge policies be reviewed
- That the concept of independence for adolescents leaving care be replaced by interdependence
- That social workers receive specialised training in preparing foster adolescents for discharge
- That an outside review board examine the readiness for young people to be discharged from care at 17
- That young people leave care with formal acknowledgement of the event, and recorded personal information and available support (Ward 2000: 23-25)

These recommendations along with the finding of Yates' study (2000) have influenced the development of the Transition from Care to Independence Initiative for Child Youth and Family Services (2003). Wards recommendation that the transition from care should be a long term approach is supported by studies in the United Kingdom where they have a specialised team of social workers. Their job is to specifically mentor and ensure that support is in place at such a crucial time for these young people. There are further developments that are also taking place in New Zealand to address the gaps that exist regarding young people leaving foster care. The Transition from Care to Independence Initiative is spoken about in detail in Chapter 3 of this study.

Ward has subsequently published two articles in the CYFS Journal Social Work Now (Ward 2000 and Ward 2001). The studies contributed to the recent ministerial review by former Principal Youth Court Judge Mick Brown (2000). He recommended that

the guardianship provision to 20 should be used more widely and that care leavers be supported in their transition to adulthood (Recommendation 5.7). The recommendation is being addressed by the Minister of Social Policy, Steve Maharey. Ward states that this was a positive step forward in recognizing care leavers and their needs.

A Masters thesis by Deborah Yates (2000) provides an examination of eight Pākeha young people leaving care in New Zealand. As an outcome of completing her thesis she found that young people leaving care are left to either “sink or swim” as there are no real supports in place for them. She also found that the current transition process for these young adults is not equipped to meet the emotional, social and scholastic needs of care leavers. Yates argues that the ground-breaking Children Young Persons and Their Families Act (CYPF Act 1989) was the result of many years of lobbying by a range of consumer professional groups and particularly by Māori (Ministerial Advisory Committee 1986). The primary emphasis of the Act was the maintenance of children within their extended family or whānau group, rather than the earlier model of raising them in foster care.

The significance of Yates research is clearly defined through a combination of scientific and critical social science approaches. Yates states that there is a sudden drop in care numbers for young people in government care aged sixteen and seventeen years. Her paper suggests that young people at these ages, unless well supported by family, are not ready to manage their own finances, relationships, education and difficulties. Therefore young people leaving care at this age are highly vulnerable to failure in the current society.

On the other hand Yates has also identified the underlying social conflicts within Child Youth and Family related to young people in care. These conflicts include difficulties in finding suitable kinship placements and pressures on under-funded social work services. As a result social services are not able to attend adequately to care leavers due to the high number of notifications of abuse and neglect. Other factors include reports of extreme maltreatment and deaths of children known to the Department for which the Department had received considerable public attention. Yates is of the view that the consequences of these tensions are the plight of young

people at the “back end” of the care and protection system – those who remain in state care until sixteen years of age.

For this group of young people in care, on or around their seventeenth birthday they are usually, and often rather peremptorily, expected to take up independent living with minimal support and no mentoring (Ward 2000). In other words she argues that they become young individuals accountable for their own lives, despite their tender age and other disadvantages.

Moreover they then “disappear” from sight, and data is not available about their adult health, mental health or criminal justice services. According to Yates experienced social workers are familiar with some care leavers reappearing as parents of at-risk children. Yates argues that these parents contribute to the “front end” again. In these cases she says an opportunity to intervene in the inter-generational cycle of abuse and happiness has been missed.

Ward and Yates both provide similar outcomes to their research on young people leaving care in New Zealand. They both agree that young people leaving care are significantly at risk of poor adult outcomes. Both studies however lack the inclusion of a cultural component. They also recommend extending the government’s support for young care leavers to the age of 20. This study on Māori leaving care adds to their findings by providing a Māori cultural perspective. The next part of the review identifies the social changes that have taken place for Māori over the past 160 years. The historical changes that took place more than a century ago are included because they have had a huge impact on how Māori children and young people are statistically over-represented in foster care today. It is important to acknowledge key historical events that took place in the past to help understand the continued social problems that exist for Māori today. They also provide some perspective on the Māori strategies that have been developed by the Department of Child Youth and Family Services.

### **The social changes in Māori history**

Since 1840 the dominating theme socially has been the interaction between the two cultures, Māori and Pākeha. In the early stages the relationship between each of these cultures was transformed with enthusiasm. It exploded with innovation and change. In some areas the adaptation of Pākeha technology by Māori communal expertise was so successful that Pākeha migrants could scarcely compete (Pūao-Te-Ata-Tu Report Ministerial Advisory Committee 1988). Some Māori were shown to have a keen interest in learning from their new European immigrants, especially in trade, education and religious beliefs, while still retaining their own customs and tikanga (culture). Not all the interaction was welcomed by the Pākeha settlers, Certainly Pākeha have never embraced Maori culture and ways of doing things in quite the same manner that Māori have embraced Pākeha culture and ways of doing things.

The Treaty of Waitangi was signed in 1840 and set the basis for the relationship between Pākeha and Māori in New Zealand. Until this time Māori had complete authority over their land and, most importantly, over their people living in Aotearoa. The Treaty contained three main activities and conditions which have been summarized as partnership, protection and Māori possession of their lands (Pūao-Te-Ata-Tu Report Ministerial Advisory Committee 1988). Once the Treaty was signed it gave the British parliament the right to introduce social laws into Pākeha New Zealand and Māori Aotearoa. Not all Māori were aware of the impact this would have on the status quo.

The Ministerial Advisory Committee (1988) argue that at that stage in time Māori tribes controlled their own transformation, managed their own economy and set about the development of their own institutions. There were all sorts of negative effects as a result of developing these institutions. They were part of the toll which any change exacts.

The Advisory Committee (1988) further states the development of Pākeha institutions in the 1850s, especially those of “Responsible” Government, transformed Māori. The Māori experience since the institutions became dominant, has been one of recurring cycles of conflict and tension against a backdrop of ongoing deprivation. According to

the Ministerial Advisory Committee (1988) the constant conflict and tension had drained Māori both spirituality and physically. The transformation of social institutions from being predominantly Māori to predominantly colonial had a flow-on effect. That transformation which occurred more than a century ago has contributed to Māori currently having atrocious levels of social dependency and high statistics in child abuse.

Large amounts of land were confiscated from Māori by the Pākeha around the 1850s. As a result Māori came into armed conflict with Pākeha at that time and land continues to be a source of tension between Māori and Pākeha today.

Land was the cornerstone of society upon which the Māori political, economic, and social system depended. According to Eric Schwimmer (1974) it was the fragmentation of the land that finally destroyed traditional Māori social structure. The chief's mana no longer ran over the whole of his territories, and as an outcome Māori individuals stood on their own, even though a sentimental tribal cohesion continued. When Māori lost their land they also to some degree lost their sense of identity and belonging.

As the deprivation of Māori became unacceptably obvious, solutions were sought in what was seen in the government's eyes as the "modernisation" of a backward people in need of "development". Policies were aimed at redefining land ownership, converting a communal culture to an individualistic one and fostering new forms of leadership. Educating Māori children out of their essential Māoriness was rooted in the concept of assimilation. The underlying idea of assimilation was that Pākeha culture and ways were "modern" and "forward looking". Therefore Pākeha ways were superior as compared with "traditional" Māori ways which were no longer relevant.

It is clear that virtually all policies concerning Māori welfare and development had been founded by Pākeha, on Pākeha cultural prescriptions of what was best for Māori. The Ministerial Advisory Committee further state that virtually all attempts to direct and shape Māori future in ways reflecting Māori values and institutions were resisted either militarily, legislatively or by ignoring them.

The traditional Māori system, based on decentralized tribal autonomy and the organic solidarity of kinship, consisted of four organizational levels. They were all linked by a

common ancestor or event. The largest socio-political unit was linked by the waka. The waka consisted of a group of tribes whose ancestor reached New Zealand on the same canoe. No co-operative form of government, however, existed among them. Members of the tribe, or iwi on the other hand, were usually linked by descent from a common ancestor who may or may not have been on one of the canoes and whose name they took.

Tribal feeling was strong. Each tribe formed independent, self-sufficient and self-governing sets of groups under the leadership of the āriki. The tribes were divided into smaller organisations, the hapū. Since members of the hapū could trace their heritage to an ancestor several generations back, it comprised an even closer kin group than an iwi. The hapū took the name of their common ancestor and built their society around among other things, respect for their ancestors. Although they readily joined other hapū in times of war or ceremonial occasions, each hapū was responsible for its own government. Autonomy was fundamental. The hapū were led by rangatira, hereditary chieftains and leaders who were expected to act wisely and with dignity.

The following table provides a description of the four traditional organizational levels of tribal autonomy for Māori.

*Table 2.2: The four organizational levels of tribal autonomy*

<b>Waka</b>	Linked by ancestors who reached New Zealand on same canoe
<b>Iwi</b>	Tribe linked by descent from common ancestor who was on one of the canoes
<b>Hapū</b>	Each tribe divided into smaller groups called hapū
<b>Whānau</b>	Small extended family group

(Pūao-Te-Ata-Tū Report The Ministerial Advisory Committee 1988)

The basic social unit of Māori society, however, was the extended family guided by the most capable person. Children, grandchildren and great grandchildren with their spouses made up the whānau. In all matters of concern the tribe or hapū would have a



discussion among the heads of each unit who represented each hapū. Before a decision was made all members of the society were able to contribute through their representative. Most decisions however, were local decisions made by the whānau on the basis of kinship. These decisions were usually made on the marae. The explanation I have used for the traditional Māori system is only one perspective. And I acknowledge that others may have different points of view.

However according to research it is clear that the traditional lifestyle for Māori was beginning to be dominated by that of the new imported Pākeha culture. Some Māori did lose possession of their land causing cultural dilution, however some of the traditional values, beliefs and cultural customs have been maintained and are still used on a regular basis. For example the traditional Māori value of whānau, hapū and iwi supporting and caring for one another where possible continues to occur on a regular basis. Whānaungatanga, kotahitanga and manaakitanga were some of the basics of Māori iwi cohesion (Pūao-Te-Ata-Tu Report The Ministerial Advisory Committee 1988). They were now beginning to be compromised under implementation of new social structures introduced by Pākeha government.

The Treaty of Waitangi is significant with regard to the current state of Māori in New Zealand. It is the official binding document between Māori and Pākeha, an agreement of understanding between the two cultures. The Treaty was signed by both Māori and Pākeha leaders with a view of living together in one country where Māori could govern their own people and Pākeha could do the same. However, over time the Treaty obligations were broken and Māori land was confiscated which left Māori without land and in many cases without a culture. The impact of confiscating land and loss of Māori identity has been phenomenal. Māori society changed from being a strong family network to one of individualism and isolation. There has been no direct research completed on the connection between colonisation and the consistently high number of Māori in care. However one could assume that once all Māori support networks were lost and families had no land or home they would not be in a position to care and provide for their children. Further research needs to be carried out to determine why there continues to be such high numbers of Māori in care. Once research is collated preventative work can be carried out in the Māori community and

new social changes and ideals can bring about the lowering of numbers of Māori in care placements.

The next part of this chapter will look at the Māori Strategies that have been developed in the Department. They have been developed in order to reinforce and acknowledge some of the traditional Māori values and beliefs. These strategies have also been implemented for and by social workers of the Department. Therefore they are able to have a more culturally sensitive approach when working with Māori. Māori in care are significantly over-represented. As a result it is important that all social workers have an awareness and understanding of Māori culture when working with Māori children and families.

### **Māori Strategies in the Department of Child Youth and Family**

In July 1985 the Minister of Social Welfare charged a Committee with investigating and reporting to her, from a Māori perspective, on the operations of Department of Social Welfare. The report completed was Pūao-Te-Ata-Tū (1988) which means daybreak.

The committee who completed the document was made up of a number of professionals. Mr John Rangihau, who had been an advisor for the Māori Affairs Department in 1982, chaired the committee. The committee was conscious of the responsibilities they were charged with and welcomed the opportunity to see at first hand what was happening in many parts of New Zealand. The committee travelled throughout the country meeting many thousands of people, especially Māori, and hearing at first hand what life was like for them in the last decades of the twentieth century.

At the time when Pūao-Te-Ata-Tū was being completed New Zealand still had a long way to go before saying that the country was successfully grappling with the implications of a multi-racial society. As a result of completing the report issues of racism were also presented which influenced the recommendations made.

The report recommended significant changes to the policies and practices of Government agencies. Particular reference was given to the fact that the Māori

community needed more responsibility for the allocation and monitoring of resources. The challenge at the time was for the community and iwi organisations to take on these responsibilities and significantly strengthen their tribal networks.

The Children Young Persons and Their Families Act (1989) was reviewed as a result of the recommendations made in Pūao-Te-Ata-Tū. It provided Māori with an opportunity for Iwi Social Services to be developed to help improve care and protection services for Māori children and families.

Judge Mick Brown completed a report on Child Youth and Family Services (2000) where he was asked to pay particular attention to Māori services. His report focused on notifications, referrals and placements of children and young people. In addition he was given direction to examine the rationale for the placement for Māori children in 'stranger care' outside of their whānau, hapū and iwi/kin group. Brown stated that approximately 45% of children and young people the Department dealt with at the time of the report were Māori. He believed that it was unlikely that those statistics would change quickly. He further stated that the Department had introduced systems and requirements to record whānau, hapū, and iwi affiliation of Māori children and young people.

However, Brown was of the view that more needed to be done to ensure the details of whakapapa are well recorded in order to better inform casework information. His report states that the Department had managed to place 45% of Māori children (tamariki) and young people (taiohi) with their whānau, hapū, and iwi. This compares with 33% for all children and 22% for Pākeha children.

Brown states that the proposed amendments to the Child Youth and Their Families Act (1989) recognize whānau, hapū and Māori Social Services as one such development that may move the process of devolution forward passing onward from stage to stage. According to Brown, in 2000 there was an anxiety expressed by the Department about taking responsibility for defining these structures, preferring Māori to do that for themselves. Brown states that this is yet another area which needs to be addressed within a Māori forum of the Department.

His findings established that, in comparison to other ethnicities, more Māori children were being placed with their family members. Given 45% of Māori children in care are with whānau it is an assumption that supports are in place when they leave care. However further research needs to be completed on how the young people progress once discharged, and what their lives are like after discharge takes place within their family/whānau. Furthermore research also needs to be conducted on why only half of all Māori children in care are placed with Māori whānau given that all Māori children are affiliated to an iwi (tribe). It should be noted that not all Māori are brought up in their iwi regions. This was largely brought about by the shift of Māori moving from a predominantly rural background on iwi land to urban areas where employment was made available.

The issue of kinship care and whānau, hapū and iwi placements has also been raised by Hon. Tariana Turia. In 2002 Turia, a Māori Member of Parliament gave a speech to the Child Youth and Family Caregiver Liaison Social Workers forum. Turia was originally a leader for the Māori community in the Whanganui region. In the 1980s and 1990s she came up with a number of innovative models of iwi based service delivery. Her speech at the forum covered the topic of kinship care for Māori children and young people in foster care (Care Practice Under the CYPF Act 1989 A CYFS Southern Area Resource Book April 2003). During her speech at the forum Turia stated:

I do not know of any politician, policy analyst or social worker whose child, nephew, or niece or mokopuna is being cared for by strangers, nor do I know anyone who would want this to happen. Which is why I am intrigued there are such a large portion of children in care who have been placed in stranger care. Of the 4,327 children and young people in care only 1364 or 31.5% were in kin care. More than twice that percentage was in stranger care.

Turia then went on to speak about the relevance of whakapapa and the importance of genealogical links:

I believe in the maintenance of whakapapa and genealogical links and those can only be maintained by the placement of children with kin. To do otherwise

is to set the scene for lost generations of children. It is to set the scene for alienation of children from their kin. Whakapapa is more than just the genetic connection. It includes the stories of the whānau, the history, the songs, and those little secrets that every whānau has. What happened to social workers who eighteen years ago embraced the Mātua Whāngai programme, who celebrated Pūao-Te-Ata-Tū in 1988, and who welcomed the Children Young Persons and Their Families Act in 1989?

Kinship care is a practice and it is not just confined to Aotearoa. It is universal human practice with families. When we have exhausted all of the options of giving assistance to families in difficulty, when we have given every resource at our disposal to assist families and communities to care for their own, only then should children be considered for placement with non-kin.

There are a number of contributing factors which impact on placing Māori children with whānau, hapū and iwi. Although all Māori children belong to a whānau, hapū and iwi there are some Māori who have no awareness of what their tribal connections are. The resources available to statutory social workers regarding hapū and iwi services are limited. Therefore hapū and iwi resources need to be developed in order to improve kinship care placements with Māori children.

The placement of Māori children with their whānau, hapū and iwi also has an impact on their 'process' when leaving care. If a Māori young person has not been placed with their whānau, hapū or iwi it is likely that their whānau connections will be limited and their sense of identity could be lost. These are both protective factors for a young person when they leave care.

Te Pounamu (Child Youth and Family Services 2002) was established as an essential component of the Department of Child Youth and Family's New Directions project. The project enabled the Department to change how it works and interacts with children, families and communities. The framework of the document was based on a combination of developmental and kaupapa orientations. These were explored by way of informing strategies for Māori Development as well as including Kaupapa Māori whakatauki, values and beliefs as foundations for a way forward. The document

aimed to illuminate a new way forward for the Department, its providers and the community. It states that whānau, hapū and iwi should be consulted at all times of the process when working with Māori families. Furthermore the document states specifically that whānau, hapū and iwi should be participants in the decision making process at all times in relation to the care and protection of children.

The report identified a broad range of recommendations. These recommendations sought to increase the capacity and capability of Māori by increasing the Department's capability to be more sensitive to Māori in all facets of its policy and development. It also emphasized that whānau, hapū and iwi are fundamental in assisting with decision making, and that whānau may mean wider blood kin of young people and not just the nuclear family.

Te Pounamu was informative with regard to Māori strategies for change. However the document did not provide any directions regarding young Māori leaving care. Therefore this warrants the need for further research into the envisaged long-term outcomes for Māori children and families. These outcomes should include Māori being supported through their transition from care to adulthood and ensuring Māori care leavers do not re-present themselves as parents of abused children. The transition period is an opportune time to equip Māori with as many supports as possible and encourage them to become successful adults.

Māori strategies have influenced a number of changes in practice for social workers who work with Māori. They are more culturally aware and sensitive in comparison to how social work would have been prior to the CYFS Act (1989). However there are still areas for improvement in developing further Māori strategies such as policies and practice regarding leaving care.

## **Conclusion**

In conclusion, there is a diverse amount of literature pertaining to the transition process for young people leaving care on an international level. There seems to be two main arguments with regard to how the leaving care process should be addressed. The first argument being, young people leaving care should be trained to become

interdependent and self sufficient whilst community services and support people remain in place (Propp, Ortega & Newhart 2003). The theory which supports this view pertains to recent research which shows that protective people in a young person's life provides stability and enhances successful development in the future (Larsen and Birmingham 2003).

The second argument is based on the notion that a young person's family and extended family should be involved when leaving care. This conclusion was made as a result of a study on young black people who were separated from their roots while in care in the United Kingdom. As a result their identity was lost (Ince 1996). Moreover their only option for support was that of the community professionals. The study on young black people did not provide an in-depth view on the impact of loss of identity for black care leavers. However the issues of loss of identity and separation from whānau, hapū and iwi could also be relevant to young Māori leaving care in New Zealand. Most of the studies, however, agreed that care leavers need as many protective factors available to them as possible. These include connections with their family, the community, independent living skills training and encouragement by a specific mentor or support person to achieve their future goals.

In the United Kingdom the transition process when a young person leaves care is well managed and resourced. The country has a legislative obligation to ensure that young people are supported in terms of their career opportunities, accommodation and financial plans for the future. In contrast, New Zealand has only just recently acknowledged that leaving care is an important and crucial time for a young person.

Two studies in New Zealand provide clear information that young people leaving care are not ready to become independent when they turn 17 years old (Yates 2000 and Ward 2000). They recommend support services should be put in place for these young people until the age of 20, and that the Section 110 Guardianship order (Children Young Persons and Their Families Act 1989) should be used for all young people who are in care. This is because the Guardianship order allows the Department to remain involved with young people until the age of 20. Moreover as a result of their research they both identified there is further need to conduct research in the area of Māori and Pacific Islander young people leaving care in New Zealand.

In an attempt to explore literature relevant to young Māori leaving care, it was found that there is no direct literature pertaining to the topic. On the other hand there are strategies and policies in place in the Department for example, the Children Young Persons and Their Families Act (1989), Te Pounamu (2002) and Pūao-Te-Ata-Tū (1988). These strategies support whānau, hapū and iwi as being a basis for all social workers to take into account when working with Māori. The Strategies also support the development and integration of Māori values in policy. Judge Mick Brown clearly pointed out in his report on the Department of Child Youth and Family Services (2000) that around half of the children dealt with in the Department are Māori. Therefore it is assumed that half of the children and young people being discharged from the Department are also of Māori descent. This alone warrants the need for research on Māori leaving care as a necessity given their high numbers of representation.

It is only fitting that any future developments in policy regarding leaving care take into account Māori cultural views and recommendations. Furthermore by incorporating Māori views the obligations included in the Treaty of Waitangi and the Children Young Persons and Their Families Act (1989) mentioned in this chapter are being met.



## **Chapter 3**

### **Ngā Whakatepenga**

#### **Introduction**

The guiding principles for the study come from a Maori perspective with some reference to principles of Kaupapa Māori Theory. Kaupapa Māori Theory builds on the foundations of the validity and legitimacy of Māori language, knowledge and culture (Smith 1999). The notion of Kaupapa Māori was integral to the study as it focused on a Māori participant group. Kaupapa literally translates to the term ‘guiding principle’ (Marsden 1981). Therefore the guiding principles of the study came from a Māori perspective. Qualitative theories were also used when gathering data and analysing the information. As mentioned in the previous chapter there have been two studies completed in New Zealand on young people leaving care. Both of these studies were carried out using two different methodologies. One was qualitative where interviews were carried out on young people who were either leaving or had left care; the other was quantitative, where the findings were based on documentation collated from the care leavers files with Child Youth and Family.

This chapter discusses qualitative research and how these theories were demonstrated when carrying out the study. The research constraints and issues while conducting the study have also been incorporated in this chapter. The final part of the chapter discusses the origins of kaupapa Māori and the two Māori framework tools which were used to gather and analyse the data.

#### **Aims and methodology of the study**

The primary aims of the study were to highlight issues and experiences of Māori young people who had transitioned from care. In particular the study focused on the relationship between young Māori people leaving care and the involvement of whānau, hapū and iwi during this crucial time. There were two separate groups of interviews carried out for the study. The first were Māori care leavers, and the second group were professionals and community members who had been involved with Māori leaving care at some stage. They included CYFS social workers, community

members, kaumātua and Iwi Social Services workers. The combined data presented by both the Māori care leavers, professionals and community members provided a broad spectrum of views on the topic. However, before carrying out the interviews with the participants I decided I would use both qualitative and kaupapa Māori theories. The following paragraphs explain the qualitative methodologies used; the kaupapa Māori frameworks are described in the latter part of this chapter.

### **Qualitative research**

I decided to use a qualitative research methodology for two reasons. The first was that by raising the issue of leaving care for Māori care leavers for the first time in New Zealand it was important that the data be first-hand. This means the data came directly from Māori who had been or were in the process of leaving care. Secondly it was also important to carry out first-hand interviews with the care leavers in order to analyse their thoughts and feelings at the time of leaving care. This may have been difficult to achieve by way of reviewing the care leavers' CYFS records as the young person's thoughts and feelings are not always documented when leaving care.

The only qualitative study of children or young people in care in New Zealand completed during the 1990s appears to be 'Children in Kinship Care and Foster Care'. This study was carried out by the Children's Issues Centre (CIC) at Otago University (Smith1999). In this study ten children in care aged between ten and fourteen, their caregivers and some of their social workers were interviewed. Topics included the children's experiences of state intervention in their lives, their understanding of why they were in care and the role of the professionals involved. Also their part in the decisions affecting their lives was explored.

More recently Deborah Yates (2000) carried out a qualitative study examining the transition of young people in care to independent status. Seven Pākeha (European) young people who left care up to four years earlier and one who was at the point of leaving care were interviewed. They discussed their time in care, the planning and conditions under which they left care and how they had coped since in terms of accommodation, employment, support and managing and psychological issues.

In England and Wales a study involving both qualitative and quantitative methodologies was completed during the early implementation of the Children Leaving Care Act (2000). The study started in October 2001. The focus of the study was to strengthen the legal framework in respect of young people leaving care in the UK. The research was carried out over a two year period (2002-04) and involved young people who started being mentored between 2000 and 2002. It set out to explore the longer term mentoring experiences and outcomes of young people leaving care. Information was collected through a file search at mentoring projects (by project staff) and therefore some caution was needed when interpreting the information.

The study also included interviews with the young people and their mentors. The research focused on ongoing relationships that lasted between six months and three years, as well as mentoring relationships that had ended between two and four years earlier. In addition policy interviews were carried out with project leaders (Joseph Rowntree Foundation 2005).

The file search included thirteen of the projects and comprised 181 mentoring relationships. Seventeen young people were interviewed providing a detailed account of their experiences of mentoring relationships as well as other aspects of their post-care lives. Interviews were also carried out with mentors of twelve of these young people. They provided information on their roles as mentors, their motivations for mentoring and their previous experiences mentoring in the past. Furthermore detailed interviews were carried out with ten project co-ordinators. They provided information about the projects and their management as well as policy context in which the study was situated.

The role of qualitative research involving children and young people has been a core aspect of the sociology of childhood, children and or youth (Shaw 1994; McAuley 1998). Both qualitative and quantitative methods have been used in the past when researching young people leaving care. However it seems in order to collate information on the thoughts and feelings experienced when a young person leaves care, as the most accurate form of data would be to speak to the young people themselves. This was the aim of this study and therefore the qualitative methodology was used.

## **Ethical approval**

Ethical approval was sought by and gained from the Auckland University of Technology Ethics Committee in April 2005. All of the interviewees were provided with a participant information sheet for the research (Copy of Participant Information Sheet attached as Appendix 1). The participants were informed that they would be anonymous in the research. Anonymity was important as the data collated was sensitive, and a majority of the participants involved did not want to be identified.

The Participant Information Sheet stipulated that if the participant experienced any form of discomfort during the interviews they could request that the interview be stopped. It also stated that contact numbers of trained counsellors would be provided should the participants require emotional support. All the participants were also asked to sign consent forms for the study (A copy of the Consent Form is attached as Appendix 2). Although counselling support services were offered, none of the interviewees actually requested their phone numbers during or after the interviews.

## **Sample recruitment for care leavers**

Once ethical approval was completed contact was made with a number of professionals and foster carers who had been involved with Māori care leavers. The professionals and foster carers were mainly based in Auckland. They were informed of the study, and asked if they could refer any Māori care leavers who might be interested in participating in the research. There was a low response to this, as it was found that many of the known Māori care leavers had negative experiences while in care, and didn't want to speak about them. Some of the Māori care leavers who were known by the professionals said they didn't want anything to do with CYFS research. Furthermore the possible interviewees also informed some of the professionals that they never wanted to speak about their experience in care at all, and that they hated Child Youth and Family Services.

In addition during most of the actual interviews which were completed with the care leavers they spoke about their negative experiences whilst in care, and while transitioning out of care. Some of the participants who were interviewed said that they could understand why other Māori wouldn't want to be involved with the study. They

said that the interviews had brought back negative experiences of their childhood and teenage life while in care.

The initial plan proposed was to carry out interviews with the Māori care leavers who had left care after 1989. This was because one of the original aims of the research was to provide an analysis of whānau, hapū and iwi involvement when a Māori young person leaves care. The Children Young Persons and Their Families Act (1989) states that whānau, hapū and iwi should participate in all major decision-making processes. It was envisaged that this would be tested throughout the study during the interviews with the Māori care leaver participants. However, given that there was a small response of interested participants, only six out of the eight participants had transitioned out of care after 1989. The other two participants who were interviewed had left care a few years prior. However these participants were still able to speak about the involvement of whānau, hapū and iwi during their time of transition. The eight Māori care leaver participants who were interviewed were found through professional networks and community organisations that had previous contact with known care leavers.

### **Sample recruitment for professionals and community members**

The process for recruiting interested professionals and community members was more straightforward. The participants seemed to be more interested in being involved with the research than the care leavers. Most of the interviewees were keen to see positive change in leaving care practice and agreed that the process needed to be improved. The professionals and community members who were willing to be involved with the study were asked to confirm their participation. They were given an information sheet and a time was arranged for the interview. The interviewees included five Child Youth and Family staff who were employed in different areas of work, as well as five community participants who were from Iwi Social Services and other areas of the community. Most of the participants had heard about the research through word of mouth and they were willing to be involved. However finding time to carry out the actual interviews within their busy working hours was an obstacle during the interview process. Most of the interviews were completed outside of the participants' working hours. The ten professionals and community members interviewed provided

feedback regarding the topic and offered their views on how the process could be improved.

### **The voices that needed to be heard**

The methodology for the study included interviews with Māori care leavers, and professionals and community members who had been involved with Māori in care. There were eight interviews carried out with Māori care leavers. During their interviews a number of themes were covered (Copy of guiding questions for care leavers and professionals and community members are attached as Appendix 3).

The themes incorporated in the interview structure with the Māori care leavers were:

- The experiences they had while in care and their perceptions of services received by them while in care
- Whānau, hapū and iwi involvement when planning and preparing for discharge
- Readiness for independence
- Supports in place once they left care
- Future goals for the care leavers
- The significant important people in their lives during their transition out of care
- Their own recommendations of how care services could be improved for future Māori young people leaving care

There were also ten interviews carried out with professionals and community members who had been involved with Māori care leavers at some time in their lives.

The following themes were covered during the interviews with the participants who were professionals or community members:

- Their view of the current policies and procedures that exist in New Zealand for Māori young people leaving care
- Whānau, hapū and iwi involvement during the transition process for Māori care leavers
- The preparation that takes place towards discharge from care
- The current support services available for young people when they leave care
- Identifying the support services that need to be developed

- Recommendations towards improving the leaving care process for Māori young people
- Defining a “successful transition” for a young person leaving care
- The factors that lead to a successful transition
- The factors that lead to an unsuccessful transition when young people leave care

Moreover, as there had been no previous research completed specifically in this area, it was essential to gather information from as many people as possible who had been involved with the transition process. These participants were able to speak freely about the topic given that they were anonymous. They were able to identify issues regarding the transition out of care process, as well as some creative feedback on how the process could be improved. Professionals and community members were more willing to be involved with the research, however throughout the design and execution of the study there were a number of problems encountered.

A total of fifteen out of the eighteen interviewees (83%) were of Māori ethnicity. One of the main objectives of the study was to consider using kaupapa Māori models when carrying out research on Māori. Therefore a number of kaupapa Māori notions were taken into account when gathering and processing the data.

### **Kaupapa Māori frameworks and the effects of research on Māori**

Kaupapa Māori is a term which has its origins in history that reaches back thousands of years. Nepe (1991) states that kaupapa Māori is the ‘conceptualisation of Māori knowledge’ that has been developed through oral tradition. It is the process by which the Māori mind receives, internalises, differentiates, and formulates ideas and knowledge exclusively through te reo Māori. She further state that it is knowledge that validates a Māori world view and is not only Māori owned but Māori controlled. Both Māori and English languages were used when carrying out the study. English was primarily used as it was the first language for most of the participants involved. So the study did not follow Nepe’s argument exclusively.

Pihama (2001) argues Māori must engage with all forms of oppression and those structures that maintain and perpetuate those oppressions. This indicates a need for kaupapa Māori theory to have the scope to engage with the multiple forms of

oppression that exist. These include oppressions based on race, class and gender in all their many forms, and include analysis of these forms, as they exist in a context of colonisation. Pihama further adds that theory is considered to hold possibilities for liberation, however there is a wariness that remains in Māori communities with regard to research being conducted.

In 1999 Smith completed a study on Māori research. She stated indigenous communities all over the world have been belittled for a long time by research done on them rather than with or for the benefit of their communities. She argues that, in the past, results of research have been used to define and further malign Māori politically, spiritually, culturally, economically and socially. She believes this has led to a negative stance towards research and researchers in many indigenous settings. One result of the negative stance particularly in the investigation of sensitive topics has been non-involvement by these communities, and in many cases this has served to further disadvantage them. These disadvantages include isolation, reduced access to resources and continued mistrust of and resistance to research and researchers, including Māori. As mentioned earlier, there were problems finding Māori care leavers willing to be involved with the study. Some who had been approached said no because of past negative experiences with CYFS. These entrenched feelings and general mistrust were a problem in gaining information from a wide source of people approached for research. However, this was not necessarily distrust of the researcher but rather a negative response to anything associated with CYFS.

Furthermore Smith (1999) argues that, while there are many success stories and improvements for Māori wellbeing as a result of research, it is often the case that issues and concerns that affect Māori communities continue to be dealt with ineffectively. In some cases researchers produce inaccurate findings or the issues that have been found simply remain unaddressed. One relevant example is the health disparities between Māori and Pākeha. She states they have continued to grow, especially since the mid 1980s, despite decades of research and intervention.

In addition Smith believes that Kaupapa Māori approaches to research are based on the assumption that research that involves Māori people as individuals or as communities should set out to make a positive difference. She adds that historically



indigenous people have not seen the positive benefits of research. However communities and researchers are now able to engage in a dialogue about setting new directions for the priorities, policies and practices for, by and with Māori. These new practices could also include developing training packages for Māori researchers. Stokes (1985) argues that Māori themselves need to be more trained and skilled as researchers in order to conduct their own research on Māori appropriately. Therefore it is essential that new information on kaupapa Māori theories regarding research be shared amongst professionals to enhance Māori research practice.

As a Māori researcher I carried out the study with my own understanding and Māori knowledge (Nepe 1991) of what Kaupapa Māori meant to me. Each Māori researcher has experienced Kaupapa Māori in different ways and levels, depending on how they were brought up and their own life history. Before carrying out the study I analysed my own experiences of interacting with Māori whānau as a Māori social worker, and growing up as a Māori young person. I was then able to determine what I believed would be the most appropriate Kaupapa Māori tools to use for the study. The first tool used was the whakawhanaungatanga model for the interviews. Then the mauri framework tool was used to analyse the data and make recommendations.

Kaupapa Māori Theory based research continues to develop and Māori are now much more aware of the effects of research and its potential to empower or disempower different groups. Therefore Māori are also culturally aware of appropriate practices for meeting and interacting in ways that are uniquely Māori. These are developed as Māori researchers redefine best Māori practice and thus construct differences positively for the benefit of Māori. This Kaupapa Māori research coupled with my experience as a Māori social worker has been designed to make a positive difference for Māori leaving care. With this in mind, research done by Māori for Māori who trust Māori can use the whakawhanaungatanga tool to achieve better-informed recommendations for Māori.

My own interpretation of whakawhanaungatanga is when two or more people come together in a safe space and get to know each other's background and whānau (family) connections. They share their whakapapa finding common links to form, maintain or restore relationships. They also share their stories of their places of origin,

the physical space they are in at the time of meeting through the meeting and greeting process and last but not least they share food.

Fifteen of the eighteen interviewees (83%) were of Māori ethnicity and therefore it was assumed they would have whānau (family) connections perhaps with each other but definitely with many outside of the study cohort. It was also assumed that there was some possibility that I may be related to some if they had the same whānau, hapū and iwi whakapapa as I. For Māori people family connections can also include identifying their hapū (sub-tribe) and iwi (tribe). From there they are able to recognise the area the other person is from, and continue to make further connections.

The whakawhanaungatanga tool was applied when interviewing the Māori participants involved with the study. At the start of each interview I introduced myself, and then informed the participants of my own whānau, hapū and iwi connections. The participants responded by also informing me of their whānau, hapū and iwi affiliations. As a result I felt that the participants were more comfortable speaking to me after we exchanged our genealogy and background. This is part of the process known as whakawhanaungatanga.

It was important to try to make the participants feel as comfortable as possible. I was also aware that by speaking about their experiences in care they were likely to become emotional at some point throughout the interviews. During the interviews I provided food and some interviewees also provided food. In the act of exchanging food with one another the notion of giving and receiving was experienced as well as giving or showing thanks. By eating together it lessened the anxiety of not knowing one another and enhanced a more informal setting for the interviews to take place. Giving and sharing of food is also an important part of whakawhanaungatanga.

Some of the participants started the interviews with a formal mihi (introduction) and felt confident to speak Māori at the beginning, and during the interviews. All of the participants had some knowledge of the Māori language and tikanga (cultural values) Māori. At times I was able to converse with the participants in Māori. Therefore I was able to capture and understand some of their thoughts and feelings which they expressed by using the Māori language. The model provided an opportunity to share

information about where the participants came from, where they had lived and what schools they had attended. An acknowledgement of tikanga Māori cultural values, beliefs and language was also taken into account before, during and after the interviews took place. Once the interviews with the participants were completed the data was collated and then analysed.

### **Data analysis and interpretation**

The eighteen interviews were recorded and subsequently transcribed for detailed analysis. The data was manually coded. Common themes were identified across the two separate interviewee groups. Data was then analysed across the whole group of participants. When interpreting the information the focus was to identify the connections and similarities related to Māori young people leaving care, and how the process could be improved. These similarities were then further analysed by using the Mauri framework.

### **Using the Mauri framework**

Mauri can be defined as the connection with all process in Te Ao Māori. Everything has a state of mauri and its own development of mauri. These states include mauri moe, mauri oho, and mauri ora. Tihē is a companion to each of the four elements of mauri. And it adds depth to the analyses of these elements (Taina and Hariata Pohatu 2001). However in saying that, mauri also has many other levels. For the purposes of this study mauri was used as an evaluation tool to test the levels of mauri regarding the leaving care process for Māori care leavers in Aotearoa, New Zealand. The mauri evaluation tool looks to locate and measure the amount of energy expended. Mauri is therefore, fundamental to the tool when it is used.

According to Taina and Hariata Pohatu (2001) Māori believe in a common centre that everything depends upon from which mauri (life force) emanates. They state that mauri is primary and unites everything. They further state ‘all subjects, no matter how specialized, must be connected to a centre’. The centre is constituted of the most basic convictions and ideas that transcend to the world of facts. The intent of the mauri tool is to consciously seek out interconnections and uniqueness.

Taina and Hariata Pohatu argue Māori accept that man is an integral part of both the natural and spiritual worlds. They believe mauri animates all things and shows a sureness of touch that stems from inner clarity. Mauri is set at the centre of the three states of being. As stated previously these elements are the states of mauri moe, mauri oho and mauri ora. For this study the four levels of mauri have been applied and used to suggest possible improvements and make recommendations for Māori leaving care. Māori Marsden (1981) and Mason Durie also wrote extensively about Mauri. . However in this study I have referred to Taina and Hariata Pohatu's definition of Mauri and its four elements.

### **Mauri Moe**

According to Taina and Hariata Pohatu (2001) mauri moe has two faces, negative and positive. These represent the highs and lows experienced by the participants. In this case the participants are the care leavers, professionals and community members. The lows of mauri moe mirror such feelings as neglect, hurt, pain, sorrow and frustration. Mauri moe pinpoints feelings of negativity, expressions of isolation and little support. These were key guides used to help interpret the data for the study.

Conversely, the positive face of mauri moe is mirrored as the unrealized potential within an organisation such as Child Youth and Family Services. The opportunity to be has not yet begun. At this stage in the framework awareness of role accountabilities and responsibilities are latent. The possibility of being swayed by the potential is also latent. Both faces of mauri moe contain the notion of distance. Taina and Hariata Pohatu argue that distance is shaped in context by the word mātao (being outside of the warmth of the cultural domain and its many varied levels).

### **Mauri Oho**

Mauri oho is the point of being awoken from the state of mauri moe. Pohatu states that when and why you are awoken from mauri moe, is personal to all participants. They argue that something happens to spark interest and willingness to take part in positive change. Mauri oho is the idea of being willing to move forward to engage with others. Moreover mauri oho indicates a moment of personal courage.

The notion of starting a journey and travelling a distance are crucial in mauri oho. The notion of mahana (warmth) is also vital at this stage when analysing the data. There are essential components to that warmth. One of these components is the willingness of the organisation (CYFS) to engage with others. At this stage the organisation would establish channels of contact and communication. Talk is central to the understanding of mauri oho. Similar linkages between hinengaro (mind), mana (strength) and wairua (spirit) also apply during this time.

Establishing relationships that are mahana (warm) are crucial to the interpretation of mauri oho. Mauri oho also warns of the fragility of courage. Just as it engages, so it can be easily disengaged for a multitude of reasons. Each reason is personal, valid and of importance to every participant or organisation involved.

### **Mauri Ora**

Mauri ora has been defined by Taina and Hariata Pohatu (2001) as being a state of full awareness of personal and group responsibilities and accountabilities. This awareness guides those involved in how, when and why they would engage and interact in a relationship. Awareness comes out of a high level of energy and clarity of the past. Mauri ora is the state where the participants involved take responsibility to make necessary improvements where required. At this level there is a willingness and courage to actively work together to shape and improve future processes. For example this may include CYFS acknowledging that leaving care processes need to be improved. They then take responsibility for addressing the issue and develop an action plan on how practice in relation to leaving care in New Zealand can be further enhanced.

### **Tihē**

Tihē has been used in two ways when analysing the data. Tihē is the point of recognition at each level of mauri. It is embedded in the application of 'matihē'. Matihē is a moment of recognition of connection between the researcher and the participant. At that point the manifestation of energy, 'ka puha mai' takes place. It requires the researcher to pause and reflect on the potential that the participants are capable of achieving. These are the moments where specific moods, actions and expressions occur. Tihē provides the space to consider what the material is for

analysis at each level of mauri, and what can be implemented next. Secondly Tihē is a companion of mauri moe, mauri oho and mauri ora as it adds depth to the analysis by being applied to each element. That is, it is applied to each mauri element of moe, oho and ora.

These four elements of the mauri framework have been used to provide guidelines towards improving the current practice and process of Māori young people leaving care. The guidelines have been identified in the final chapter of this study. They have been set out in a table and each element has been used to test the mauri of each recommendation with the intention of positive change.

As mentioned previously in this chapter there have been a number of initiatives designed in New Zealand to improve the leaving care practice, however there is still a long way to go. The mauri framework has been used in this study to identify further areas of development in addition to current research. The framework elaborates on the research findings by testing and applying the three levels of mauri. As a result, the framework then provides clear guidelines on how the findings and recommendations towards improving the leaving care process could take place.

The following mauri framework provides a simple explanation of each component within the realm of mauri. The points that have been used are only guidelines to the principles of mauri, understanding that mauri has many shapes and forms of which all cannot be defined. The interpretations of each level used in the final chapter of the study have been highlighted.

Table 3.1 Mauri Framework

Mauri Moe (Tihē)	Mauri Oho (Tihē)	Mauri Ora (Tihē)
Kaiarataki (unrealised potential) Mātao (distance, isolation) <b>Unrealised potential for change</b> Tihē adds depth to the analysis of Mauri Moe <b>Evaluation</b>	Mahana (warmth is experienced) Spark of interest possibility of change <b>Need for change is acknowledged</b> Tihē adds depth to analysis of Mauri Oho <b>Evaluation</b>	State of being fully aware Participants plan towards change taking place <b>Change has been achieved</b> Tihē takes place adding further depth to analysis <b>Evaluation</b>

(Taina and Hariata Pohatu 2001)

The mauri framework was used to further analyse the data. Once the data was placed in the mauri framework recommendations for future development were identified. The mauri framework, along with the analysis of the findings and recommendations, are in the final chapter of the study.

This notion of mauri moe indicates a journey that has yet to begin in improving the leaving care process for Māori care leavers. It applies to Child Youth and Family Services (CYFS), politicians, policy makers and management in Family Courts as they direct the leaving care practice and processes in New Zealand. However in this study CYFS has been highlighted as being the main organisation that manages leaving care.

An example of mauri oho would be CYFS overcoming the fear of acknowledging that improvement for Māori leaving care needs to occur. Once CYFS overcomes this fear all participants are able to move from the position of isolation and non-participation to a position of inclusion and involvement. These are indicators of movement from negativity and so the application of mauri oho takes place. Another example of mauri oho could be when a Māori person takes their first step towards discovering their Māori legacy. In this study mauri oho has been used to define the state of

acknowledging that there is a need for improving the leaving care process for Māori by those who control it.

### **Problems while carrying out the study**

There were three major difficulties in carrying out the research. As mentioned earlier one of the main difficulties in carrying out the study was the willingness for Māori care leaver participants to be involved with the research. The other was finding an appropriate time to interview professionals and community members who already had such busy time schedules. The follow-on effect of both these obstacles was not being able to complete the study within the intended timeframe. Therefore there was the problem of the timeframe for the study having to be extended in order to collate all data necessary to provide an objective view on the topic.

### **Timeframe of the study**

The original timeframe for the study was two years. However because of the difficulties in finding care leaver participants to engage, an extension was required and the study took three years to complete. Therefore there is a need to develop a better approach when finding participants to be interviewed for future research regarding the topic.

### **Conclusion**

The eighteen interviews that were completed are only a small fraction of interpretations regarding leaving care in Aotearoa, New Zealand. Nonetheless the participants involved with the research demonstrated clearly what needs have to be addressed for Māori young people leaving care, and possible recommendations as to how the needs could be met. In carrying out the study three major issues were faced: difficulties in finding care leavers who were prepared to engage with the study, carrying out interviews with professionals who already had high workloads, and trying to complete tasks within the intended timeframe.

A recommendation for future research could be for the New Zealand government to support and carry out a longitudinal study on young people leaving care with care leavers and mentors. The study would provide better-quality outcomes, participants



would be easier to find, and professionals and community members could complete interviews within work time rather than in their own personal time.

Similar studies have been carried out in England and Wales over a two year time frame and have proven to be successful. Given that New Zealand now has a specialised team where mentors work with young people leaving care in New Zealand research outcomes would be more improved as there is access to additional data and resources.

There is also a need to further develop research frameworks when carrying out studies with Māori participants. It is important that tikanga Māori is acknowledged when carrying out qualitative and quantitative studies. In particular it is even more important when interviewing Māori and interpreting data. In this study I used a variation of Kaupapa Māori frameworks and principles such as sharing food, starting the interviews with a mihi and karakia as well as acknowledging the participants whakapapa. However it would be useful to develop a common Kaupapa Māori framework which could be used for Māori and non-Māori interviewers when interviewing Māori participants.

## Chapter 4

### The voices that needed to be heard

#### Introduction

This chapter presents the views and experiences of the participants involved with the study. The chapter has been divided into two parts. The first part describes the care leavers' experiences while in care; their views on whānau, hapū and iwi involvement, experiences when leaving care and their own recommendations towards change in practice regarding Māori care leavers. These have been described by using the care leavers' own statements. In this way their voice is heard.

The second part of the chapter discusses the views of the professionals and community members regarding work pressures, their experiences regarding transition from care, whānau, hapū and iwi involvement, and their suggestions on how the leaving care process could be improved. Again their views have been described in this chapter through using their own statements. Likewise, this allows their voice to be heard.

#### Participant information

The following table provides information regarding the participant's gender and transition period out of care. The table identifies whether they left care before or after the Children Young Person's and Their Families Act (1989) had been put in place. This is significant because there were a number of changes made to the CYFS Act in 1989 that encouraged more involvement by whānau, hapū and iwi. These significant changes are spoken about in more detail further on in this chapter. The two participants who left care prior to 1989 refer to the statutory agency as being the Department of Social Welfare (DSW), the department's official name at that time.

*Table 4.1 Māori care leaver participant information*

	<b>Gender</b>	<b>Transition Period</b>
1	Male	After 1989
2	Male	After 1989
3	Male	After 1989
4	Male	After 1989
5	Female	After 1989
6	Female	Before 1989
7	Male	Before 1989
8	Male	After 1989

The table shows that the male gender is over-represented in the study, with 80% being male and 20% being female. Therefore future research may need to achieve a balance of gender.

The initial plan for participant variation was to look at the comparisons between urban and rural Māori young people leaving care. The intention was to evaluate whether there were any differences in support services available for a young person leaving care in a rural part of New Zealand as opposed to a young person in a more urbanized environment. An attempt was made to interview both urban and rural Māori care leavers. However as mentioned in the methodology there were difficulties finding any care leaver participants willing to be involved with the study. Therefore the choice of being able to select either urban or rural participants was non-existent. As a result interviewing both urban and rural Māori was not achieved and all the participants that were interviewed lived in urban parts of New Zealand.

### **Experiences in care**

Although the research is primarily focused on the transition from care, it was also important to take into account the experiences of the participants while in care. This was because it has a large impact on the feelings and experiences that lead up to their eventual discharge. The following paragraphs will discuss the Māori care leavers experiences while in care, their general feelings during their care placement, education, employment and access to their whānau.

The experiences of the participants' placements and their understanding of why they came into care were spoken about during their interviews. Five of the participants said they had been placed in out-of-family home placements, while the other three participants had been placed with whānau. However a number of participants who had been in out-of-family home placements also said that they had experienced some time in unsuccessful whānau placements during their time in care. One participant spoke about his memories of when he was first removed from his parents' care:

I can remember my first day at school because I was under DSW then. I got taken from my parents because there were allegations that my father was physically abusing me, but there was love in the discipline. I had a loving mum and dad and we lived in a loving community. The village would get together once a week, and it was a supportive environment. My sister and I were split up when we went into care and later on my younger brother also went into care with a different caregiver. We were all in different homes.

Another participant spoke about her experience of being removed from her mother's care at a young age and she and her siblings being separated:

I was eleven years old when I came into care and looking back now I don't believe I should have been taken. My extended whānau were not very supportive when I was in care, but I was placed with an aunty and uncle. My family was split up, and the two youngest went to Pākehā caregivers. The caregivers then moved to Australia and we didn't really see them after that.

She had been the oldest in the family and also said she had to keep in touch with all her siblings in order to keep them all together. It seemed that both these participants didn't really understand why they had gone into foster care to begin with. They had felt that their parents didn't do anything wrong and they had both said during the interview that they wished they could have stayed with their parents:

One young man spoke about his understanding of why he had come into the care of the Department:

I was seven or eight when I went into care. I was with my aunty and she put me in care because of my behaviour. I was just really bad and that's why she had put me there.

A number of the participants didn't think they needed to go into care to begin with. However there was an acknowledgment that it is difficult to speak to children about these issues from a child's view.

Experiences while at school varied across the participants. A majority of them felt that they generally had negative experiences while at school, and expressed emotional pressures related to their school life:

I found school really terrifying, I just wanted to learn but I was classed as someone different. I can remember my first day at school and was under DSW then. I really didn't do well at school.

Another participant felt he was different at school because everyone knew he had a social worker. This was because his social worker would come and see him at his school in front of all his classmates. This made him feel ashamed at times and alienated from other children:

School was tragic. I just scraped through School Certificate and got through sixth form with the help of my girlfriend. But I had a good group of friends which I am still friends with today.

Although school was not the most positive experience for the participant, he had reiterated during his interview that having good friends at school was important and supportive. He is still good friends with his old school mates today and continues to have close relationships with them. The experience of school bought back feelings of anger for another participant in the study:

I didn't really go to school because I used to hate teachers. Teachers made me angry because they used to put me down all the time. One time I threw a desk at a teacher.

For another participant he took some responsibility for not doing so well at school:

School wasn't the best, I didn't really listen to teachers, I was real mischief, and I missed a lot of school. Yeah I really didn't like it.

On the other hand three of the participants said they had relatively good experiences at school and believed that school life was alright. They said that they didn't experience any major problems or difficulties during their school years. A number of the participants then went on to further tertiary study after completing high school. Tertiary education and life after transitioning from care for the Māori care leavers are discussed further on in this chapter.

As an outcome of the interviews five of the eight participants said that they had negative experiences while at school. This is more than half the participants interviewed, which indicates that placement stability for the care leavers did have an effect on their educational outcomes. Moreover some of the participants stated that they didn't understand why they had come into care in the first place, and that they didn't believe they should have ever gone into the care at all.

### **Whānau, hapū and iwi connections**

In New Zealand, culturally and legislatively we have a very broad understanding of 'family'. Not just the immediate family but the whānau, hapū, iwi and family group which includes blood kin and psychological kin as well. CYFS (2003) argue that understanding extended family and the uniqueness of family in a New Zealand context is the basis of care practice (CYFS Southern Area Care and Practice Resource Book April 2003).

Generally in Western cultures, the biological family usually provides all categories of attachment. The emphasis is placed on links being kept with the immediate biological family unit. This would consist of the mother and father and their children.

By contrast in the New Zealand context, a child can have a number of significant parent figures, all having the responsibility to play a part in providing family care. Biological parents whilst establishing initial family/tribal attachments may not necessarily have an ongoing role or responsibility for the parenting of the child. There may be a number of parental figures to whom a child is ‘physically attached’. These parental figures can extend well beyond the biological parents to include significant others in whānau, hapū and iwi. Similarly the emotional, psychological, social, racial, cultural and spiritual attachments often involve a wider range of people.

During the interviews the care leavers spoke about their whānau, hapū and iwi connections and their access to their immediate and extended family while in the care of CYFS. Some of the participants became tearful during the interviews when asked what type of access they had with their family while in care. However it seemed that most of the participants could clearly recall the access they did have with their whānau at the time and were willing to talk about it.

One of the care leavers spoke about her experience of access with her brothers and sisters being a regular routine which she organized herself, being the eldest in the family:

We had regular access with each other once a month. I arranged the access with the social workers because I was the eldest and very organized.

Another participant said that he had regular family access visits:

I still saw my mother while in care once a week. I kept in touch with my aunty as well.

On the other hand one care leaver stated that he could only remember seeing his mother once during his whole time in care. He also said that the only memory he had of seeing his whole family was at his Family Group Conference (FGC). His view was that CYFS were the ones who actually make the decisions at FGC’s and not the families:

Five out of the eight participants involved with the research said that they had maintained contact with their family while in care and continued to have contact with their family when they left care.

The Department's legislative authority originates in the Children Young Persons and Their Families Act (1989). The Act provides recognition that whānau, hapū and iwi are accountable for the welfare of their children. Māori and Iwi Social Service providers are provided with the necessary support in the provision of social services. The Act recognizes that Māori providers and communities are well suited to assist Māori children and whānau, placing greater responsibility on them to ensure welfare and stability of whānau, hapū and iwi. There are those who will argue that the expectations of the Department when contracting providers such as Iwi Social Services far exceeds the amount of support provided.

During the interviews the Māori care leavers were asked whether whānau, hapū and iwi were involved during their time in care. They were also asked whether they could remember if their whānau, hapū or iwi had been involved with any major decision making events or their transition from care process.

The feedback provided by one of the participants was that she had minimal contact and involvement with her extended whānau:

I didn't want to know about Māori. I never went home because the positive wairua was not there. I wasn't close to anyone after that.

Another participant stated that his whānau, hapū and iwi were not involved with his transition from care:

My whānau, hapū and iwi were not involved when I was discharged from care because I was urbanized and felt alienated. But I was active in kapa haka and weaving. The difference today is that there is more infrastructure and Iwi Social Services who can find whakapapa connections. Research needs to be improved on iwi development and kin care.



Although this participant said that there was no whānau, hapū and iwi involvement at the time of his discharge he was involved with things Māori such as kapa haka and weaving. Therefore he was still able to retain some identity and connection to his Māori culture.

Another participant also said that he found being involved with a Te Reo Māori language course was a positive milestone in his life:

I didn't really know much about my whānau, hapū and iwi, but I did go to a tikanga and Te Reo Māori course and that changed my life. It made me feel really good. The one special person that has helped me in life is one of the teachers at the course. I went through some major changes. Yeah it was really positive for me.

One care leaver commented that there was no whānau, hapū or iwi involvement when he was discharged because his father was stubborn:

There was no involvement by my whānau, hapū or iwi when I was discharged from care because my father was too stubborn. He didn't want the whānau knowing about what was going on.

When working with Māori families CYFS social workers rely on the immediate family, or parents of the child or young person in care to provide the Department with names of extended family and whānau, hapū and iwi. However if the parents choose not to provide the social workers with that information it makes it more difficult to locate alternative whānau, hapū and iwi affiliated potential caregivers. When parents don't provide names of alternative family members they are limiting the support for Māori care leavers for when they eventually leave care.

As a result of the interviews half of the participants said that their family members were part of major decision-making processes including their transition from care. Of the four participants who said family members were involved, they identified these

members as either being their parents, or close aunts or uncles. None of the participants spoke about the wider whānau, hapū or iwi being part of their discharge.

For the other four participants not even their own parents had been part of the planning and decision-making when they left care. That means half of these Māori young people who left care had limited support and guidance at such a crucial time in their lives.

#### Leaving care

This section of the thesis provides an insight of the Māori care leaver's thoughts, feelings and experiences during their time of transitioning from care.

One of the care leavers had a clear memory of what had happened on the day that he was discharged from care:

I was sixteen years old when I left care and I was sent downstairs to get the unemployment benefit. My social worker explained what the unemployment benefit was and she gave me the necessary paper work to get the benefit. I know the oldest you can get discharged is about 21 years old. I had a child at 13 years of age and my son was with Mātua Whāngai and placed with my uncle. I was aware of the Mātua Whāngai programme and understood it to be when a Māori child is placed with a Māori caregiver. I had always wanted to go home to my family but during my time in care it was not an option. I ended up going back to my father but it fell apart and I ended up going back to the street. I was relieved when I left CYFS care but I was also a bit worried because I had always been looked after by them.

Another care leaver spoke about his experience when he left care as also being one of relief:

My social worker spoke to me about leaving care, but I didn't really know until my supervisor called me. She informed me that I had been discharged. I was relieved when I was discharged, but Dingwall Trust has really helped me. I have kept in touch with Dingwall and my sister.

One young man spoke clearly about the transition process and how he was happy about leaving the care of Child Youth and Family Services:

I was sixteen years old when I ran away from care and went to dad. We had an FGC over the phone and they said I would be discharged from care. I was happy about it but no one came to see me afterwards and I didn't really get any information on what it meant to be discharged. I lived in a one-bedroom flat with my father and felt relieved and happy. I was very ready to leave care at the time.

One of the female care leavers said she was also happy when she was discharged from care:

I was seventeen years old when I left care and I was into the pub scene. Then I got into a relationship. I was informed they would be discharging me from care by my social worker. I felt happy to leave and felt free. I can't remember any planning but my aunty who was my caregiver may have attended a meeting. Today we have Family Group Conferences and CYFS are not as quick to put children into care. Back then only bad children needed counselling.

An older care leaver who said he was twenty-one when he transitioned from care spoke about his experiences leaving care:

When I left care it was like taking away my identity. My identity was D.G the Director General. I was 21 and it was a real milestone. I kind of lost myself when I left care but I negotiated a good plan with my social worker. I had a really good social worker at the time. We negotiated study costs for Teachers Training College.

As a result of the interviews it was found that only three out of the eight participants said they felt prepared to leave care. Only half of the participants said that they were given information about leaving care. These participants said they were provided with

options as to what types of career support they needed to become independent. Three participants stated that they had no preparation or information provided when they left care and one of the participants couldn't remember whether she had received any information on leaving care during that time.

More than half of the participants said that they were relieved when they knew they were being discharged. One of the male interviewees even said it felt like he was being let out of an institution and made free. However there were two participants who said that they did not feel ready at the time to leave care. One commented that he had become dependant on his social worker and that he had always had his account with the Department. He was reluctant that his account along with other material things would be taken away from him.

Five of the care leavers said that they did have key support people whom they could speak to for guidance after leaving care. The key support people included family members, professionals and mentors.

During the interviews four of the care leavers said that they had been in more than one placement while in foster care. Furthermore these participants felt that their multiple placements had a negative impact on their education, confidence, and ability to form positive and strong relationships with people.

Five of the eight participants had been in trouble with the law and two of the participants had been imprisoned after trial. As a recommendation of this study further research needs to be carried out to measure whether there are any associated links between Māori care leavers and statistical evidence that Māori are over-represented in prisons.

On the other hand all of the participants said they been employed at some stage in their lives. At the time of the interviews five of the eight care leavers were employed in various jobs and were confident in their future career paths. The other three care leavers also had a clear idea of what they wanted to do in the future. This included being mentors for youth and becoming a successful parent and having their own family that would be free from the intervention of Child Youth and Family.

After speaking about their own experiences leaving foster care the participants were then asked what their recommendations for improving the leaving care process would be.

### **Recommendations by the Māori care leavers**

Most of the care leavers were quite enthusiastic and open to discussion when they were asked about their recommendations towards improving the process of leaving care. One young person had great ideas about developing wānanga and programmes for Māori young people who leave care.

Young people in care need to get help when they are about thirteen years old and also need to get some advice about things. Their caregiver needs to put strategies in place. The young person should be informed of what their rights are and children's rights. They need to have a one on one community worker. For example Ngāpuhi Iwi Social Services works with the caregiver who will have them long term. A good idea would be to get a community hall or marae and run a holiday programme, weekend programme or wānanga to build their self-esteem. The wānanga should involve the caregiver and there should be other CYFS children there to talk about their experiences. The programme should involve information about social skills, supervision, parents, social work roles, how to get whānau support, counselling and how to defend themselves in dangerous situations. It should also include health and safety and there always needs to be encouragement for the clients and give them praise. Whakapapa, tikanga, identity and values need to be included. It's about giving that last bit of encouragement and numbers like Youthline, the police and safe whānau members.

In the UK young people who are leaving care are assigned to a specific social worker. The social worker will be the young person's mentor to assist them while leaving care. They also support them once they have become independent. There are two social service organisations in New Zealand who are currently running similar types of support services for young care leavers. The Transition from Care to Independence Initiative was spoken about in the methodology chapter of this study. It is also referred to again in the final recommendations made.

One of the care leavers argues in her recommendation that first and foremost there needs to be a focus on preventing Māori coming into care.

Māori children shouldn't be in care in the first place. There needs to be more done on preventing this from happening. But for those ones who are in care they need to know what abuse is. They need to be informed of what abuse is before they transition from care. They need education around this and they need to understand what it is. CYFS could put a programme together for mothers who take their children back. You don't hear much of iwi, only Waipereira and Ngāpuhi. You need a wānanga to talk about their time in care with whānau involved. Naida Glavish has a presentation about wairua and mauri where she talks about the bad things that have happened to you. Things need to be healed and this can be achieved by talking with whānau. A wānanga would be good where they talk about keeping safe, drugs, and community. The mana of the child needs to be worked on with whānau. Whakapapa, tikanga, values, beliefs and their existence needs to be spoken about. The Prince of Wales Trust has a programme like that. They also need help with their CVs. At the time it might not be important to them but it will be in the long run. Young people don't like asking for help with things like this.

This Māori care leaver states that a healing process needs to take place where the young person could review their experiences and reflect on their lives. She also believed that tikanga Māori values and beliefs need to be included in the leaving care process. A majority of the Māori care leavers agreed with her view on this.

Another care leaver spoke about why it is important for Māori care leavers to learn about their whakapapa before they transition from care.

The key issue is getting in touch with their culture, and it is also beneficial for the young person to learn about their whakapapa. There needs to be more information about how a young person leaving care gets a job, and there needs to be clear whānau support put in place. My father didn't know how to act towards me when I came out of care and then I was disowned by him. It would

be good to have some kind of support group for the parents when the young people transition back to their parents' care. There needs to be a clear process for young people leaving care and information about how they can get through the day. For example counselling supports and agency support contact details need to be provided. All this needs to happen before discharge.

The same care leaver then went on to say:

The young people have to come to terms with using support groups and they need to slowly get into the role of more responsibility. An example of this is for the young person to start going to counselling appointments by themselves and shopping for clothes to a certain budget. There is a big difference with young people wanting to get out and do things, and them actually doing it. These young people need life skills and they need to be taught the simple laws, the difference between right and wrong. Other things that are good to teach them are things like waiata which takes stress away and tikanga Māori, talking to the old people.

A consistent recommendation by the care leavers throughout the interviews was to ensure whānau support is put in place. Also that young people need some form of notice about leaving care. One of the participants reiterates this in his feedback:

Young people need to be given notice about leaving care and social workers need to ensure that whānau support is put in place for the young person who is leaving.

Whakapapa and taha Māori courses were another consistent theme throughout the feedback provided by the care leavers. One of the participants had an understanding of what would have helped him during his time leaving care. He stated that:

It would have been beneficial to learn about taha Māori. It would have kept me busy and off the streets. You have to keep minds away from drugs and get them into things like carpentry or work experience. Don't leave it up to foster

parents to do. There needs to be a specialized team to work with these young people when they turn 16 years old because it is the hardest part of life. That is the time when you develop into a woman or a man. I just wanted them to do what they said they were going to do. Young Māori people should be coming back to whānau and the transition process should also include the marae. You have to use the marae more for our Māori young people and families.

These recommendations support whānau, hapū and iwi being more involved during this process, and using marae where a Māori young person and their whānau may feel more comfortable. Marae are currently being used to hold meetings such as Family Group Conferences all over New Zealand. These conferences have proven to be quite successful and have benefited both the family and the professionals involved.

The next care leaver identified a number of recommendations with regard to the transition from care process. However more importantly, he stipulated that the leaving care process should be developed for all young people leaving care and not just Māori.

During the interview he stated that the process should also include all cultures and ethnicities. His comments were:

The decision to transition children and young people out of care should not occur at a time of crisis when hard decisions have to be made. You have to get in earlier to provide stability and the young person or child needs to wake up in the same bed and know how long they are going to be there. They need to have this information explained to them. Young people leaving care aged 15 – 25 need tuakana and teina support. They also need support to make career options. The idea of a wānanga is good before they leave care. It could include Māori whānau, ōranga, hinengaro, weaving, and positive Māori identity. Wānanga and the leaving care process should be the same for all young people in Aotearoa of all cultures and ethnicities. You need to have a wānanga of young people to wānanga the topic every few years due to ongoing change and technology. The transition from care should include the basics in life and respect for others and respect for you. Look outside of yourself and the



common phrase of....Oh my life is so hard. Appreciate how hard people work to keep family together rather than just you and your problems. Whānau, hapū and iwi should be more involved only if they have an active relationship. Focus on the tamaiti, they are all unique.

The care leaver raised a number of important issues and ideas. The idea of holding regular wānanga for young people to discuss the transition from care process could be made possible. There are regular changes that take place in New Zealand regarding the different types of information needed when leaving care. For example there are regular changes in career opportunities and laws regarding young people.

The same care leaver then went on to speak about responsibilities of whānau, hapū and iwi:

The issue of responsibility of whānau, hapū and iwi comes back to colonization. There is an issue with pushing the responsibility on to iwi when they do not have the resource. There is no training, and they do not have the capacity to work with all young Māori people who are leaving care.

Furthermore he made mention of how important the initial planning is when a child or young person comes into the care of the Department:

The best thing for children is initial planning. We need to look at a child's timeframes from a child's view. Children are staying in care too long. People need to be drawn back to a child's view and whānau frameworks. Currently children are discharged at the age of 17. I believe this should be extended until the young person is 25 years old. There are also current policies and documents in place to assist with developing the transition from care process such as Deborah Yates' thesis and the Independence programme which is run by Youth Horizon's Trust and Dingwall. The Youth Development Strategy provides some clear frameworks for youth and youth development.

Recommendations towards enhancing caring and supportive relationships were also made:

The young person should have like a big brother - someone to fill that gap and get on with in life. You need someone there to encourage them. The wānanga regarding transition from care should also include whānau so they can korero about their experience. It's also useful to have an experienced caregiver speak at the wānanga to the whānau so that they can ask questions about problems they may have. The hardest thing is for a young person who has been in care to deal with success. Failure is easy and it is easier to look at the negative in life. We have to change the culture of children being in care and make them feel good and give good compliments. Another good idea for the wānanga is for the young people to do a time capsule at fifteen years of age, and then read it at a later age. Poutama in life is also important to identify for the young people leaving care. The human things also need to be explained to young people leaving care like helping people to keep the ngākau true. It is not often you would see someone stop their car to help an old lady across the road.

Furthermore he stated that young people leaving care need to have a clear pathway that is successful. He went on to say:

Articulate what the young person needs to get a sense of themselves as part of a community. They need to have a clear pathway that is successful and the ability to engage with support people. Knowing what is right and wrong is very important for example (in relationships), and to know the laws. Young people need to know how to manage the roller coaster of emotions in life. An example of an unsuccessful transition out of care is dump and run. The process needs to have spirit. When I was discharged my social worker sent a card with the papers, there needs to be humanity in discharge.

Most social workers are usually too busy to be able to send cards to young people who are leaving care. However it is important that practice is improved so that each young person feels valued and respected when leaving care.

The care leaver then stated a proverb. He said he wanted to say this to young Māori people leaving care:

***Ki a Maia te Tikanga***

***Manaaki te Āroha***

***Whakapono***

*Retain and hold onto Māori processes*

*Support and encourage each other*

*To sustain well-being*

He then went on to say:

It's important for rangatahi to know that their ancestors have paved the way forward. They need to walk away with this knowledge and create their own battle, not gangs or drugs. Aotearoa will have to define identity fusing Māori and non-Māori, and having Aotearoa identity. Rangatahi katoa how can we share for all of us? Bicultural is the way. We have combined whānau. Hui for everyone. A Family Group Conference happens for all whānau so a transition from care process needs to be developed for all New Zealanders leaving care also.

The suggestions made by this care leaver could be organised into Poutama (steps) or processes that could follow a logical sequence for the young person leaving care.

The information collated from the eight interviews with the Māori care leavers was very sensitive and emotional. For some of the care leavers it brought back memories which they said were still hard to cope with. There were a number of common themes found as a result of the care leaver's responses. Their experiences varied, however a majority of the participants spoke about a number of difficulties and problems they encountered while in care, and during their transition out of foster care. These problems included negative experiences at school, multiple placements, no sense of belonging or identity, and no regular access to their families. Despite these difficulties the care leavers all said that they had worked at some point in their life. According to the care leavers work seemed to be something positive and had kept them busy. All interviewees also had clear goals for their future when the interviews took place.

Although they had experienced such hardship while in care it was encouraging to see that they had potential plans for their future.

Participants were asked about whānau, hapū and iwi involvement with regard to making decisions. Nearly every participant said that their immediate family and close aunts and uncles were usually part of the process. None of the participants spoke about their extended iwi being part of decision making while in care and when they were leaving the care of the Department. However there was a general consensus that learning tikanga Māori while in care, and developing further Māori-oriented programmes for young people in foster care would be beneficial. One participant even spoke about how meetings should be taken back to the child or young person's marae so that the whānau feel more comfortable when making decisions.

Each care leaver had quite different experiences during their leaving care transition. All of the care leavers agreed that there is no set process for leaving foster care. One said that he actually negotiated financial assistance for further education with his social worker in his leaving care plan. He spoke about his transition being well planned and even receiving a personalized card from his social worker along with his discharge papers. On the other hand one of the other participants stated that he was given no information or indication that he was going to be discharged. He said that one day he just received a phone call from his social worker and was asked to go to court because he was being discharged. What was consistent throughout all the interviews however was the fact that once they were discharged from care there was no follow-up support by a CYFS social worker. The recommendations made by the care leavers were very informative and admirable. Some of their recommendations are consistent with those of researchers abroad and here in New Zealand. These recommendations are spoken about in more detail in the final chapter of this study.

### **A Professional & Community View**

This part of the chapter presents the views and experiences of professionals and community members who had been involved with Māori care leavers. The following table provides information regarding the ten professionals and community members

who were interviewed for the study. The participants came from various backgrounds with a variety of knowledge and skill bases.

*Table 4.2 Professional and Community member participant information*

	<b>Gender</b>	<b>Role in Community/Organisation</b>
1	Female	CYFS Social Worker
2	Female	CYFS Social Worker
3	Female	CYFS Service Delivery Unit Manager
4	Female	Previous CYFS caregiver/Iwi Social Service worker
5	Male	Kaumatua
6	Female	Therapist for Māori Social Service
7	Female	CYFS Care Specialist
8	Male	Youth Horizons Personal Advisor for Transition from Care to Independence Programme Ka Awatea
9	Female	CYFS Permanency worker
10	Female	Iwi Social Service Manager

The participants interviewed varied in ethnicity including Māori, European and Pacific Island. However seven out of the ten participants in this group were Māori. All of the participants had been involved with young Māori being in care. The experience of the professionals varied. Most of the CYFS employees had more than three years experience while other professionals had been in their role for shorter periods of time. Female participants were over represented in this group. Eight were female and only two were male. They spoke about their experiences of Māori young people leaving care, the pressures involved with the process, whānau hapū and iwi involvement as well as how the process could be improved.

### **Work pressures involved with statutory social work**

There are a number of pressures related to the transition from care process for both professionals and community members. The following paragraphs will discuss these pressures and how they have affected the transition process.

One CYFS social worker spoke about the complexities she had experienced while working with young people who had left care:

Initially a young person would be placed with either whānau or CYFS caregivers. Once the young person has been placed a plan is set. The hard part is defining parental progress. It is hard to work towards transitioning a young person when parents don't address care and protection issues. This then leads to a young person drifting in care. First you have to find extended whānau, and if you can't find family you have to look for CYFS caregivers. These caregivers are not always easy to find and then you try and find caregivers who are of the same ethnicity of the child. The CYFS caregivers need to be culturally appropriate for the child.

The pressures identified by this professional are that CYFS caregivers are not always easily accessible. Also there are difficulties defining parental progress. Parental Progress is assessed by way of Family Group Conference review meetings and informal whānau or professional review meetings. However there are currently no specific tools which identify how long parents have to address care and protection concerns. Therefore in some cases a young person may stay in care throughout their childhood and teenage years until they are seventeen years old. This is because there is no set time frame as to when a child or young person should be discharged prior to them turning seventeen years old. The Children Young Person's and Their Families Act (1989) Section 101 states that a child or young person can remain in the custody of the Chief Executive from the ages 0-17. Once a child or young person turns seventeen and they have a Section 101 Custody Order they are forced to be discharged from care. When I spoke with another CYFS social worker she also mentioned that children and young people are staying in care too long:

One of the problems that exist is that children are staying in care too long and that's why the permanency positions were developed in CYFS. The focus of the position is to achieve permanency for children and young people in care.

Another one of the professionals interviewed spoke about the lack of consistency in management decisions, and the fact that placing children initially in care can be very time consuming:

When plans don't work out with the families you work with you have to be flexible and open and honest. Sometimes it can be hard looking for direction from management regarding policies because there isn't always consistency in management decisions. Uplifting children and initially placing them in care can be time-consuming. The bigger the whānau the more involved you need to be.

Other pressures spoken about during the interviews included feedback from a professional who was concerned that statutory social workers have lost the power to make hard decisions:

Social workers have lost the power to make hard decisions now because some feel that the families should. Social workers have really lost that, good solid decision-making where major changes need to occur. I don't think it happens enough even with Māori dynamics.

A professional who was working as a personal advisor for young people leaving care commented that referrals from CYFS social workers need to be made earlier. This is so that appropriate intervention could happen for the young person:

There is lack of CYFS social work involvement when I have worked with young people leaving care. Referrals need to be made earlier so that the young person gets the appropriate intervention.

According to these professionals the work pressures involved for CYFS social workers have a huge impact on the way they work with young people leaving care. As mentioned by one professional, more time is spent on placing children and young people in foster care rather than focusing on transitioning them out. Furthermore deciding when to transition children and young people out of care is difficult because there are no set frameworks or timeframes to guide social workers through the

process. Families do not always address the care and protection concerns within the envisaged timeframe, which results in a young person drifting in care.

### **Planning towards the transition**

A number of issues associated with the leaving care practice in Child Youth and Family Services are identified by the professionals and the community members involved with the study. One social worker spoke about her experience of the planning process towards transitioning a young person from care:

Every six months parents are reviewed on their progress and a decision is made if or when a child or young person is to move home. Assessments are carried out on a regular basis and changes are made to plans in order to assist and support families to reach their goals. Once the decision is made that the child or young person is to be discharged we consult with Counsel for Child and other professionals involved with the child or young person. If the young person is moving toward independence and getting a flat then we put things in place so that the young person has their own bank account as well as benefits set up. The young people have to get used to not having clothing grants. However the transition process for social workers varies in practice.

Another professional spoke about the FGC review process as being the starting point to transitioning a young person out of care:

It all goes back to the FGC review. You have to be up front at the FGC review and honest with the family. If the FGC plan is not being met then the children should not be returned home.

Most of the professionals and community members agreed that there is no one set discharge plan and that each plan should be tailor-made. This was supported by the comments made by one of the participants:

All plans should be robust and as good as any other plan when a young person leaves care. There needs to be better recourses including Iwi Social Services, whānau and Pākeha family networks. We need to be aware that these young



people leaving care are potential adult criminals and therefore we need to focus on their needs. There is no one set discharge plan, they should be tailor-made, not one-size-fits-all. There should be one basic service that can have add-ons depending on the needs of the young person.

One of the participants spoke about the poor process of transitioning young people from care to independence, he said:

We do a pretty poor job of transitioning the young people from care to independence. Once they are about fifteen years old we tend to think they are less vulnerable. We usually wait till they are close to their seventeenth or twentieth birthday before we start planning toward their transition out of care.

From a community and Iwi Social Service view the planning process is quite different. One Iwi Social Service worker made the following comment:

When a young person turns sixteen I start getting an idea of where they should be going. It was harder to get boys into courses and they didn't have much whānau support. We have connections with other Iwi Social Services and we network often to help find young people jobs or get them into courses. I am also the long term carer for someone who has left CYFS care. I did most of the running around when she was leaving care.

A Kai Atawhai (personal advisor) commented on his experience working with CYFS social workers when planning towards transitioning care leavers:

It depends on the social worker. The ultimate is when whānau are involved to support the process. FGCs don't talk about transition out of care. CYFS need to have a more active role as well as whānau, hapū and iwi.

There were common themes found when planning towards discharge. Deciding when to discharge is either based on the review of a plan, for example the FGC plan. Or discharge occurs when it is close to the young person's seventeenth or twentieth birthday, depending on what order they are on. The plans regarding discharge are

dependant on the social worker. Some professionals stated they consult with Counsel for Child (the young person's lawyer) and other professionals when preparing for the young person to leave care. While a caregiver of a young person who had already left care said they had done all the 'running around'.

It was recognized as an outcome of the interviews that CYFS social workers do a poor job of planning towards discharging care leavers. None of the participants spoke about specific leaving care practice. They all seemed to have a different view on how planning towards leaving care should occur. It seems that more time has been spent on practice regarding children coming into care and no attention has been paid to the importance of clear planning towards safe, supported secure transitions out of care. The participants were also asked whether whānau, hapū and iwi were involved with the leaving care process and whether there needed to be any improvements in this area.

### **Whānau, hapū and iwi involvement**

The Children Young Persons and Their Families Act (1989) stipulate that whānau, hapū and iwi must be consulted when placing a Māori child. It further states that social workers or any other person dealing with a Māori child should make enquiries as the child's heritage and family links. Finally it goes on to state that whānau, hapū and iwi of a child or young person in care should be part of decision-making for that child or young person. The professionals and community members involved with the study supported the idea of whānau, hapū and iwi being more involved. One of the participants spoke about his past experience of whānau, hapū and iwi involvement where child abuse had occurred:

In Northland, Te Hāpua there was tribal committee made up of the elders, ministers, kaumātua and kuikui. If there were an offence in the iwi it would be taken to the marae that was like a court setting. It worked in its ways at the time. There was child abuse, sexual abuse and when people in the tribe had home brew they became abusive. There was mental illness and generational abuse which was brought before the tribal committee. Everything was in Te Reo Māori. It all happened on the marae, everyone was there and it was controlled by the tribal committee.

He then went on to speak about whānau, hapū and iwi and how their involvement with Māori care leavers could be beneficial:

There are certain people in all whānau, hapū and iwi who know all the whakapapa. The hapū and iwi also need to be part of any decision-making processes for Māori children otherwise we are denying children and generations to come. The characteristics of the children are with the hapū and iwi. Urban Māori are trying to learn their whakapapa, but people back home also need to be open and involved in any decision making processes for our Māori children.

Most of the professionals involved with the study agreed that whānau, hapū and iwi involvement is beneficial. Comments were also made that at times it can be difficult to access the whakapapa or the genealogy of Māori child in care. This needs to be improved in order to ensure that as many as possible support people in the whānau, hapū and iwi are involved, and, more importantly, they need to be involved when a Māori young person is leaving care.

Another CYFS worker spoke about her thoughts of whānau, hapū and iwi involvement with young people leaving care:

Immediate whānau are being consulted regarding children and young people transitioning from care, but not the hapū and iwi. The Department is not doing well at this and children sit in the system for a long time because we can't find appropriate whānau. We don't have the time to do extra researching. However I have worked on one case where we did consult with iwi and we were told that they couldn't find any whānau connections. Decision-making processes are case by case and vary in social work practice.

One professional's view of whānau, hapū and iwi was that it is essential that they are involved with a child or young person from the beginning:

Ideally whānau, hapū and iwi should be involved in the initial planning, however usually just the immediate whānau are there. Māori social workers have shifted to involving hapū and iwi. An example of some of the iwi organisations are Ngāpuhi Iwi Social Services, Ngāti Kahu, the local marae and even Manukau Polytech. These resources can be used to identify appropriate whānau, hapū and iwi connections.

The same professional spoke further about her view of whānau, hapū and iwi involvement:

Māori have their own way of networking and linking up. But there is no specific training regarding whānau, hapū and iwi, and how they are involved with the transition from care process. We need to develop hapū and iwi social services more and also get them more involved with the initial planning for children in care.

A Pacific Island professional gave her thoughts on whānau, hapū and iwi, and spoke about some of the cultural aspects for Pacific Island families that are involved with the Department:

Usually the plan for Pacific Island children is to return home. In my experience Pacific Island children have been in care for shorter periods than Māori children. Pacific Island parents are willing to talk about the issue, authority is led by the Matai for Samoan families, and the Matai makes the decision. With a lot of Māori families there is no kaumātua and it is a lot harder to work to a plan. The responsibility then comes back to the Department. The Pacific Islanders have stronger family support and connections to the islands. When you are trying to find iwi connections it takes longer, the Department is not working well with iwi. I have never known any Iwi Social Service to take custody of a Māori child or young person.

Section 101 (Children Young Persons and Their Families Act 1989) states that where the Court makes a declaration under Section 67 of the Act in relation to a child or young person, it may make an order placing that child or young person in the custody

of any following persons for such period as may be specified in the order (a) The chief executive, (b) an Iwi Social Service, (c) a Cultural Service, (d) the director of Child Family Support Service or (e) any other person.

The legislation clearly states that children and young people can be placed directly in the custody of an Iwi Social Service. There needs to be further research on how often Māori children and young people are directly placed in the custody of Iwi Social Services. In the experience of one CYFS professional this part of the Act is not being used. She further stated that the Department is not working well with iwi.

There was concern by one of the Māori care leavers interviewed that Iwi Social Services are under-resourced. It seems there needs to be an evaluation on Iwi Social Services and the current resources they have. There also needs to be a proposed plan about how the whānau, hapū and Iwi Social Services can be more involved with Māori leaving care and their lives afterward.

### **Recommendations by professionals and community members**

The recommendations provided by professional and community member participants were similar to the recommendations made by the Māori care leaver. They include policy and practice development for those working with Māori care leavers. They also made suggestions that more tikanga Māori values and beliefs should be part of the transition from care process. One professional spoke about having a specialised team that works with the care leavers:

There should be specialised government workers who work alongside community agencies that have already developed programmes for these young people leaving care. For example Ministry of Health, Prince of Wales Trust, Youth Horizon's Trust, Dingwall and the Permanent Placement Unit. There are no Māori social workers who are working in the Permanent Placement Unit team. This is an issue as there are a high number of Māori children referred to unit. The Mātua Whāngai process needs to be reinforced or a similar type of process.

The Permanent Placement Unit (PPU) places foster children in permanent care with CYFS-approved caregivers. The foster children are referred to the team by statutory social workers who have made a decision in consultation with senior staff that the child will not return to the care of whānau, hapū or iwi.

Another professional spoke about how the rūnanga and iwi should be consulted more often when Māori children and young people leave care:

Time shouldn't play a part when transitioning young people from care. Iwi Social Services need to be improved in order to work alongside and assist the young Māori people who are leaving care. The Care and Protection Resource Panel needs more Māori on the panel so that they can inform and bring in more Māori services. The links back to iwi need to be reinforced.

Another CYFS professional spoke about clarity in planning:

A decision needs to be made within a clear timeframe that there are either two options. The young person will transition to family, or transition towards independence. The initial plans made at the first FGC should incorporate timeframes and leaving care plans with options for possible permanent caregivers. This is in case the plan breaks down. Family is the most ideal option. Transitioning young people from care has to be improved across the board. The focus needs to be how the young person can become successful.

One professional identified the need to train social workers on how to transition young people out of care:

We need to continue with the care to independence programme and we need to give custody to iwi organisations. This needs to be resourced by the Department. Iwi organisations in Tauranga, the South Island and Auckland have applied for custody of Māori children in the past. Non-Māori social workers don't always know how to work with Māori. There is no training for transition out of care. The planning begins the moment they come into care.

This professional had similar comments to another participant who said that the transition towards leaving care should be discussed in the initial plans. The participants also provided recommendations on how kaupapa Māori frameworks could be integrated with the leaving care processes:

Workers for any programme where Māori young people are leaving care need a strong tikanga base, and should be able to work across all fields. For example these could include education, mental health and social services. Supervisors need to have more knowledge of Māori frameworks that are transparent. We need to develop more Māori models.

Furthermore another participant spoke about the young people doing courses to learn their whakapapa:

They need courses getting to know their whakapapa and it would be good to run a tikanga Māori life skills programme where they get to know where they are from. There needs to be ongoing support and progress reports after the transition has occurred. Someone needs to teach them values, and we need role models in iwi organisations.

A kaumātua recommended that Māori young people need to know their hapū before they come out of care:

We need to find out what the child's aspirations are and their goals. Māori need to know about their hapū before coming out of care. The hapū and iwi need to do work in this area. There needs to be a directory of all the hapū and iwi in Aotearoa that social workers can use. Iwi don't have the money to do these things, but there are people in the iwi who can guide young people in carpentry, forestry, fishing and farming. Iwi need to be more accountable.

It is clear that there needs to be more involvement of whānau, hapū and iwi when a young Māori person is leaving care. However the resources for this to occur are limited. Any future plans and recommendations towards improving the transition for Māori leaving care need to be carefully assessed and then implemented. The

recommendations provided by the professionals and community members were based on years of experience in social services as well as their own observations in their communities. Their recommendations, along with the suggestions made by the care leavers, have been analysed and integrated into the Mauri framework. These recommendations are discussed further in the final chapter of this study.

## **Conclusion**

In conclusion, from the information collated it is clear that there are some disparities that exist for Māori young people who leave foster care. A majority of the Māori care leavers, professionals and community members agreed that the preparation towards leaving care was not consistent or well planned. Planning and preparation was dependent on the social worker and the pressures that existed for the social worker at that particular time. Professionals further confirmed there is no standard practice for leaving care. However a point was made that preparation begins close to the young person's seventeenth or twentieth birthday depending on which custody order they are under.

Whānau, hapū and iwi involvement was assessed during the interviews. As a result it was found that the immediate family and close aunts and uncles are usually part of the decision making process. The extended family and iwi involvement however was identified as being limited. It was acknowledged that training for CYFS social workers needs to be developed on how to engage with hapū and iwi more effectively. It was also advised that a directory of all iwi services and marae in New Zealand be developed. A directory would be of benefit when trying to locate supportive extended family members.

While a number of issues were identified as a result of the interviews, there were also some very positive recommendations made by participants. Their recommendations were both innovative and encouraging towards positive change. The suggestions made have been incorporated into the Mauri framework with the final recommendations of this study. These recommendations are presented in detail in the following chapter.



## Chapter 5

### **The Mauri framework working towards positive change**

#### **Introduction**

The intention of the study is to inform the decision-makers (management in Child Youth and Family, politicians, policy advisors and management in the Family Court) by presenting the issues that arise for Māori young people leaving care. There have been two studies completed on leaving care in New Zealand. However this study appears to be the first where the views of Māori care leavers, professionals and community members have been captured. This study relies entirely for its data on the personal experiences and views of eight Māori care leavers and ten professionals and community members.

This chapter has four parts. The first presents an analysis of the factors affecting Māori care leavers. Secondly, the recommendations towards improving the leaving care process are illustrated. This is followed by how whānau, hapū and iwi involvement can be improved. Finally an analysis on the steps towards enhancing Kaupapa Māori initiatives is presented.

The findings of the study have been placed in the Mauri framework and then transformed into recommendations. The Mauri framework has been used to identify the three levels of development towards positive change for leaving care (refer to Mauri Framework Chapter 3). These include Mauri Moe - the unrealised potential for change, Mauri Oho - the point of acknowledging that change is required, and Mauri Ora - the state of full awareness of responsibilities. Tihē has been used in the framework at every level of Mauri, adding depth to the analysis. The final recommendations have been made as a result of the data collated from the interviews as well as my own experiences as a statutory social worker.

### **Impacting factors for Māori care leavers**

As a result of the study it was identified that there were three impacting factors that currently exist for Māori care leavers. The following paragraphs further describe these three factors which were found as an outcome of the study.

There has been a consistently high representation of Māori in foster care. In 1925 the Child Welfare Act was formed in New Zealand. Following the implementation of the Act, Child Welfare branches and Officers were established. During that time the Children's Court focused on under 16 year olds and emphasized foster care over institutional care (CYFS Southern Area Resource Book 2003). The system of legislation and foster care was still relatively new for Māori people at that time. Only seventy five years prior to the Child Welfare Act being implemented Māori had their own cultural values and beliefs that were practiced on a regular basis.

There is evidence of this in 1840 when the Treaty of Waitangi was signed. The Pūao-Te-Ata-Tū Report (1988) argues that during this time the traditional Māori system was based on tribal autonomy and solidarity of kinship. The report further argues that tribal feeling was strong and each tribe had their own self-governing groups under the leadership of the rangatira. Each hapū was responsible for its own government and autonomy was fundamental.

The four organizational levels of tribal autonomy consisted of the waka, iwi, hapū and whānau (refer to Chapter 2, Table 2.2). The report states that virtually all policies concerning Māori welfare were founded by Pākeha on Pākeha cultural prescriptions of what was best for Māori. Attempts had been made to direct and shape Māori future in ways reflecting Māori values and institutions. However these attempts were resisted militarily or legislatively. Given these facts one might assume that Māori would have found it difficult to agree with any implementation of legislation for example, the Child Welfare Act. Moreover Māori would have still believed that their own traditional values regarding child-care and protection would have been paramount. Therefore it is understandable that Māori and Pākeha may have had conflicting views on what care and protection of children and young people was.

The background of care practice in New Zealand does not provide direct answers as to why Māori continue to be over-represented in care. However statistics confirm that the number of Māori children and young people in care is not declining. The National Care Plan for Child Youth and Family Services (2004) states that 40% of all children in care are Māori. Four years earlier in 2000, Mick Brown pointed out in his report on Child Youth and Family that approximately 45% of the children and young people dealt with were also of Māori ethnicity. Given the consistent trend that Māori represent almost half of all children and young people in care this raises some concerns. More importantly this means that around 40% of all CYFS care leavers will also have a Māori ethnic background. This is the concern which has been focused on in this thesis. Given such a potentially high Māori representation in future care leavers, special attention needs to be made regarding the best ways Māori can transition from the care of the Department. Any future policy developments regarding young people leaving care in New Zealand must take into account the needs of Māori care leavers. These needs are identified throughout this chapter.

After completing the interviews with professionals and community members it was found that no consistent policies or practice frameworks regarding leaving care exist. The participants stated that leaving care practice varies depending on the social worker and the pressures they may be experiencing at the time.

Countries like the United Kingdom and the United States of America recognise that leaving care is a crucial time for these young people. Moreover legislation and policies have been developed on leaving care in these countries whereby care leavers must be supported and monitored until at least twenty-one. New Zealand however is only in the initial stages of developing such policies. There have been two studies completed in New Zealand on leaving care by Yates (2000) and Ward (2000). Their research on leaving care has initiated and influenced recognition in New Zealand that leaving care needs to be addressed. Furthermore both of their research recommends that policies and legislation on leaving care need to be developed.

The programme that has more recently been developed with regard to leaving care is the Transition from Care to Independence Initiative (CYFS 2003). The pilot programmes are currently contracted to two non-government organisations, Dingwall

Trust and Youth Horizons Trust. The target group for the initiative is young people soon to exit or who have recently exited from care to independent living. These young people all have the goal of living independently. The target group does not include young people who have returned or who have a goal of returning home to family or whānau.

This raises some concern because a majority of the participants interviewed in this study were transitioned to the care of family or whānau. However, as a result of the interviews it was identified that assistance and monitoring after leaving care would have been beneficial. Out of the eight interviews completed six had transitioned to family whānau care. However, five of the participants said they had experienced trouble with the law after leaving care and more than half the participants had experienced numerous placements while they had been in care. Furthermore, six out of the eight care leavers interviewed said they had negative experiences while at school. This would have an impact on their educational goals and their future career opportunities would be limited. These are all risk factors which need to be taken into account when a young person leaves care. Therefore it is clear that support services and regular monitoring of care leavers needs to occur even if the young person is going to transition to the care of whānau.

The Transition from Care to Independence Initiative provides funding and support to care leavers aged fifteen to sixteen and until their nineteenth birthday. The initiative states that once the young person turns nineteen years old they are no longer eligible for funding. For most cases where young people are being financially supported or monitored by CYFS some form of custody exists. A young person in care would be either discharged at the age of seventeen if they are under a section 101 Custody Order or at age twenty if they are under a Section 110 Guardianship Order. However, if it is possible for CYFS or contracted providers to continue providing monitoring and support services without having legal custody, this would be beneficial for care leavers. The care leaver could be discharged from care at seventeen and ongoing supports and services could be provided until their twentieth birthday. Therefore a specific team of practitioners could initiate leaving care plans prior to discharge at age sixteen, and then remain involved as support and mentors until the care leavers turn twenty.

Planning and assessments prior to leaving care are spoken about in the second part of this chapter. The suggested timeframe for support practitioners to be attached to care leavers was from age sixteen to twenty, therefore providing a further four years of assistance to young people leaving care and ensuring they have the skills necessary to develop into successful adults. These services and support should be made available to all young people leaving care, not just care leavers who are transitioning towards independence.

Therefore it is recommended that CYFS management and the Family Courts evaluate the need to develop clear policies and legislation for leaving care in New Zealand. The suggested timeframe for extended supports and services is from age sixteen to twenty with the focus of ensuring the young person transitions towards a successful adulthood.

It is also important to note however that younger children in care seem to drift, and hard decisions around permanent placement and discharge seem to be avoided. This problem was identified as a result of the study. Although it is not directly connected to young people leaving care, the effects of children drifting in the system have an impact on the experiences of care leavers. The longer they remain in care the more vulnerable they are to disruptions in schooling and placement changes. Therefore this reduces their opportunities of building caring long-term relationships with safe adults because they are constantly experiencing placement changes. The constant changes can have negative effects on care leavers which would then impact on their transition when leaving care. Moreover it is important to prevent such negative effects from occurring prior to leaving care. Thus practice frameworks stipulating clear timeframes for discharge need to be developed. The recommended timeframe for Family Group Conference plans to address care and protection concerns is two years.

According to the Children in Care Report completed by Child Youth and Family Services (2004) the average duration of a child in care is increasing. The report states that the standard length of stay is 2.8 years. In addition the CYFS Children in Care Permanency Policy (2004) strongly supports that decisions regarding permanent placement should be made as early as possible.

Although the Family Group Conference (FGC) process usually focuses on the care and protection needs when a child comes into care, the plans also need to include clear timeframes for discharge. The plans should identify possible permanent caregivers in case the decision is reached that the young person will not be returned to the care of their parents. The plan could stipulate that if the care and protection goals are achieved the young person would return home; however, if the issues are not addressed they would then transition into the long term care of an alternative family member.

The child care and protection system in New Zealand is designed to keep children safe. However, when children drift in care they continue to remain in environments that are insecure and unstable. This can lead to greater risks of unemployment and poverty for young people leaving care (Cashmore and Paxton 1996). Therefore it is recommended that practice regarding permanency and clear timeframes for discharge of any child who comes into care needs to be developed. As a result, the timeframes for children are more likely to be met and it will be less likely that they will become damaged care leavers as teenagers. It would also prevent them from eventually becoming teenage care leavers if they enter care as children.

As a result of the interviews carried out, another impacting factor which emerged was that Māori care leavers are potential adult criminals. A paper completed on youth offending by Judge Beecroft and R. Thompson (2006) identified that there are two different types of youth offenders 'desisters' and 'persisters'. According to Beecroft and Thompson desisters are short term offenders, whereas persisters will continue offending into their adulthood.

In their paper they point out that most persisters have experienced family dysfunction and lack of positive role models. They go on to say that at least 50% of persisters are Māori, and in some youth courts the Māori appearance rate is 90%. The Youth Offending Strategy (2002) also identifies some alarming statistics for Māori young people. The Strategy states that Māori comprise of about half of all youth apprehended by police. By 2016 it is projected that Māori will constitute 27% of all New Zealanders under seventeen, a 7% increase by comparison to 1996. It further

states that as Māori make up an increasing proportion of the youth population there is potential for an even higher representation of young Māori across all offence types. The same applies to Māori being in care and then becoming care leavers. Given the increasing population of young Māori it is likely that this will have an effect on the growing numbers in care. If there is a correlation between being in care and offending, then it is likely that there will be a corresponding increase in Māori youth offending rates.

There has been no research completed on the connection between Māori care leavers and youth offending. However there are a number of risk factors that exist for Māori care leavers, making them more likely to offend in the future than the average young New Zealander. One factor is that when Māori leave care, they generally have a history of abuse or neglect prior to being placed in care. They also have a history of out-of-home placements, irregular parent contact, and changes in schooling and social workers. The fact that Māori are over-represented in care means that there are more Māori young people experiencing these risk factors. These are just a few examples which confirm that special attention needs to be paid to improving leaving care processes for Māori.

The following framework provides an analysis of the impacting factors that were found and the recommendations made. As mentioned in the introduction to this chapter the framework has been used to identify the three levels of development towards positive change for leaving care (refer to Mauri Framework, Chapter 3). These include Mauri Moe - the unrealised potential for change, Mauri Oho - the point of acknowledging that change is required, and Mauri Ora - the state of full awareness of responsibilities. Tihē has been used in the framework at every level of Mauri acknowledging evaluation of each level and added depth to these levels of Mauri.

The following Mauri table presents the recommendations towards improving the leaving care process. It also presents the three steps of the Mauri framework which would need to take place in order for the recommendations to be achieved.

Table 5.1 *Impacting factors for Māori Care leavers*

	<b>Mauri Moe (Tihē)</b> Unrealised potential for change	<b>Mauri Oho (Tihē)</b> Acknowledging change is required	<b>Mauri Ora (Tihē)</b> Change is achieved
<b>1. Māori over-represented in care</b>	Leaving care programmes that cater to the needs of Māori care leavers	Current statistics show that 40% of young people in care are Māori. At some stage these children and young people will become care leavers.	Clear goals are set and agreed upon by CYFS and the Māori community and are being implemented. The goals are reviewed on a regular basis to ensure goals are being achieved.
<b>2. No clear Leaving Care Practice Frameworks</b>	To develop clear policies and practice for leaving care in New Zealand	CYFS to evaluate the current leaving care policies. Then to identify to need to further develop these policies. A working party may be developed to carry out evaluation	CYFS practitioners are confident and clear about the leaving care process and have received training on the new policies making them fully competent
<b>3. Children are in care too long.</b>	Legislative and policy changes for time-frames towards discharge occur	The Family Courts and CYFS agree that amendments need to take place	Legislation and policies are amended to stipulate time-frames for discharge
<b>4. Māori care leavers are potential adult criminals</b>	Leaving care programmes developed that monitor care leavers over a longer period of time	Acknowledgement that 40% of care leavers are Māori who are vulnerable potential offenders	Lower numbers of Māori in prison as preventative work is has been carried out with Māori care leavers

### **Improving the leaving care process**

One of the recommendations made as a result of the study is that leaving care assessments should be carried out for all care leavers. Moreover the interviewees stated that all young people in care should have strength-based transition from care plans. They should include career development, further counselling (if required), accommodation and whānau and community supports.



The participants involved with the study believed that care leavers should have the opportunity to address any issues they may have had while in care. Many of the care leavers stated they didn't understand why they were in care in the first place. The care leaver's assessment could be designed to review experiences in care and also inform care leavers why they had come into care to begin with.

The Joseph Rowntree Foundation (2003) argues that any problems experienced by care leavers should be addressed as early as possible. Leaving care assessments and transition from care plans could be carried out one after the other. The assessments would identify areas needing development for the young person. For example during the care leaver assessment a care leaver may disclose that further abuse occurred while in care. The practitioner could then integrate some form of therapy into the transition from care plan.

Ward (2000) suggests in her research that the system of statutory care in Aotearoa/New Zealand focuses on accommodating the adolescent, but with generally little pressure, incentive, priority or accountability towards planning for independence and discharge. She recommended in her study that young people leaving care need a formal acknowledgement of the event, recorded personal information and available support, all of which could be included in a leaving care assessment and transition from care plan.

According to the professionals interviewed leaving care assessments and plans are carried out depending on the practice of the social worker. If the social worker is overloaded with other case work then plans towards transitioning a care leaver would have little priority. It is likely that planning would begin around the young person's seventeenth birthday, maybe a few months before they would be discharged. This is hardly enough time to ensure the necessary skills are developed for the care leaver to become a successful adult.

As a result it is recommended that all care leavers in New Zealand complete leaving care assessments, identifying their individual and specific needs. Also all care leavers should have leaving care plans that are robust, achievable and define their aspirations

in life. These plans need to include pathways for their career, accommodation, community providers and details of important support people in their lives. The plans should be completed with the assistance of a mentor or specialised care leaver practitioner.

Interviews with the professionals revealed there was a general feeling that statutory social workers were overloaded with casework. The professionals stated they do not have the dedicated time to work with young people when they are leaving care. One social worker stated that social work practice drops or is less of a priority once a young person turns eleven or twelve years of age. The pressures of statutory social work were further emphasised in the Baseline Review by the Ministry of Social Development and Child Youth and Family (2003). The document confirmed the extreme pressure Child Youth and Family had been under and also identified serious issues in the quality of social work in the Department.

Another recommendation made as an outcome of this study combined with my own experience as a social worker is to look at developing a specialised team of practitioners who would primarily focus on the transition from care process for all care leavers in New Zealand. The team could be attached to the Department or funding could be provided to a non-government organisation who would manage the leaving care teams. They would be similar to the current programmes that are running as a result of the Transition from Care to Independence Initiative. However assistance and support would be provided for all young people leaving care, not just care leavers transitioning towards independence. The team of support practitioners would need to be trained on the effects of children and young people being in care. They would also need to be trained on strength based practice models and how they could meet the needs of Māori care leavers. This is based on my own practice experience as a social worker. One of the participants described the support workers role as being tuakana/teina support (older person or mentor supporting younger person).

Their primary role would be to work towards encouraging young people to reach their goals in life and be a mentor. Awareness of cultural differences would need to be taken into account. Furthermore the professionals who were interviewed in the study said supervisors for these teams should have some experience and knowledge of

Māori models of practice. This would be required because 40% of all young people leaving care are of Māori ethnicity and special attention would need to be made regarding the most appropriate ways to assist them.

Another proposed recommendation made was to develop a wānanga/ transition out of care programme. The programme would provide helpful information to the care leavers such as safe sex, drugs and alcohol education, life skills and information on youth laws. One care leaver said it would be helpful to have keynote speakers at the wānanga. They could talk about things like wairua (spirit) and mauri (life force). The participant said this might be helpful for Māori care leavers to heal after their experiences in care.

By providing such a programme or wānanga for care leavers their protective factors would be enhanced and strengthened. Protective factors are the factors which protect them from failing in society. Ward (2000) argues that protective factors should be provided for young people before and during the transition to adulthood. The care leavers would have an awareness of their community and the services and supports which their communities provide. Education on health services and development for young people could be implemented in the programme. The wānanga could be held at marae all over New Zealand or in other places such as community halls.

One care leaver stated during her interview that young people who are leaving care need that last bit of encouragement to do well and they also need an awareness of their communities. The focus of these wānanga could be to enhance the development of care leavers. This could be achieved by arming them with positive encouragements and basic life skills which would help them achieve their future goals.

It was also noted during the research that caregivers who provide long term care for care leavers need training and assistance with regard to the care leaving process. Marsh (1999) argues that foster carers need to be closely involved at every level of service delivery as they are likely to be crucial agents for the young person. The first step towards developing training programmes for caregivers is for the Department and other authorities to acknowledge that leaving care is an important process. Once that

has been established, programmes assisting caregivers to cope with the effects of young people leaving care can be developed.

During the interviews one of the participants said that care leavers need to know how to cope with the effects of children being in care. They also need training on the skills required to better assist the care leavers through their transition. The Department has a Caregiver Liaison Team that is responsible for providing training to caregivers in New Zealand. It is a caregiver liaison's role to assist caregivers where necessary and provide appropriate support. Therefore the recommendation is for the Caregiver Liaison Team to develop a training package on leaving care for caregivers who will be providing long-term care for care leavers. These training packages need to include the effects of children being in care. They also need to include information on how they can access necessary supports if and when required.

The following Mauri table presents the recommendations towards improving the leaving care process. It also presents the three steps of the Mauri framework which would need to take place in order for the recommendations to be achieved.

*Table 5.2 Improving the leaving care process*

	<b>Mauri Moe (Tihē)</b> Unrealised potential for change	<b>Mauri Oho (Tihē)</b> Acknowledging change is required	<b>Mauri Ora (Tihē)</b> Change is achieved
<b>1. Leaving care assessments &amp; strength based plans for all care leavers</b>	Specific plans and assessments that focus on the care leaver's experiences in care. Also identify their strengths their own goals	Recognition that care leavers need to know why they were in care. Than to move on from that and work towards their future goals	Care leavers are clear about why they were in care. They have an opportunity to address any issues and have plans for leaving care
<b>2. Statutory social workers overloaded</b>	Create a specialised social work team who can specifically work with young people leaving care	CYFS to recognize international literature regarding the topic and other specialised teams that are currently working well	Specialised social workers provide a high quality service and support for young Māori transitioning out of care

<b>3. Implementing helpful skills before leaving care</b>	To develop a wānanga/ transition out of care leaving programme which can be made available for all young people leaving care	For CYFS and other key organisation to develop a leaving care programme that would include life skills, drug and alcohol education, and safe sex	Young People leaving care are more confident leaving care. They are aware of the necessary supports available to them
<b>4. Limited care leavers training for caregivers</b>	Develop a training package to assist caregivers with leaving care process	The CYFS caregiver liaison team to develop a training package	Caregivers are equipped when the leaving care process occurs

### **Improving whānau, hapū and iwi involvement**

Whānau, hapū and iwi involvement was assessed throughout the study. The interviewees identified three major areas which need to be improved. The first being that extended whānau, hapū and iwi should all be involved with making important decisions for Māori young people leaving care rather than just the immediate whānau. Secondly, Iwi Social Service contact details and other Māori organisations that are able to assist Māori care leavers need to develop a directory. As a result this would make it easier for Māori and non-Māori practitioners to contact appropriate services. This part of the chapter will also describe how Iwi Social Service organisations need to review their programmes on assisting Māori care leavers.

The CYFS Act (1989) provides recognition that whānau, hapū and iwi are accountable for the welfare of their children. The Act further states that where possible whānau, hapū and iwi should be part of any decision-making processes for children and young people in care.

One of the participants involved with the study spoke of his experiences of how his iwi had traditionally made decisions affecting whānau. He said that Māori would take any major issues to the marae and these issues would be addressed by the Marae Committee. All the whānau would be there when the issues were discussed and everyone knew each other.

In contrast to these traditional views a professional who was interviewed during the study said that Māori do not have leadership in the whānau like Pacific Island families do. She believed that it is mainly the immediate family attending any meetings where decisions are made towards leaving care. She further stated that it is not often a Māori kaumātua will attend a family review meeting. She argues that it is easier for Pacific Island families because they have leaders in the family who can be easily accessed.

The first example of whānau, hapū and iwi involvement that was provided came from a rural perspective. The participant was speaking about his own tribal area in Northland where the marae is still regarded as being a focal point for Māori. The other example was based on experiences in an urban environment where it was identified that there is less support and leadership. However it seems whānau support and leadership is stronger for Pacific Island families in urban areas by comparison to Māori. There may be some differences that exist regarding whānau, hapū and iwi involvement in a rural setting as opposed to an urban one. These differences need to be further researched and evaluated.

However the recommendation made for this research study is that Iwi Social Services and CYFS need to develop strategies in having more whānau, hapū and iwi representation at review meetings. In particular more whānau need to be available for a young Māori person when he or she is leaving care. It seems that in some cases extended whānau, hapū and iwi are attending the initial FGC but as time goes on the support of the extended family is lost. During the FGC it needs to be reiterated that whānau need to remain involved in all decisions made right up until the young person leaves care. As mentioned earlier in this chapter the more protective factors available for a Māori care leaver, the more likely it is that they will become successful adults. It is further recommended that Māori leaving care should have at least one support person from their whānau attached as a significant person as well as a mentor or support worker.

In addition, participants also believed that it would be helpful to improve the current iwi resources for CYFS staff. These could include developing resource books which identify tribal boundaries in New Zealand and contact information for iwi services. CYFS staff could also attend training on how to engage better with Māori and

whānau, hapū and iwi. It is important that all practitioners who work with Māori have the best resources available so they can meet the needs of the child or young person. An iwi resource book would be useful when developing the transition from care plan. The young person may want to learn about his or her whakapapa (genealogy) and tribe. These could be achieved if the resources were available to do so.

The final recommendation for improving whānau, hapū and iwi involvement was that Iwi Social Services need to look at how they can provide better support and programmes for Māori leaving care. The focus in the past has been for iwi services to develop strategies which meet the needs of children being in care. For example they have developed services for placing children, therapy for families and support. However iwi and other Māori providers need to consider the importance of leaving care for Māori. They need to establish some clear pathways towards meeting the needs of these vulnerable young people and assist in their positive development to adulthood. The steps required to develop specific leaving care programmes for Māori by Iwi Social Services are identified along with the other recommendations on improving whānau, hapū and iwi involvement in the following table.

*Table 5.3 Improving whānau, hapū and iwi involvement*

	<b>Mauri Moe (Tihē)</b> Unrealised potential for change	<b>Mauri Oho (Tihē)</b> Acknowledging change is required	<b>Mauri Ora (Tihē)</b> Change is achieved
<b>1. Often only immediate whānau are involved in decision making</b>	More whānau, hapū and iwi to become involved at Family Group Conference (FGC) stage, and to continue through to transition process as support	CYFS and iwi services develop strategies and ways to get more extended whānau and iwi participating in making decisions for Māori in care and care leavers	CYFS, whānau, hapū and iwi have better relationships and are working together for best outcomes for the child or young person leaving care
<b>2. Improving Iwi resources for CYFS staff</b>	Educate CYFS staff of current iwi services available and the tribal	CYFS to develop better resources regarding whānau, hapū and iwi services and tribal	CYFS practitioners are clear about iwi resources available and are able to utilise them

	boundaries	zones (an iwi directory) with contact information	at any time
<b>3. Iwi Social Services to evaluate how they can assist in the leaving care process</b>	Resources may already exist which can assist Māori young people when leaving care such as tikanga Māori programmes	Iwi Social Services recognise that it is beneficial to develop strategies within the organisation to assist Māori care leavers	Specific leaving care programmes are made available to Māori care leavers which would enhance their self development

### **Enhancing kaupapa Māori initiatives**

After speaking with the participants involved with the study there were three main recommendations which emerged with regard to enhancing kaupapa Māori initiatives. The Māori participants who were care leavers identified these initiatives as being essential and positive in their development to adulthood.

The first recommendation was for Māori and non-Māori practitioners to have knowledge of Māori practice frameworks. Moreover Māori represented a high number of all care leavers in New Zealand. Therefore this warrants the need for practitioners to work with Māori in a culturally appropriate manner.

All social workers in New Zealand work under the Social Workers Registration Act (2003). The purpose of the Act is to protect members of the public by ensuring that social workers are competent to practice and are accountable for the way in which they practice. The Act also states that social workers should be competent to work with Māori and different ethnic and cultural groups in New Zealand. Furthermore these competencies for social workers are evaluated by Social Work associations in New Zealand. One of these associations is the Aotearoa New Zealand Association for Social Work (ANZASW).

The practice handbook for ANZASW (1993) members states one of the practice standards includes demonstrating a commitment to practicing social work in accordance with the Bicultural Code of Practice and an understanding of the principles of Te Tiriti O Waitangi. They state that the standard is met when a social worker:



- Demonstrates knowledge of Te Tiriti O Waitangi and its implications for Māori.
- Recognises the Tangata Whenua status of the indigenous Māori people of Aotearoa/New Zealand.
- Respects Māori culture and protocol and has an understanding of her/his own culture and heritage.
- Challenges racism at personal and institutional levels in Aotearoa/New Zealand.
- Recognises the right of Māori people to determine their own needs and to develop services in accordance with those needs.
- Offers practical support to the local tangata whenua for initiatives.
- Supports Māori services in their area of work.

The standard of practice clearly states that all social workers in New Zealand should respect Māori culture and protocol. There are two associations in New Zealand that provide competency assessments for the registration of social workers. Both of these associations include standards of practice where Māori culture and protocol need to be taken into account. Therefore the recommendation of this study is supported by both the associations who assess social work competencies in New Zealand as well as the Social Workers registration Act (2003). Māori models of practice can be used when working with a Māori care leaver, or when supervising a case where a Māori care leaver is the client involved. There are a number of Māori practice frameworks that are available to all social workers in New Zealand. Although the Family Group Conference (FGC) is not a Māori practice framework it allows for Māori processes to occur. For example the whānau are given first option to identify safe whānau caregivers for children, and whānau are empowered to make decisions regarding child care and protection concerns.

In 1999 a study on culturally safe supervision was completed by John Bradley, Emma Jacob and Richard Bradley (1999). They stated that Māori theories are dynamic and therefore continue to develop as circumstances and situations change. They further stated that Māori theories do not have to be validated or understood along Western Eurocentric theoretical lines. It would be an injustice to believe that one need only

have a superficial understanding of tikanga Māori in the application of these theories in practice. Like other theory and practice concepts, they state that they do not survive well or develop if left unused.

Appropriate Māori models of practice should be used by both Māori and non-Māori practicing social workers in New Zealand. They are easily accessible in most social work organisations. Some social workers receive cultural supervision. During these sessions Māori models are sometimes used, however they need to be used more frequently and by all levels of staff. More importantly they should be used when supervising or working with a Māori care leaver. With this in mind both government and non-government organisations working with Māori leaving care need to assess whether Māori models are being used. If they are not being used then appropriate steps need to be taken towards developing training packages on Māori models of social work practice. These training packages could also include information on Iwi Social Services, how to engage with Māori and information on any other Māori services that could assist Māori care leavers. Once leaving care becomes recognised and part of social work practice in New Zealand a Māori framework on leaving care could be developed.

Another recommendation which emerged was that it would be valuable for all Māori care leavers to be offered the option of attending a tikanga Māori programme. One care leaver said the key issues are getting in touch with your culture, and learning about whakapapa. Another stated that Māori care leavers need to be taught things like tikanga Māori and waiata, which take stress away.

Most of the care leavers agreed that tikanga Māori programmes would strengthen the young person's identity and build their support networks in the community. The professionals and community members involved with the study also agreed that tikanga Māori life skills programmes could be organised for the care leavers. One community member believed that a young person should know their hapū and iwi before they leave care.

A number of tikanga Māori programmes for young people already exist and are working well. These programmes are being delivered by youth organisations

throughout New Zealand as well as Iwi Social Services. However these resources need to be made available to practitioners working with Māori care leavers. The Department and providers of these programmes need to discuss how tikanga Māori programmes can be made readily available. The care leaver needs to be given the option of attending a tikanga Māori programme. This should occur when the care leaver, their family and mentor are planning towards their transition from care.

The final recommendation made for enhancing kaupapa Māori initiatives was for Marae to be used more often. Some of the care leavers and professionals said that using an iwi marae setting would make the care leaver and their whānau feel more comfortable when making important decisions.

The Ministerial Advisory Committee who wrote the Pūao-Te-Ata-Tū document (1988) spoke about how Māori traditionally used marae. They state that before a decision was made all members of society were able to contribute to that decision through their representative. The decision-making process would normally occur on the iwi or hapū marae (refer Chapter 2). Marae are sometimes used when holding Family Group Conferences (FGC). However the option of using marae is up to the FGC co-ordinator and the family involved. Again it would be beneficial if there was a resource book that identified all the marae in New Zealand which was available to social work staff.

According to Peter and Pauline Curtis (2002) the marae is absolutely central to the Māori way of life. It is a focal point for groups who share kinship, whānau, hapū and iwi. There are over one thousand marae throughout New Zealand in rural areas and in cities. They are used to discuss, debate, celebrate, welcome the living and bid farewell to those that have passed on.

This study recommends that marae be used on a more regular basis when working with young Māori who are leaving care. It should be encouraged that marae be used in the initial process when convening an FGC and also in the final stages when planning towards discharge. There needs to be consistency of whānau, hapū and iwi involvement right through all stages when important decisions are made for Māori in

or leaving care. The following Mauri framework presents the three recommendations made for enhancing kaupapa Māori initiatives and how they can be achieved.

*Table 5.4 Enhancing kaupapa Māori initiatives*

	<b>Mauri Moe (Tihē)</b> Unrealised potential for change	<b>Mauri Oho (Tihē)</b> Acknowledging change is required	<b>Mauri Ora (Tihē)</b> Change is achieved
<b>1. Māori and non- Māori to use Māori practice frameworks</b>	For social work practitioners and iwi organisations to be trained in Māori models of practice	Develop a Māori Model training package to be developed by management of CYFS and Māori	Supervisors of social work or iwi organisation staff are competent in using the models of practice and encouraging their staff to use the models also
<b>2. Develop tikanga Māori programmes for Māori care leavers</b>	Feedback from interviewees were that tikanga programmes were helpful for self development and identity	Appropriate professionals develop a tikanga Māori programme which can occur on a regular basis and be optional for all Māori care leavers to attend before they leave care	Young person more secure and more confident about their cultural background. They are also aware of their cultural identity
<b>3. Use Iwi marae and setting more often</b>	Māori care leaver participants expressed they would feel more comfortable making major decisions at their own marae	CYFS to agree that this would be a helpful process and train practitioners on how this could occur more often	The care leaver and the whānau, hapū and iwi feel more comfortable making major decisions

## **Conclusion**

The official process of leaving care in New Zealand is still in its initial stages, and is yet to encompass all young people leaving care. This study has provided fourteen recommendations towards improving the leaving care practice in New Zealand from a

Māori perspective. These recommendations are based on data compiled by eighteen interviews with Māori care leavers and professionals and community members. It is hoped that these recommendations will assist the New Zealand government, policy advisors, the Family Courts and management of organisations such as Child Youth and Family in considering the importance of the leaving care process.

In particular Māori comprise of about 40% of all children and young people in care (National Care Plan CYFS 2004). Therefore these young people at some stage will eventually become care leavers. The issue of ‘drifting in care’ has also been addressed in this study. The experiences of young people while in care have an impact on the eventual outcomes for care leavers. Therefore it has been advised that timeframes and planning towards discharge for all children and young people in care needs to be improved.

Furthermore the planning that takes place when transitioning a Māori young person from care is crucial. It has been recommended that all care leavers should complete care leaver assessments and leaving care plans before they begin their transition. In countries such as the UK and USA legislation is in place where by care leavers are supported and monitored until they turn twenty-one. Depending on their educational and training plans care leavers can still be financially supported until they reach twenty-four years of age.

Most care leavers in New Zealand on the other hand, are discharged at seventeen and expected to have the skills necessary to cope and become successful adults in their communities. The Transition from Care to Independence Initiative which is managed in Auckland provides support and assistance to care leavers planning on becoming independent. For those where the plan is to return home to whānau or some form of caregiver, these services do not apply. This study recommends that these services should be made available to all young people leaving care as they are all at risk of failing in society.

As a result of this study evidence suggests that care leavers who transition to whānau or caregiver placements need assistance and support as much as any young person who is planning towards independence.

It has been found that Māori care leavers are more at risk of poor adult outcomes, poverty and career limitations. Furthermore statistics show that Māori comprise around 50% off all youth offenders (Youth Offending Strategy 2002). Therefore coupled with the risk factors of leaving care Māori are even more at risk of becoming youth offenders in the future. Five of the eight care leaver participants interviewed had been in trouble with the law and two of the participants had been imprisoned after trial.

Māori care leavers need to have as many protective factors in place as possible. These include whānau, hapū and iwi attachments, being offered the option of attending tikanga programmes, clear plans towards discharge and having the life skills necessary to become successful adults and members of society.

This study adds to the findings of Yates (2000) and Ward (2000) on young people leaving care in New Zealand. The recommendations found as a result of this research should be taken into account when developing any future leaving care policies or legislation, and more importantly, leaving care for Māori.

Future research should be completed on care leavers at a larger scale in New Zealand. It is recommended that the study be longitudinal over a designated timeframe. The study would provide a more accurate reflection of the comparisons between care leavers who receive support and assistance during their transition with those who do not.

The New Zealand government needs to take responsibly for this group of young people, in particular, Māori. They clearly need to have extended monitoring and support if they are going to have any chance at becoming successful adults.

## Bibliography

Allen, M. (2003) **Into the mainstream: Care leavers entering work, education and training** York: Joseph Rowntree Foundation

Aotearoa New Zealand Association of Social Workers (1993) **Competent Social Work Practice: A Handbook for Members of Aotearoa New Zealand Association of Social Workers** (ANZASW) Auckland: ANZASW Incorporated

Beaglehole, E&P. (1946) **Some Modern Māoris** New Zealand Council for Research: Whitcombe and Tombs Limited

Beecroft, A.: Thompson, R. (2006) **Breaking the Cycle For New Zealand Children** NZ

Bernard, B. (1997) **Turning It All Around For All Youth: From Risk To Resilience** USA

Bradley, J.: Jacob, E.: Bradley, R. (1999) **Reflections on culturally safe supervision, or why Bill Gates makes more money than we do** *in the Social Work Review*. Vol XI No 4 December p3-6

Brown, M. (2001) **Care and Protection is about Adult Behavior** Wellington: Ministry of Social Policy

Brown, M. (2000) **Ministerial Review Report of Child Youth and Family Services** NZ

Broad, B. (1998) **Young People Leaving Care, Life After the Children Act 1989** London: Kingsley Publishers Ltd

Buchanan, A. (1999) **Are Care Leavers Significantly Dissatisfied and Depressed in Adult Life?** *Journal of Adoptions & Fostering*, Volume 23, Number 4 pp 33-40

Cashmore, J.: Paxton, M. (1995) **Wards Leaving Care, A Longitudinal Study**  
University of New South Wales, Australia: NSW Department of Community Services

Child Youth and Family (2001) **Review of Mick Brown Report** NZ Child Youth and Family

Child Youth and Family (2003) **New Zealand Governments Strategic Goals** NZ

Child Youth and Family Services (2003) **Care Practice Under the CYP&F Act 1989: A CYFS Southern Area Resource Book** NZ: CYFS

Child Youth and Family Services (2000) **Strategic Business Plan** NZ: CYFS

Child Youth and Family Services (2002) **Te Pounamu Tamariki Manaaki Whānau**  
NZ: CYFS

Child Youth and Family Services (2004) **Children in Care: Permanency Policy** NZ:  
CYFS

Child Youth and Family Services (2004) **Children in Care Report** NZ: CYFS

Child Youth and Family Services (1999) **Planning For Care Participant Workbook**  
NZ: CYFS

Child Youth and Family Services (2003) **Transition from Care to Independence Initiative** NZ

Child Youth and Family Services (2004) **National Care Plan** NZ

Collins, M. (2001) **Transition to Adulthood for Vulnerable Youths: A Review of Research and Implications for Policy, Social Service Review** United States:  
University of Chicago

Curtis, P & P. (2002) **The Marae, Hui and the associated Protocols** NZ



Department of Child Youth and Family Services (1999) **Planning For Care: National Core Curriculum Training Programme** NZ: CYFS

Doolan, M.; Nixon, P.; Lawrence, P. (2004) **Growing Up in the Care of Relatives or Friends** London: Family Rights Group

Durie, M.H. (1995) **Te Hoe Nuku Roa Framework – A Māori Identity Measure**, in *The Journal of Polynesian Society*. Vol 104, No 4. University of Auckland. pp461-470

Durie, M. (1998) **Whaiora: Māori health development**, Second edition, Auckland: Oxford University Press

Howe, D. (1999) **Introducing protective mechanisms and processes** United Kingdom

Henderson, N.; Benard, B.; Sharp-Light, N. (1999) **Resiliency In Action: Practical Ideas for Overcoming Risks and Building Strengths in youth, families, & Communities** USA: Resiliency In Action

Hyslop, I.K. (2002) **Just Say When: An Inquiry Into The Discretion Which Social Workers Exercise When Deciding To Permanently Remove Children From Parental Care**, MA: Social Policy Thesis Massey University

Ince, L. (1996) **Making it Alone: A Study of the Care Experiences of Young Black People** UK: British Agencies for Adoption and Fostering

Joseph Rowntree Foundation (2003) **Factors that Influence Young People Leaving Care** UK

Joseph Rowntree Foundation (2005) **Mentoring for Young People Leaving Care** UK

Keelan, J. (2000) **E Tipu E Rea, A Framework for Taiohi Māori Development**  
Auckland: New Zealand Ministry of Youth Affairs

King, M. (2003) **The Penguin History of New Zealand** NZ: Penguin Books

Larsen, E.: Birmingham, S. (2003) **Caring Relationships as a Protective Factor for At-Risk Youth: An Ethnographic Study, Families in Society** UK: Alliance for Children and Families

Matheson, I. (2004) **National Care Plan 2004-2007** NZ: Department of Child Youth and Family Services

Marsden, M. (1981) **God, man and the universe: a Māori view** in: King M, (ed) **Te Ao Hurihuri** Wellington: Longman Paul

Marsh, P.: Peel, M. (1999) **Leaving Care in Partnership: Family Involvement with Care Leavers** UK: Department of Health

Maunder, D.: Liddell, M.: Liddell, M.: Green, S. (1999) **Young People Leaving Care and Protection** National Youth Affairs Research Scheme Australia

Macdonald, R. (1997) **Youth the 'Underclass' and Social Exclusion** London

McAuley, C. (1998) Child Participatory Research: Ethical and Methodological Considerations in Iwaniec, D and Pinkerton, J. (eds) **Making Research Work: Promoting Child Care Policy and Practice** UK: Wiley and Sons

McParlin, P (1996) **Born to Fail (In Tribute to Fred Fever)** First Key: Leeds UK

Ministry of Youth Affairs (2002) **Youth Development Strategy Aotearoa** New Zealand Ministry of Youth Affairs

Ministry of Justice and Social Development (2002) **Youth Offending Strategy: Preventing and Reducing Offending and Re-offending by Children and Young People** New Zealand

Ministry of Social Development and Child Youth and Family (2003) **Baseline Review** New Zealand

Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare (1988) **Pūao-Te-Ata-Tū: Day Break** and Appendix **Wellington**: Ministerial Advisory Committee

Nepe, T. (1991) **Te Toi Huarewa Tipuna Kaupapa Māori An Education Intervention System** Unpublished MA: University of Auckland

Ngata, H.M. (1993) **English Māori Dictionary** Ministry of Education Wellington

Nolan, K. (2000) **What works in Independent Living: Preparation for Youth in Out-of-Home Care** Washington DC: GWLA Press

Parliament of New Zealand (2003) **Social Workers Registration Act** New Zealand

Parliament of New Zealand (1989) **Children Young Persons and Their Families Act** New Zealand

Parliament of the United Kingdom (2000) **Children Leaving Care Act** United Kingdom

Parliament of the United Kingdom (1989) **Child Care Act** United Kingdom

Pihama, L. (2001) **Tihē Mauri Ora Honouring Our Voices: Mana**

**Wahine As Kaupapa Māori Theoretical Framework** Unpublished PHD

NZ: The University of Auckland

Pohatu, T.W & H.R. (2001) **Whakatiputanga Tangata-Rethinking Human Development** Auckland:NZ

Propp, J.: Ortega, D.: Newheart, F. (2003) **Independence of Interdependence: Rethinking the Transition from “Ward of the Court” to Adulthood, Families in Society** The Journal of Contemporary Human Services UK: Alliance for Children and Families

Shaw, I. (1994) **Unbroken Voices: Children, Young People and Qualitative Methods** in Butler, I and Shaw, I (eds) **A Case of Neglect? Children’s Experiences and the Sociology of Childhood** UK: Avebury

Smith, A. (1999) **Children in Kinship Care and Foster Care** University of Otago Dunedin: New Zealand

Smith, L. (1999) **Decolonising Methodologies, Research and Indigenous peoples** New Zealand

Social Security Administration USA (1935) **Social Security Act** United States of America

Stein, M.: Carey, K. (1986) **Leaving Care** UK: Basil Blackwell

Stokes, E. (1985) **Māori Research and Development: A Discussion**

**Paper Prepared for the Social Sciences Committee of the National**

**Research Advisory Council NZ**

Susser, E. (1987) **Childhood Experiences of Homeless Men** in American Journal of Psychiatry 144:12, December, pp1599-1601

Schwimmer, E. (1974) **The World of the Māori** NZ

Thompson, R.; Beecroft, A. (2006) **Youth Offending: Factors that contribute and how the system responds** New Zealand Youth Court: Te Kaiwhakawa Matua O Te Kooti Taiohi O Aotearoa

Walker, R. (1993) **Tradition and Change in Māori Leadership** University of Auckland

Ward, T (2000) **Happy Birthday – Goodbye** New Zealand: Social Work Now 17;21-27

Webber-Dreadon, E. (1999) **He Toanga Mo o Tipuna (A Gift Handed Down By Our Ancestors): An Indigenous Approach To Social Work Supervision**, Social Work Review, Vol XI No 4 December, p7-11.

Yates, D. (2000) **Sink or Swim: Leaving Care in New Zealand Unpublished MA (Social Policy) Thesis** Auckland: Massey University

Young, J.: Shanahan, J.: Rush, J.: Morgan, A.: Hemana, C.: Zarafa, G.: (2004) **The trans-Tasman leap** Research news: The Australian Market and Social Research Society

### **Bibliography of newspaper and magazine articles**

Mana Magazine the Māori news magazine for all New Zealanders (Aug – Sep 2005)  
Issue 65.p53 Whatever Happens Exercise Your Right Author unnamed

New Zealand Herald 20/09/05 Social service agencies wary of sharing CYFS  
overload Simon Collin

## GLOSSARY OF MĀORI WORDS

Aotearoa	New Zealand
Arohanui	Much love
Ariki	Autocrat
Hapū	Sub-tribe
Hinengaro	Mind
Hui	Gathering
Iwi	Tribe
Kapa haka	Māori traditional dance
Karakia	Prayer
Katoa	All
Kaumatua	Elder
Kaupapa	Foundation
Kotahitanga	To be as one
Koutou	All of you
Kuia/Kuikui	Elder
Mahana	Warmth
Mana	Pride/authority
Manaakitanga	To look after
Marae	Meeting house
Matua	Parent
Mihi	Introduction
Ngakau	Heart
Nga whakatepenga	Methodology (Chapter 3)
Nga whakataunga	Research findings
Mokopuna	Grandchild
Oranga	Health
Pākeha	Non-Māori
Poutama	Steps
Rangatira	Leader
Rangatahi	Young person
Roopu	Group of people

Runanga	Assembly, council
Taha	Side
Taiohi	Young person
Tamariki	Children
Tapu	Sacred
Te Reo	Language
Te taataritanga a rangahau	Literature review (Chapter 2)
Tikanga	Cultural values and beliefs
Waiata	Song
Wairua	Spirit
Waka	Canoe
Wananga	Meeting for learning
Whakamoohiotanga	Introduction (Chapter 1)
Whakatauki	Proverb
Whānau	Family
Whāngai	Foster
Whakapapa	Family genealogy
Whānaungatanga	Family connection
Whakawhānaungatanga	Sharing each other's family genealogy





## Participant Information Sheet

**Date Information Sheet Produced:** 20 April 2005

### **Project Title**

KA TIPU MAI NGA TAIOHI MAORI : A STUDY OF TAIOHI  
MAORI LEAVING CARE IN NEW ZEALAND

### **Invitation**

The researcher Kerrin Leoni invites you to take part in a research study of young Maori people leaving care in New Zealand. Participation is entirely your choice.

### **What is the purpose of the study?**

The purpose of the study is to identify issues for Maori young people leaving foster care in New Zealand. It is hoped that that as an outcome of the study being completed recommendations may be made to help improve the transition process for young people out of foster care.

### **How are people chosen to be asked to be part of the study?**

You have been invited to participate because you were in state care at some point in your life and were recommended because it was thought you would be able to talk about your experiences when leaving care.

### **What happens in the study?**

Young people who have experienced transitioning out of foster care as well as interested statutory social workers and community members will be interviewed and asked questions relating to the transitioning out of care experience. Prior to the interviews taking place a vast amount of literature will be compiled by the researcher in order to have an overall view on the topic. Furthermore once the research has been completed recommendations will be made to provide some ways in which the transition out of foster care for Maori young people could be improved.

### **What are the discomforts and risks?**

The researcher is aware that the interviews may cause some discomfort when the interviewees may which may be e speak about emotional or negative experiences they may have had when transitioning out of care.

### **How will these discomforts and risks be alleviated?**

Contact numbers of trained counsellors will be provided for all interviewees involved should they require emotional support at any stage. These counsellors are at Youthline and Lifeline who provide both telephone and face to face counselling. The

names of interviewees will not be mentioned in the research. You are able to withdraw from the interview at any time you wish.

### **What are the benefits ?**

The benefits of the research are that once the research is completed it will provide recommendations on how the transition process of Maori young people leaving care can be improved.

### **How will my privacy be protected?**

Only the research and the supervisor will have access the names of the participants involved. Names of participants will not be mentioned throughout the thesis.

### **How do I join the study?**

You can join the study by contacting the researcher Kerrin Leoni on the details provided below.

### **What are the costs of participating in the project? (including time)**

There are no costs required to participate in the project

### **Opportunity to consider invitation**

Please consider my invitation for you to be involved in this exciting research, and I look forward to hearing from you and making arrangements to meet.

### **Opportunity to receive feedback on results of research**

A copy of the thesis will be provided to all participants involved

### **Participant Concerns**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, [madeline.banda@aut.ac.nz](mailto:madeline.banda@aut.ac.nz) , 917 9999 ext 8044.

**Researcher Contact Details:** Kerrin Leoni contact number 027 6636 533

**Project Supervisor Contact Details:** Josie Keelan contact number 021 434 587

Appendix 2: Consent Form



## Consent to Participation in Research

Title of Project: KA TIPU MAI NGA TAIOHI MAORI : A  
STUDY OF TAIOHI MAORI LEAVING CARE  
IN NEW ZEALAND

Project Supervisor: **Josie Keelan**

Researcher: **Kerrin Leoni**

---

- I have read and understood the information provided about this research project (Information Sheet dated 20 April 2005)
- I have had an opportunity to ask questions and to have them answered.
- I understand that the interview will be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research: tick one: Yes  No

Participant signature: .....

Participant name: .....

Participant Contact Details (if appropriate):

.....  
.....

Date:

Note: The Participant should retain a copy of this form.

## **Appendix 3: Guiding Questions Used For Interviews.**

### **Guiding questions used for interviews**

#### **Care Leavers**

##### **Experiences in care:**

- Memories of when they first entered
- Experiences at school- how well they coped or didn't cope
- Significant people in their lives
- Access with family while in care
- Placement changes

##### **Leaving care experiences:**

- How did you know you were going to be discharged?
- What planning procedures took place when you were leaving care?
- Have you worked?
- What sort of accommodation did you have when you left care?
- Did you transition towards independence or living with whanau?
- After you left care were you in trouble with the law?

##### **Whanau, hapu and iwi involvement:**

- Were your whanau, hapu and iwi involved with the leaving care process?
- Can you remember your whanau, hapu or iwi being involved at any time?
- Were you aware of your own whanau, hapu and iwi tribal affiliations?
- How do you think whanau, hapu and iwi involvement could be improved?

##### **Recommendations**

- How do you think the leaving care process could be improved for future Maori leaving care?
- What additional services need to be put in place to assist care leavers?
- When is a good time (age) to start transitioning towards leaving care?
- How long do you think supports should remain in place?
- Are you aware of any kaupapa Maori initiatives that would assist care leavers?

## **Professionals and Community Members**

### **Professional and community background**

- What is your professional background or role in the community?
- Are there any pressures that exist for practitioners working with care leavers?
- What policies and procedures exist for leaving care in your workplace?
- Is there any preparation that occurs when a young person leaves care?
- What support services are available for young people that leave care?

### **Whanau, hapu and iwi**

- Are whanau, hapu and iwi currently involved with the leaving care process?
- Are there any particular services that exist for Maori care leavers that you are aware of?
- When are whanau, hapu and iwi most involved with Maori in care?
- How can whanau, hapu and iwi involvement be improved?

### **Recommendations**

- How do you think the leaving care process can be improved?
- How can preparation towards leaving care be improved in your area of work or the community?
- How would you define a successful transition?
- What factors are more likely to lead to a successful transition for Maori care leavers?
- What factors are likely to lead to an unsuccessful transition?
- Are you aware of any kaupapa Maori initiatives that would assist Maori care leavers?