

Increasing VIP Programmes' Responsiveness to Māori:

a whānau-centred approach
for the VIP programme



Cover photo:

Jae Jae Wickliffe with son Jaearn

Page 7 - The Hikatapua Martin family

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

Page 13 - Joseph Potangaroa with daughters Tiriana and Bailee

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

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Introduction



Nāu te rourou
nāku te rourou
ka ora ai te iwi

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

Increasing the effectiveness of the programme for Māori.

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

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

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

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

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

Sunny M. Wikiriwhi
Chief Executive
Jigsaw

www.jigsaw.org.nz

How to use this resource

Whānau-centred Practice

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

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

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

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

The stories and case studies have been ordered into themes:

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Pages 7-11
- ⌘ **Theme 2 – Whānau strengths: seeing the patient in the context of their extended family and community**
Pages 13-19
- ⌘ **Theme 3 – Supporting Māori and their whānau: using tikanga Māori to support healing and recovery**
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A glossary of Māori terms is included on page 43

Theme 1–

Putting whānau at the centre of VIP and health practice



Weaving a southern perspective

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

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

And so the idea of weaving a wahakura was born.

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

change that is ongoing.

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

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

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

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



Baby Jacob safe and sound in the wahakura

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Please see the CYF Practice Centre Website for more information: www.practicecentre.cyf.govt.nz

Five pairs of eyes for the under 5s

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

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

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

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

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

Please see www.practicecentre.cyf.govt.nz for more information.



Theme 2 –

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



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



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

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

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

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

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

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

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

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

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

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

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

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

How does she overcome this challenge?

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

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

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

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

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

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

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



Whānau-centred VIP referral options

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

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

Action case study

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

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

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

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

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

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

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

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

Working with whānau in child and adolescent mental health

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

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

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

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

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

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

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



Heather Beddie, Glenda Gillgren and Darren Billet

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

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

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

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

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

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

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

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



Theme 3 –

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

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

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

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

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

Tania Mataki, Practice Manager, Te Puna Oranga

Embrace opportunities to learn about Te Ao Māori.

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

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

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

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

Kay's story

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Two weeks later I finally left the relationship for good.

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

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

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

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

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

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

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

But lastly and certainly not least are my colleagues.

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

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

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

Ko wai ahau? Who am I?

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

I am proud to be of Ngā Puhī descent.

I am a survivor.

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

I am **ME**.

Tihei Mauri Ora.

