

LITMUS

**The qualitative research report to
inform the Well Child Tamariki Ora
review on whānau Māori moemoeā for
their pēpi/tamariki health and wellbeing**

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Ministry of Health
Te Manatū Hauora

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Poipoia te kakano, hei puawai

Nurture the seed so that it may flourish

Kei tāku titi raukura, Lisa,

kua kāwhakina rā koe e te ringa kaha o aituā.

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We acknowledge the passing of Lisa Doherty during this research. Lisa made a valuable contribution in ensuring the voice of whānau Māori and their aspirations for their pēpi and tamariki are heard. Moe mai ra e te rangatira.

This report presents the findings from the qualitative research with whānau Māori and Māori leaders to understand the moemoeā of pēpi/tamariki health and wellbeing, and what supports their aspirations. The report informs the Well Child Tamariki Ora (WCTO) review.

Maria Marama and Marty Rogers led the research. Maria Marama wrote the report. Marty Rogers guided the analysis and drafting, and reviewed the report. Liz Smith edited the report. Maria Marama and Marty Rogers interviewed whānau Māori and iwi leaders. Rikki Rolleston, Olivia Aranui, Rachael Lamb-Yorski, Jamie Wehipeihana and Finlay Smith provided recruitment, transcribing and analysis support.

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Executive summary

Rationale and context for the research

The Ministry of Health (the Ministry) reviewed the Well Child Tamariki Ora (WCTO) programme through 2019 and 2020. The Ministry commissioned Litmus to do a literature review and qualitative research with whānau Māori to inform the review.

The purpose of the qualitative research was to understand whānau Māori moemoeā for pēpi/tamariki health and wellbeing, and the interventions that help and support these aspirations. The literature review was to understand the design features of indigenous models of care for child health and wellbeing, which increase enrolment, engagement, participation, and retention over time to improve equity outcomes for Māori (Litmus, 2020a).

This report presents the insights from the qualitative research with whānau Māori. The conclusions in this report also draw on the literature review insights.

Te Tiriti o Waitangi establishes the rights-based approach to the WCTO review

Strong evidence supports the value of having a proportionate universal well child programme in Aotearoa (i.e., one that offers services to all children and proportionately offers extra services to those who need more). However, inequities of access and outcomes for whānau Māori are evident within the WCTO programme, which is inconsistent with the Ministry's obligations under Te Tiriti o Waitangi (the Treaty of Waitangi; Te Tiriti).

The redesign of the WCTO programme must contribute to the Ministry of Health's (2020, p.7) expression of Te Tiriti o Waitangi through their four goals:

- **Mana whakahaere** – The revised programme needs Ministry stewardship and Māori governance.
- **Mana Motuhake** – The revised programme needs to enable the right for Māori to be Māori, for Māori self-determination, and to be supported to parent as Māori based on Māori philosophies, values, and practices, including tikanga Māori.
- **Mana tangata** – The revised programme needs to contribute to equity of outcomes for pēpi and whānau across their life journey by working with other services to address social determinants of health through inter-sectoral service integration.
- **Mana Māori** – The revised programme design needs to be based on mātauranga Māori (Māori knowledge) with delivery framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices).

Key insights from the research

Whānau Māori moemoeā for pēpi/ tamariki is pae ora

Whānau moemoeā have strong alignment with pae ora (healthy futures) of how healthy families (whānau ora) living in healthy environments (wai ora) enable pēpi/tamariki to flourish (mauri ora). While whānau moemoeā is consistent, the potential for whānau to achieve these aspirations vary. The impact of colonisation and existing inequities for Māori undermine whānau potential to realise their moemoeā for their pēpi/tamariki. Through colonisation, some whānau have separated from whānau, hapū and iwi and lost this protection. Some have lost language and mātauranga Māori. Many face social and economic inequities due to unemployment or insecure employment, food and housing insecurity, barriers to accessing services, and institutional racism.

Whānau ora – healthy families

Whānau ora—strong, healthy and connected whānau—is central to the moemoeā whānau have for their pēpi/tamariki. Whānau, to differing degrees, define health and wellbeing of pēpi/tamariki through the health and wellbeing of their whānau and their wider community.

Whānau highlight three elements which collectively create the foundations for whānau ora and contribute to wellbeing for pēpi/tamariki within their whānau and across their life journey:

- Whakapapa and identity are the foundations of health and wellbeing for pēpi/tamariki. Whānau and community relationships create the life journey supports for pēpi/tamariki wellbeing. Whānau support, care and enable whānau, and strengthen wellbeing and wairua. With whānau support, whānau can find their solutions to address challenges.
- Mātauranga Māori me ōna tikanga Māori is the inter-generational knowledge system of collective approaches to enable pēpi/tamariki wellbeing. Grandparents have an essential role in passing on mātauranga Māori to pēpi/tamariki.
- Te reo Māori me ōna tikanga creates identity, connectedness, and the sharing of culture, values, and knowledge for whānau and pēpi/tamariki.

Wai ora – healthy environments

Whānau aspire to healthy environments for pēpi/tamariki. However, the impacts of colonisation and existing inequities for Māori can undermine their moemoeā. Across the interviews with whānau, two consistent wai ora themes emerged:

- Kaupapa Māori environments support the spiritual health and wellbeing of whānau and pēpi/tamariki. The marae is central for some whānau and pēpi/tamariki as their tūrangawaewae, and kōhanga reo and kura kaupapa are safe and restorative spaces.

- He kāinga haumarū – whānau create safe, secure and nurturing environments for pēpi/tamariki. Whānau want to have alcohol-, drug-, smoke- and violence-free environments for pēpi/tamariki, and positive and emotionally stable surroundings. Whānau want financial security, warm, stable and affordable housing, and access to safe spaces for physical activity and healthy kai (food).

Mauri ora: healthy individuals

Whānau goals for pēpi/tamariki in the short- and long-term are based on mauri ora. Whānau want their whānau and their pēpi/tamariki to flourish by feeling happy and loved, connected to whānau and confident in their cultural identity. Whānau also want pēpi/tamariki and whānau to be emotionally and mentally strong (te taha wairua me te taha hinengaro), and physically healthy (te taha tinana).

WCTO programme is not enabling whānau moemoeā of pae ora

Whānau feedback indicates the WCTO programme is making some contribution to supporting their moemoeā for their pēpi/tamariki, to te taha tinana. However, neither the current design nor delivery of the WCTO programme is strongly aligned with broader whānau moemoeā of pae ora for their pēpi/tamariki.

Whānau highlight three dimensions that, if present, create a positive experience of the WCTO service:

- being able to make an informed choice about their service provider
- having a trusted, culturally safe and whānau-centred relationship with their WCTO nurse.
- having flexible, reliable, and consistent service delivery.

Whānau experience significant variations in their access to, and experience of, the WCTO programme. Not all whānau can make an informed choice about enrolment with their preferred provider. Some whānau develop trusting, partnership-based relationships with their WCTO nurse who delivers the service in a whānau-centred way. Other whānau have a judgemental and culturally unsafe relationship with adverse effects on whānau confidence to parent as Māori. Whānau using WCTO services provided by iwi and Māori providers tend to have more positive relationships and service experience due to cultural fit.

Many whānau have an unreliable and inconsistent service delivery of the WCTO programme. Poor service delivery and judgemental relationships can result in whānau withdrawing from the service. However, system failure is the key reason for whānau not engaging with the service. Whānau spoke of WCTO providers not keeping appointments and then being difficult to contact to reschedule.

The redesigned programme needs to contribute to pae ora

Whānau identified changes to the WCTO programme and its service delivery to support their moemoeā of pae ora for their pēpi/tamariki. Creating a kaupapa Māori programme aligned to whānau moemoeā will require the service to be rebranded to illustrate relevance for whānau Māori. On this basis, the key insights below do not use the current brand name ‘the WCTO programme’. Whānau want:

- A kaupapa Māori programme design and service delivery and the ability to make an informed service provider choice
- A trusted, culturally safe relationship with their nurse based on a whānau-centred approach focused on pēpi/tamariki wellbeing within the collective of whānau wellbeing
- A flexible, reliable and consistent service delivery
- A service that is integrated with other health and other services to address wider inequities faced by whānau.

Conclusions

Whānau Māori insights are strongly aligned with the literature findings on the design features of effective indigenous child health and wellbeing programmes supporting positive outcomes for indigenous people. These features align with the Ministry’s Te Tiriti goals and principles.

Based on the research and literature findings, the redesign of the programme needs to incorporate the following insights collectively:

- A kaupapa Māori programme design based on concepts of tamariki Māori health and wellbeing within the context of whānau Māori wellbeing and collective responsibility. Whānau moemoeā of pae ora provides a kaupapa Māori framework.
- The programme redesign needs to integrate access and engagement enablers to deliver positive outcomes for whānau Māori.
- The programme needs adequate funding allocations and effective contracting models to advance equity for whānau Māori.
- The programme needs to facilitate connections with the community and connect seamlessly with other services to address the social determinants of health.

The Ministry needs to work with whānau Māori, Māori and iwi leaders and Māori academics to create a kaupapa Māori programme that contributes to pae ora. This participatory process will build connections and trust between the programme and whānau Māori.

Overview of the research

The Ministry of Health is reviewing the WCTO programme

The review seeks to strengthen WCTO by¹:

- Improving sustainability and performance of the WCTO service
- Driving equitable health and development outcomes for children
- Enabling WCTO to contribute to wider child wellbeing more effectively
- Ensuring value for money.

The research and the accompanying literature review inform the WCTO review

Large inequities exist for whānau Māori in child and maternity access and outcomes data (Ministry of Health, 2019a). Acknowledging these inequities, the Ministry commissioned Litmus to do a literature review and qualitative research with whānau Māori to inform the review of the WCTO. The qualitative research explored whānau Māori moemoeā of pēpi/tamariki health and wellbeing.

The literature review identified the design features of models of care for child health and wellbeing increasing enrolment, engagement, participation and retention over time to improve equity outcomes for Māori (Litmus, 2020a).

The research gives voice to the moemoeā of whānau Māori

The Ministry identified the following key research question:

- How do whānau Māori perceive child health and wellbeing, and what interventions are valued to support Tamariki Ora?

The research answered five descriptive and exploratory questions:

- What are whānau Māori moemoeā (dreams) for pēpi/tamariki health and wellbeing?
- What contributes to pēpi/tamariki health and wellbeing for whānau Māori?
- What do whānau Māori need for their pēpi/tamariki health and wellbeing?

¹ See the Ministry website <https://www.health.govt.nz/our-work/life-stages/child-health/well-child-tamariki-ora-services/well-child-tamariki-ora-review>

- What experiences or services have supported whānau Māori moemoeā of pēpi/tamariki health and wellbeing?
- What would the WCTO kaupapa look like to support whānau Māori moemoeā of pēpi/tamariki health and wellbeing?

Following the COVID-19 lockdown, a sixth question was added on WCTO service delivery shifting to virtual engagement.

- How well did video calls and phone calls support whānau Māori moemoeā of pēpi/tamariki health and wellbeing during the COVID-19 lockdown?

We have ethics approval for the research

The New Zealand Ethics Committee assessed the research plan and tools. Following some amendments, we received approval from the New Zealand Ethics Committee (NZEC20_04) for the research plan and tools (Litmus, 2020b). Please contact Dr Lily George, Chair, chair@nzethics.com with questions or concerns about this research.

We completed 64 qualitative interviews/hui with whānau Māori and 11 Māori leaders in six locations

We selected six locations to offer a range of perspectives, including the level of enrolment by whānau Māori in the WCTO programme; urban and rural locations; types of WCTO providers including Plunket and Tamariki Ora providers; and socio-economic level. The six locations were: Kaitaia, Waitemata, Tauranga, Wairarapa, Palmerston North and Christchurch.

We adapted the research method due to the impact of COVID-19

We commenced the research in March 2020. We completed face-to-face interviews in the Kaitaia area on 16 and 17 March 2020. The research was paused due to COVID-19 risks. Following discussions with the Ministry and the New Zealand Ethics Committee, we recommenced interviews in Alert Level 3 using Zoom and phone interviews. We completed these interviews between June and August 2020.

Appendix 1 details the research method. Appendix 2 has the research tools.

We acknowledge the strengths and limitations of the research

The number of interviews completed and the consistency of themes across whānau Māori and Māori leaders strengthen the findings. The achieved sample size has enabled the diversity of Māori perspectives to be heard. We acknowledge some voices were not heard. Other voices require a more detailed focus than this research could achieve.

Rights and needs-based approaches guide the WCTO programme review

This section sets the context for research findings. The section presents:

- The rights-based and needs-based context to address health inequities for whānau Māori in the WCTO programme
- The rationale and evidence for the WCTO as a proportionate universal programme.

We draw on this framing and the literature findings (Litmus, 2020a) in the analysis of whānau insights on their moemoeā for pēpi/tamariki and the redesign of the programme.

Te Tiriti o Waitangi establishes the rights-based approach to the WCTO programme review

As a public service department, the Ministry of Health has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi (Treaty of Waitangi; Te Tiriti) (Ministry of Health, 2020). The review of the WCTO programme must acknowledge the rights of Māori under Te Tiriti. The Ministry of Health (2020, p. 2) has four goals based on the foundations of preamble and the three articles of Te Tiriti and the Ritenga Māori declaration²:

- **Mana whakahaere:** effective and appropriate stewardship or kaitiakitanga over the health and disability system, which goes beyond the management of assets or resources.
- **Mana motuhake:** enabling the right for Māori to be Māori (Māori self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.
- **Mana tangata:** achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- **Mana Māori:** enabling ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices), and encapsulated within mātauranga Māori (Māori knowledge).

The Ministry's approach is guided by five principles: tino rangatiratanga, equity, active protection, options, and partnership.

² Often referred to as the 'fourth article' or the 'verbal article'.

A needs-based rationale exists in redesigning the WCTO programme

Colonisation has adversely impacted the health and wellbeing of whānau Māori

For Māori, colonisation and the resulting loss of land and culture has had a devastating effect on whānau health and wellbeing (Durie, 2017; Cram, 2019; King et al., 2018; Pihama et al., 2019; Moewaka Barnes & McCreanor, 2019). The key losses include the separation of whānau from their whenua, destabilising whānau, hapū and iwi identities; losses of language, economic and political independence, and whānau as a protective collective; and the undermining of the agency and autonomy of tamariki and women.

The impact of colonisation is evident in health outcomes. Māori experience significant health inequities compared to non-Māori. Māori have on average the poorest health status of any ethnic group in Aotearoa (Curtis et al., 2019).

Māori experience inequities in access to and outcomes from the WCTO programme

The Ministry of Health's WCTO Quality Improvement data demonstrates inequities of access and outcomes and, in some areas, increasing inequities for whānau Māori in the WCTO programme (Litmus, 2020a). As a result, tamariki Māori may miss referrals for early health or development interventions and support to increase school readiness.

Achieving health equity is a priority of the Ministry of Health

He Korowai Oranga is New Zealand's Māori Health Strategy and guides how the health and disability system can support Māori health (Ministry of Health, 2020). The Ministry of Health collaborated with health and social sectors to develop Whakamaui Māori Health Action Plan 2020-2025 (Ministry of Health, 2020). Whakamaui guides the implementation of He Korowai Oranga and provides a roadmap of actions that contribute to achieving the vision of pae ora for Māori.

Pae ora is a holistic concept that includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments). Pae ora provides a platform for Māori to live with good health and wellbeing in an environment that supports Māori to flourish and thrive as Māori.

Figure 1 presents the He Korowai Oranga framework and the overall aim of pae ora. We have used pae ora to frame the insights shared by whānau who took part in this research.

Figure 1

He Korowai Oranga framework (Ministry of Health, 2020, p. 4)



Strong evidence supports well child programmes

Strong evidence supports the value of a universal proportionate well child programme (i.e., one that offers services to all children and proportionately extra services to those who need more) (Litmus, 2020a). A universal proportionate programme can reduce health inequalities due to the social gradient of health (The Marmot Review, 2010). Countries with universal well child programmes have better outcomes for their children (Kuo et al., 2006). Internationally, proportionate universal well child programmes are recommended (Edmond, 2019).

Universal proportionate programmes have their challenges. Universal programmes can risk non-take up and do not address vertical inequities when people with greater needs are not provided with greater resources (Starfield, 2011). In contrast, targeted services can result in users feeling stigmatised, resulting in poor uptake or adherence (Hurt et al., 2018).

WCTO is a universal proportionate early childhood health and development programme

WCTO's primary goal is to ensure all families and whānau are supported to maximise their child's developmental potential and health status in the early years to establish a strong foundation for ongoing health and development (Ministry of Health, 2019a).

The WCTO programme is designed on the principle of universal provision of services for all children. [Twelve core contacts](#) are available to all children aged 0–5 years. Additional contacts are available based on need and determined with the family.

Core contacts are delivered by health practitioners (midwives or registered nurses). Additional contacts may be delivered by either health practitioners/workers or kaiawhina. The WCTO schedule is delivered by the Royal New Zealand Plunket Trust (Plunket) and over 60 local Tamariki Ora providers contracted by District Health Boards (DHBs). Around 70% of Tamariki Ora providers are in and governed by iwi-owned or Māori-led organisations³.

We are seeking to improve outcomes for whānau Māori in a proportionate universal programme

Insights from whānau will inform the redesign of universal and targeted activities within the WCTO programme to improve outcomes for pēpi/tamariki and Māori.

³ In this report, Tamariki Ora providers refers to Māori providers delivering the WCTO contacts.

Whānau Māori moemoeā for pēpi/ tamariki is pae ora

This section presents whānau⁴ feedback on their moemoeā for the health and wellbeing of their pēpi/tamariki.

The section addresses the following research questions:

- What are whānau Māori moemoeā (dreams) for pēpi/tamariki health and wellbeing?
- What contributes to pēpi/tamariki health and wellbeing for whānau Māori?
- What do whānau Māori need for their pēpi/tamariki health and wellbeing?

Whānau insights on their moemoeā support the Ministry's goal of mana motuhake

Mana motuhake is about power and authority, of self determination and independence for Māori. Mana motuhake is about the freedom to be Māori. Whānau express their mana motuhake in many ways. Whānau consciously and unconsciously incorporate mātauranga Māori and tikanga Māori practices. Whānau make deliberate choices based on their lived realities. For whānau, acting in self-determining ways is essential for health and wellbeing. The WCTO programme needs to support whānau to live their lives as they want, as Māori.

Pae ora – healthy futures

We use pae ora (healthy futures) to frame whānau feedback, as whānau spoke of how healthy families (whānau ora) living in healthy environments (wai ora) enable pēpi/tamariki to flourish (mauri ora). Whānau have a life-long focus on wellbeing for pēpi/tamariki situated within whānau wellbeing and te ao Māori. Whānau want pēpi/tamariki to have the opportunities, education and support to be what they want to be.

For some, moemoeā for pēpi/tamariki focuses on the inter-generational connections with the continuation of lineage and maintaining the strengths and wisdom handed down by tīpuna.

⁴ We used the term 'whānau' and not whānau Māori to refer to māmā, pāpā, and other caregivers who took part in the research. The term whānau refers to the "cornerstone of Māori society" which includes extended family and wider hapū and iwi' (Pihama et al., 2019, p. 15). We use the terms māmā, pāpā, grandparent to refer to individuals who took part in the research based on their relationship to pēpi/tamariki.

Māori leaders also spoke of the importance of multi-generational and community connectedness to achieve healthy futures.

A healthy whānau is what we aspire to. It is multi-generational and anchored around good life outcomes. One of those fundamentals is a sense of purpose in life that's either related to direct and good employment or a social connection through the marae, hapū and wider whānau, sports clubs where people can share with their peers and see that they're not alone. (Iwi leader, Iwi provider, Hui 5)

Across whānau interviews consistent themes emerged of their moemoeā for pēpi/tamariki. Some whānau express their moemoeā using te ao Māori concepts, strongly linked to pae ora. Other whānau less connected to te ao Māori describe elements within pae ora and express a desire to reconnect to te ao Māori.

While whānau moemoeā is consistent, the potential to achieve these aspirations varies. Colonisation and existing inequities for Māori undermine whānau potential to realise their moemoeā for their pēpi/tamariki. Through colonisation, some whānau have separated from whānau, hapū and iwi and lost this protection. Some have lost language and mātauranga Māori. Many face social and economic inequities due to unemployment or insecure employment, food and housing insecurity, a lack of access to services, and racism.

The kaupapa Māori concepts of health and wellbeing put forward by whānau can inform the redesign of the WCTO programme. However, to improve equity of outcomes for Māori requires wider action to address the ongoing impacts of colonisation, institutional racism and existing inequities in health, education, housing and employment.

Whānau ora – healthy families

Whānau ora—strong, healthy and connected whānau—is central to the moemoeā whānau have for their pēpi/tamariki. Whānau, to differing degrees, define health and wellbeing of pēpi/tamariki through the health and wellbeing of their whānau and their wider community.

Whānau highlight three elements which collectively create the foundations for whānau ora and contribute to wellbeing for pēpi/tamariki within their whānau and across their life journey:

- Whakapapa and identity are the foundations of health and wellbeing for pēpi/tamariki
- Whānau and community relationships create the life supports for pēpi/tamariki wellbeing
- Mātauranga Māori me ōna tikanga Māori is the inter-generational knowledge system of collective approaches to enable pēpi/tamariki wellbeing.

Whakapapa and identity are the foundations of health and wellbeing for pēpi/tamariki

Overall wellness, it all comes back to whakapapa. At the end of the day, protecting your whakapapa, that is what health is. (Single Māmā, seven tamariki, tried Plunket, using Tamariki Ora, provincial, Hui 31)

Whānau and pēpe/tamariki are grounded when they know their whakapapa

Whānau talk about the importance of knowing who they are, who they are related to, and where they are from as the foundations for whānau and pēpi/tamariki wellbeing. Māori leaders acknowledge the link between whakapapa and wellbeing.

Ko te tūāpapa ko te mohio ko wai koe, nā wai koe, ko tāua tapa whā, te oranga o tō ngākau tō wairua tuatahi. Kia tau te mauri ā te tamaiti ko wai ia. Ki au nei, me te mauri a te tamaiti ko wai ia. Ki au nei, me te whānau.

The foundations are for the pēpi/tamariki to know who they are, where they are from. Te Whare Tapa Whā for the wellbeing of the child mentally and spiritually. The essence of the child is settled when they know who they are, and the family is settled when they know who they are. (Iwi leader, Kuia, Hui 58)

Through whakapapa, whānau gain a sense of belonging to the wider collective, being connected to their heritage, and their relationship to whenua.

I think whakapapa is huge, knowing where you come from. Everyone comes from an amazing lineage. I think it's important for them to know they belong. (Single Māmā, seven tamariki, tamaiti 4 years, tried Plunket, using Tamariki Ora, provincial, Hui 31)

Whānau connect pēpi/tamariki to whakapapa through names and stories

Some whānau give pēpi/tamariki tīpuna names, and share stories about the characteristics of their tīpuna. These strategies strengthen whakapapa and identity, and create connections and past and future responsibilities.

We named him [pēpi] after a tīpuna of my partner. He got the exact name. We weren't allowed to change it in any way because we'd got it from one of his uncles. When we named him, we wanted him to be able to stand on the paepae and announce his name and for people to know where he's from. Know his family and know a bit about him, without knowing him, just hearing his name. For us, it's about him being able to stand there and kōrero and speak and be a part of that marae life and be surrounded by te ao Māori really. That's what we want. (Māmā, Pāpa, four tamariki, youngest 4 years, tried Plunket, using Tamariki Ora, provincial, Hui 17)

Stories are shared between and within generations to keep pēpi/tamariki safe.

There is a reserve at the back. I have always told them do not go near it because there is a taniwha in there. That is what I was told as a little girl. I believed it. When I could swim, I made sure it was my duty to see this taniwha. I learnt quickly there was not one there. They did not want us going down there because of how deep the water was. (Māmā, Pāpa, 2 tamariki, pēpi 4 months, using Tamariki Ora, rural, Hui 37)

Strong connections with grandparents create the links for pēpi/tamariki to their tīpuna

Many whānau spoke of the importance of building strong connections between pēpi/tamariki and grandparents. For whānau, grandparents' tīpuna are a direct link to whakapapa, culture, and whenua and te tai ao (environment). Whānau described learning from grandparents and passing their wisdom on to pēpi/tamariki.

We have been fortunate to have her role modelling and being that guidance. Our thinking around health and wellbeing and what it means for the future is assuring we sustain and maintain and prioritise our moko, but also into the fabric of our whakapapa all of those attributes she demonstrates get passed on too. Whether it's about whenua, our marae, our moana, our tamariki, our pēpi, our pakeke. It's all the same. (Grandparent, one tamaiti, stopped using Plunket, provincial, Hui 12)

Whānau want their pēpi/tamariki to know their grandparents, to develop a close bond, and to learn the history of their tīpuna. Some whānau are actively connecting with grandparents to create their whakapapa stories with their pēpi/tamariki in it.

My partner is very much into whakapapa. He loves that stuff. He wants to take her back to the hau kāinga. He had four grandparents for 28 years of his life. He doesn't realise how lucky he is to have that. For him, her getting to know his grandparents before they pass away is huge. I have my dad's mum who lives in Rarotonga. He wants to take her to Rarotonga so she can breathe the same air as her before she passes. He is big on whānau. (Māmā, Pāpā, pēpi, extended whānau, over 20, using Plunket, urban, Hui 22)

Some whānau and Māori leaders note creating this opportunity is challenging with few elders remaining and those remaining being in high demand in their communities and beyond.

Our kui kuia instead of going to the kōhanga reo, they're busy in the business line. The Council and DHB want to meet with them. They're part of the kaumātua group. Our kaumātua and kuia are not involved with our children as much. I think we have become business people. (Iwi leader, Kuia, Hui 58)

Traditional whānau structures and roles help preserve and protect whakapapa

A few whānau comment traditional whānau structures were dismantled by colonisation and urbanisation. These whānau and Māori leaders want Māoridom to rebuild traditional structures and roles, such as the whānau matriarch.

My mother is the matriarch of my family. She has instilled in all her children, her grandchildren, great grandchildren and great great great grandchildren that they are the most important priority in the family. So she will cast a beady eye and make sure that eye is passed onto her children to make sure that her children are always watching out, not just for one another but for pēpi whether that pēpi is 40 years or one year old. For us, as a family that is entrenched into everyone. (Grandparent, one tamaiti, stopped using Plunket, provincial, Hui 12)

Some whānau discussed the traditional practice of whāngai (foster). They understand pēpi/tamariki are whāngai to other whānau to preserve whakapapa, strengthen relationships, spread health risks across whānau, and for whānau with no children.

Our grandmother spoke very little English, she very much lived in te ao Māori. One of the things that my grandmother did, she directed her children, my uncles and aunties, to give babies to their siblings. I asked why that was and my mother said, this was my grandmother's way of keeping our family strong and also ensuring that health risk was spread across the whānau. It was not uncommon back in her time. (Pāpā, Māmā, two tamariki 3 years and 1 year old, whangai tamariki, used Plunket, using Tamariki Ora, provincial, Hui 15)

Whānau and community relationships create life journey supports for pēpi/tamariki wellbeing

Whānau support, care and enable whānau and strengthen wellbeing and wairua

Whānau relationships are important and strengthen whānau and pēpi/tamariki. Most whānau receive support and encouragement from whānau in raising and caring for pēpi/tamariki.

Since baby has been born, I would have a visitor just about every single day. One of the aunties would be around here pretty much every single day. Nanny will come once a week. The other grandma and grandad come once a week. We are so spoiled. My other aunties are Monday and Fridays. I am so lucky. He gets face time with all of them. I think that is good that he gets mixed families. My mum is remarried so he is getting stepbrothers and sisters, so he is getting different points of views and ways. We have all got the same morals and the same message coming through to him in different ways. I know one of my sisters is hard so she would be telling him straight whereas the other ones are really sweet and let him get away with anything. It is all with love and kindness. (Māmā, Pāpā, pēpi 4 months, over 20, using Tamariki Ora, rural, Hui 39)

Whānau living with parents or in collective whānau living arrangements acknowledge the benefits for pēpi/tamariki through aroha, awhi and in developing socialisation skills. They believe collective living has a positive impact on their and their pēpi/tamariki wairua.

It is because he can wake up and he is in a house where it's not just his mum that can provide him with that comfort and awhi. He can go to my mother and they feel a sense of belonging with more than their mother. (Māmā, Pāpā, four tamariki tried Plunket, using Tamariki ora, provincial, Hui 17)

Some whānau, who are not living nearby, are actively connecting their pēpi/tamariki to their whānau and whenua through attending whānau events and going to their marae. Through these events, life-long and inter-generational support are created for pēpi/tamariki. Whānau, even with raru, are always whānau. Whānau want their pēpi/tamariki to know they have wider whānau to call on when needed, and not be lost in the world.

For me, it's like that family bond. I want her to carry that all the way, don't ever let go of who your family is. Sink it in them now so they can carry it through life, so they don't forget where they come from, that's a big thing. Whānau time, that's so important, man. Otherwise I reckon that if my daughter didn't have that, she'd be lost in the future like. Like doesn't know where she belongs so that's why she goes to the marae all the time. We try and attend as much family things as possible. The whakawhanaungatanga and all that. You might not go to the marae, but you got the connection to all the whānau that's for sure. Just in a different area. (Māmā, over 20, one tamaiti, Tamariki Ora stopped, rural, Hui 1)

With whānau support, whānau can find their solutions to address challenges

Some whānau experience difficult and complex whānau contexts, including child custody battles or threatened removal of pēpi/tamariki by Oranga Tamariki. These whānau feel anxious and distressed. However, for some, being connected with their whānau and working together enables collective solutions so pēpi/tamariki can stay within the whānau.

They [tamariki] lived with their grandparents but then [agency] said, 'Nana and grandad are getting too old to look after them.' There had to be another decision. They wouldn't give them back to me as I had not done enough programmes. Me and nana had a big talk and I had a talk to their dad. My auntie is the best and she put her hand up. We decided the best place for them would be there to heal and they didn't have to go into the system. They are living with my auntie, her partner and other kids. They are happy there. (Single māmā, tried Plunket, tried Tamariki Ora, provincial, Hui 24)

While some whānau can develop collective solutions, others need support. Māori leaders want advocates to support whānau to navigate through Oranga Tamariki due to whakamā (shame) and a lack of information. Their hope is quality advocates will enable the development of collective whānau solution before reaching a crisis point.

Those without or limited whānau support feel alone and can lack confidence

Many whānau say without whānau support they would struggle to care for and raise their pēpi/tamariki. First-time māmā living in towns away from their whānau support, talk about feeling alone and lacking confidence in raising pēpi/tamariki.

Some māmā with more than one tamariki received whānau support in their first pregnancy but this decreased with their second pēpi. Some whānau recognise the lack of whānau support and not having whānau around affected their and their pēpi/tamariki wellbeing.

After I had the first one everyone was coming over and supporting us but then we went through a dry spell and no one was around. That was huge for me, I felt the support wasn't there and I was doing it alone. I was in a massive rut, a big hole, I couldn't get out of. The stress was going over into my pregnancy and to my firstborn. My stress started to affect him as I didn't have that support around. I reached out. (Māmā, Pāpā, two tamariki, Nan, using Plunket, urban, Hui 3)

Māori leaders also note changes to whānau connections and sense of belonging when whānau move away from the rohe. Leaders from iwi authorities are developing strategies to strengthen whakapapa and whānau connections.

Whenever we engage with people, we go through a greeting, we make those connections, it just happens naturally and we make an association to our whānau. We have marae noho often bringing whānau who want to engage and learn more about themselves. A lot of people don't want to acknowledge that they're attending hui to specifically enhance their mana, their wairua. That comes out quite often. (Iwi leader, Iwi provider, Hui 60)

Mātauranga Māori me ōna tikanga Māori is the inter-generational knowledge system of collective approaches to enable wellbeing

He māia is the confidence of whānau to parent with courage by expressing their tino rangatiratanga.

Grandparents have an important role in passing on mātauranga Māori to whānau

Mātauranga Māori and tikanga Māori customs and practices are passed on from generation to generation. Some whānau talk about mātauranga Māori and tikanga Māori concepts such as aroha, manaakitanga and whanaungatanga. Others observe they were taught tikanga through interactions with and love from their grandparents and the wider whānau. Whānau with a connection to mātauranga Māori feel confident as the learnings from tīpuna enable them to manage the challenges in their lives.

It is the way that most of them show love, I believe. My nanny showed it through, you know, teaching us tikanga, and how to mother and parent in general. I know how to love my baby because she always loved me so well. I watched my mum be a grandmother as well as mothering us. So watching her example as well as little things like how she bathed the kids, how she would rub them down with essentials oils at night. Even when they're sick, giving them rongoā and all sorts. I definitely implement everything I learnt from them. (Māmā, Pāpā, tamaiti 4 year old, over 20, tried Tamariki Ora, using Plunket, provincial, Hui 14)

Some māmā have the support of grandmothers, mothers and extended whānau after the birth of pēpi. This support is reassuring and builds their confidence. Māmā share stories of practical skills learnt, including child-rearing, cooking and cleaning practices.

My nan stayed with us after baby was born. She told us that it is okay to ask for help. Nan told me to look after myself and to prepare me to ask for help if I need it. When baby came, she said to sleep when baby slept. My nan said sleep when she sleeps and when she is crying don't get too upset about it. Try and feed her and just try and hold her for a bit. Nan is big at not leaving babies to cry by themselves. Nan said, 'Let herself soothe but don't leave her in the room and then walk away. Let her know you are still there for her.' (Māmā, one tamaiti, over 20, using Plunket, urban, Hui 6)

Whānau who grew up without grandparents because they had died before they were born or when they were young feel this connection and wisdom is missing. Others who had moved away from whenua connections also feel isolated and unsupported.

Raising little kids requires a lot of work and without grandparents around and close by I don't know how young parents will cope because it is that intense and with children that are susceptible to all sorts of illnesses and fluctuations in health very quickly. It requires a serious amount of hard effort and attention to raise children successfully. Without full whānau support around or some experience or practice it's a completely foreign world for them and they really need help. (Iwi leader, Kuia, Hui 59)

Te reo Māori me ōna tikanga creates identity, connectedness, and the sharing of culture, values, and knowledge

Most whānau acknowledge speaking te reo Māori connects them to their culture and their identity as Māori. Whānau have a range of fluency in te reo Māori from being fluent to having some familiar and high use words. Whānau with te reo-speaking parents or grandparents ensure their pēpi/tamariki spend time together to learn te reo and gain from their knowledge.

Just to spend time with them. They pass on so much knowledge. Dad is a te reo speaker so he chats away to them (mokopuna) so it is so lovely that they get that straight from him. He speaks old bush Māori. You can't beat it, right. My son has not only a direct link to old Māori spoken but there is so much knowledge that Dad has. He is 80. (First time Māmā, Pāpā, pēpi 4 months, over 20, using Tamariki Ora, rural, Hui 39)

Whānau with limited fluency wish they had been raised speaking te reo Māori. For these whānau, their parents did not speak, and their grandparents were forbidden to speak te reo Māori. For some, this loss creates a sense of whakamā. Māori leaders note some communities have been active in addressing this loss through te reo Māori revival strategies.

Many whānau want their pēpi/tamariki to learn te reo Māori and be confident in their culture and identity. Some whānau are enrolling pēpi/tamariki into Kōhanga Reo.

I would like for him to learn Māori early. Because that is who he is. I did not learn Māori when I was going through school. I wish I did. I put him through kōhanga straight after he was born to give him the opportunity. I would like them to go to a Māori school, be fluent and know more about their culture and be educated about their culture because I was not and I really want that for them. (Māmā, Pāpā, two pēpi under 2 years old, under 20, tried Tamariki Ora, using Plunket, urban, Hui 47)

Whānau not fluent in te reo Māori want to learn alongside their pēpi/tamariki. Some are enrolling in online te reo Māori classes to support their pēpi/tamariki and enhance their sense of belonging and wellbeing.

I've always wanted to be able to speak fluent Māori. When I was little I wanted to go to kōhanga. My daughter's dad, his family are fluent in Māori and they all went to kōhanga. It will make me feel a lot better by knowing Māori because I am Māori. I've been looking at the basic Māori courses online as she is at kōhanga. I'll be learning te reo Māori online so I'm able to interact with her in Māori. (First time Māmā, pēpi 7 months, under 20, using Tamariki Ora, provincial, Hui 32)

Some whānau are looking to the future in reclaiming te reo Māori. These whānau want a new normal. Their vision is pēpi/tamariki will reclaim te reo Māori, connections to whānau and whakapapa, and be confident as Māori.

Our kids are going to be the leaders in that. They will be the firsts. We may have been the first to go to university, they will be the first reo speaking kids, and it's more than just reo, comfortable in their skin whose grown up with their own pūrākau, know their whakapapa inside and out. (Iwi leader, Urban, Hui 62)

Wai ora – Healthy environments

He Korowai Oranga defines wai ora as the importance of Māori connections to whenua and healthy environments on the health and wellbeing of individuals, whānau, hapū, iwi and Māori communities (Ministry of Health, 2020). Whānau aspire to healthy environments for pēpi/tamariki. However, as whānau show, the impacts of colonisation and existing inequities for Māori can undermine their moemoeā.

Across the interviews with whānau, two consistent wai ora themes emerged:

- Kaupapa Māori environments support the spiritual health and wellbeing of whānau and pēpi/tamariki
- He kāinga haumarū—whānau create safe, secure, and nurturing environments for pēpi/tamariki.

Kaupapa Māori environments support the spiritual health and wellbeing of whānau and pēpi/tamariki

Kaupapa Māori environments are the places where whānau feel comfortable. Whānau want their pēpi/tamariki to belong to their marae and Kōhanga Reo/kura to strengthen their identity, wairua and wellbeing.

We talk about the things that are important. That are of cultural significance. We put up pou so not only our Māori people know, our tamariki know, but visitors know that there is something special about the area they are walking on. We have identified those significant places we want our tamariki to know about. Children who are grounded in their own background are healthier of mind, of body. (Iwi leader, Kaumātua, provincial, Hui 57)

The marae is central for some whānau and pēpi/tamariki as their tūrangawaewae

Whānau connected to their marae talk about its importance for their and their pēpi/tamariki as their tūrangawaewae—the place where their whānau stand. Their marae is a place of support and learning with kuia and kaumātua passing on mātauranga Māori.

When I was two days old my great grandparents come to the hospital and got me. Them being my greats they were around the marae and on our marae is where I grew up. Our marae was across the road from kaumātua flats. I lived in the marae more than my home. If I was ever lost I was always there. It is just a generational thing. It is what I was taught, what I learnt, I suppose it's installed in me. I went to kōhanga and wharekura. It is what I have been brought up in. (Māmā, Pāpā, three tamariki, pēpi 4 months, using Tamariki Ora, rural, Hui 37)

The marae strengthens whakapapa by connecting to the places of significance to tīpuna. Whānau are responsible to whenua and are the ahi kā and kaitiaki of ancestral sites. Pēpi/tamariki come with whānau to their marae to know their ancestors and where they are from.

It is about knowing our ancestral places. We do not have a responsibility to just those living. As long as I know our urupā is fine as in maintained, our marae is well. Some of our ancestral places are well and places that are kind of tapu are a part of our historical fabric to remind our kids of. Also, our place names to remind them. (Grandparent, one tamaiti, stopped using Plunket, provincial, Hui 12)

Whānau occasions are important for pēpi/tamariki to connect with the whānau on the marae such as tangihanga, birthdays and weddings. For whānau, these occasions strengthen connections and replenish wairua.

Our whānau, we're huge, even our immediate. Our extended whānau are like brothers and sisters as well. We do not come together as much as we want to. When we do it is for reunions, weddings and funerals. It is a mixture of immediate and extended. I consider them as brothers and sisters even though they are cousins or aunts and uncles. (Māmā, Pāpā, three tamariki, pēpi 4 months, using Tamariki Ora, rural, Hui 37)

Some whānau are not strongly connected to their tūrangawaewae and marae and want to reconnect. These whānau live outside of their rohe and may not return frequently. A few whānau have lost their connection. A few whānau are reconnecting through tertiary studies and learning about the impact of colonisation on their cultural connections.

I don't really connect too much to my marae or iwi because we didn't grow up knowing about those sorts of things. They were more learned in my adulthood rather than childhood. It was in the process of getting my degree. We had to utilise our pēpēha and do a research paper. Mine was my disconnection to my culture due to colonisation. So that opened me up to a whole different side of what my culture means to me as a person who didn't grow up immersed in it. (Māmā, four tamariki, using Tamariki Ora, provincial, Hui 26)

Māori leaders recognise whānau desire and effort to reconnect. Kuia and kaumātua feel they have a responsibility to help whānau connect to their marae, whenua to strengthen whānau oranga and hauora. Several Māori leaders are working with their marae to reconnect their uri living outside of the rohe using digital technology such as zoom.

Kōhanga reo and kura kaupapa are safe, educative and restorative spaces

Whānau recognise Kōhanga Reo and kura kaupapa as environments that encompass mātauranga Māori and tikanga Māori customs and practices. In these spaces, whānau feel comfortable as Māori, and they can give and receive tautoko, awhi and manaaki. For whānau, Kōhanga Reo and kura are safe spaces for pēpi/tamariki to connect with other whānau and are places to restore mana and wairua.

The unique thing about being Māori and having your kids in rumaki reo or a kura kaupapa is the support you get with your babies as well. So my downtime from the whole whatever state I was in was to go to a whānau hui and hand him off to one of the whānau and then sit there for 20 minutes without a child attached to me, and be an adult for a minute. That was my downtime. (Māmā, Pāpā, four tamariki, tamaiti 4 years, tried Plunket, tried Tamariki Ora services, urban, Hui 9)

The impact of colonisation is evident in some whānau who are less confident in educating pēpi/tamariki in Kōhanga Reo and kura kaupapa Māori systems. A kuia understood this disconnect and developed a steppingstone programme for whānau to feel comfortable in

sending their pēpi/tamariki to Kōhanga Reo. This programme allows whānau to grow confidence in engaging in te ao Māori.

Ko ētahi o ngā whānau kaōre i te haere ki kōhanga reo. He aha te take mo tērā? Ka tīmata ahau i te kaupapa Māori “Poipoia te mokopuna”. He aha ngā kaupapa he ōrite ki te kōhanga reo, kia tino tīpu ai te tamaiti me ōna mātua, me te māmā me te whānau i roto i te ao Māori. I roto i te ao Māori te karakia, te mihi mihi, ngā kōrero o tēnei wāhi te tuakiri.

Some whānau were not sending their pēpi to Kōhanga Reo. Why is that? I began a kaupapa Māori play group “Poipoia te mokopuna”. What are the similarities between Poipoia te mokopuna and Kōhanga Reo? There are a lot. The child the parents, the mum and the families grow up in te ao Māori, that is karakia, mihi mihi, the history of the area, your identity. (Iwi leader, Kuia, provincial, Hui 58)

Some whānau want their pēpi/tamariki to be confident in both te ao Māori and Pākehā worlds so they can achieve their aspirations. Māori leaders note education needs to evolve to encompass te ao Māori. The leaders recognise the role of education for pēpi/tamariki is to achieve their aspirations and for their sense of wellbeing. However, education is more than ‘formal’ schooling and includes understanding and being confident in te ao Māori.

Ko te moemoeā kia tu, kia rere ngā tamariki mo e kura koira tētahi atu. Kia kaha rātou ki te kōrero, ngā pūkenga a te tamaiti, te panui, te whakarongo, te titiro, te kōrero, te mahi i ētahi mahi, te tītorea ngā poi. Te tai ao, korā tētahi tino wahanga mō te mokopuna, hari ki te moana, ki te kōrero mō te moana, ki te raweke i roto i te moana. Tētahi atu ki te haere ki ngā marae, kia mohio rātou ki te whare tūpuna, te kawa o te marae

An aspiration is to ensure that children are capable and ready for school, that they are strong at conversing, all the skills that children need to read, to listen, to see, to talk, other skills such as hand games. Nature is a very important part— take children to the sea to converse about the sea, to play in the sea and go to the marae so that they know the meeting house, the protocols of the marae. (Iwi leader, Kuia, provincial, Hui 58)

He kāinga haumarū – whānau work to create safe, secure and nurturing environments for pēpi/tamariki

Whānau want to make decisions on where and how they live to create healthy environments to support whānau and pēpi/tamariki wellbeing. Some whānau have resources and create nurturing homes and safe environments. Other whānau lack income and resources, resulting in food insecurity, living in damp or substandard housing, and other stressors. As these barriers demonstrate, realising mana motuhake, and mana tanagata requires whānau to be supported to exercise their authority over their lives through addressing wider inequities.

Whānau want to create alcohol-, drug-, smoke- and violence-free environments for pēpi/tamariki

Whānau want to create a positive home environment based on aroha, manaaki and kotahitanga. Whānau want pēpi/tamariki to live and grow up in safe and secure environments.

Many whānau have made their homes alcohol-, drug-, smoke- and violence-free for pēpi/tamariki. Several whānau do not take their pēpi/tamariki into environments with alcohol and other drugs. Whānau talk of ensuring others know their values and preferences for their home and their pēpi/tamariki. One māmā moved her whānau out of town to distance from whānau and friends engaging in harmful alcohol and other drug activities.

A healthy home and social environment is that there is loads of love and warmth felt through our whare. No matter who comes into our space we can ensure that it is a violence, alcohol and a drug-free space. We do this by demonstrating whānau values: aroha, manaakitanga, kotahitanga, non-judgement, security, honesty and trust. A healthy social environment looks like our home. Being Māori, we are big on being surrounded by whānau. (Māmā, Pāpā, three tamariki, pēpi 4 months, using Tamariki Ora, rural, Hui 37)

Whānau work to create positive and emotionally stable environments

Whānau recognise the emotional wellbeing of māmā and pēpi/tamariki are connected. Pēpi/tamariki are happy when māmā is happy, and if māmā is stressed or tired, pēpi/tamariki are unsettled. Many māmā are aware caring for their health and wellbeing creates a positive environment. They are active in seeking the support of whānau and friends, when needed.

They check up on me and check up on my mental health. They let me know constantly if I ever need a hand. Happy mum, happy babies. For instance, my girlfriend had my daughter a few weeks back and took her for a big walk. She took her because I was having a bit of a meltdown because I wasn't getting enough sleep. (Māmā, Pāpā, two tamariki, pēpi 4 months, using Tamariki Ora, rural, Hui 40)

Some whānau believe parents in positive relationships create a safe and healthy home for pēpi/tamariki.

I wanted a healthy home. Healthy relationship with me and my partner because in the past we haven't always seen eye to eye. That was a massive change I wanted now that we have a child. It got way better over time, and I kept instilling in our home environment. Arguments would turn into conversations when the baby was around—little changes like that. (Māmā, Pāpā, Nan, two tamariki, pēpi 2 months, over 20, using Plunket, urban, Hui 3)

Whānau want financial security

A lack of income or employment insecurity creates stress for whānau and has implications for pēpi/tamariki health and wellbeing. Some whānau talk of trying to balance being present with pēpi/tamariki, with the need to return quickly to paid employment. Others due to unemployment and lack of whānau support struggle to meet daily living needs.

We're a happy little family. The only thing that stresses us out is the financial side of things. That is with everybody I guess and especially with the whole lockdown. We always make time for each other. We're in a happy relationship, and our son gets to see a lot of that. He sees a lot of love and planning and interacting. (Māmā, Pāpā, Nan, tamaiti is 4 years old, over 20, using Plunket, provincial, Hui 21)

After pēpi is born, pāpā tends to continue working, and māmā remains home to care for pēpi. While māmā enjoy being at home, they worry about the financial burdens placed on their

partners. One whānau had significant financial stress when her husband fell ill, and could not work. As a result, they had to move to cheaper accommodation and māmā returned to work.

Part of the anxiety was around money. Because I was the only one working. When I had baby, we were down to just paid parental leave which was not very easy. They gave me information around places I could go like the food bank and bits and pieces like that. (Māmā, four tamariki, pēpi 5 months, used Plunket, using Tamariki Ora, rural, Hui 33)

Several māmā are on paid parental leave. While some are happy to return to work, others are not. These māmā want paid parental leave to be extended so they can continue to breastfeed and enjoy the development of their pēpi/tamariki.

Baby will be five months, she's still exclusively breastfeeding. I don't want to go back to work and stop her getting breastfed. And that's a hard thing. It's weighing up between whether I want to keep breastfeeding my daughter or working because we have to. So they should do paid parental leave for at least a year. Because then babies do get all the nutrients they need. The mother doesn't miss out on their first crawl and their first step. (Māmā, Pāpā, two tamariki pēpi 8 weeks, over 20, tried Plunket, using Tamariki Ora, provincial, Hui 30)

Whānau want warm, stable and affordable housing

Whānau live in a range of housing. Some are in rented accommodation, some live with whānau, and some are paying mortgages on their home. Some whānau aspire to own their home to create stability and a legacy for pēpi/tamariki. For others, this dream is not a reality. Whānau in rental accommodation speak of the high cost of rent and heating. Some whānau are living in damp homes and are worried about the effects on pēpi/tamariki health. For these whānau, receiving the accommodation supplement and the winter heating allowance helps.

All I am thinking about is heating costs. Having a healthy warm home would cut off a lot of problems before they occur. I don't know what my baby's respiratory is like, but my other nieces and nephews have got terrible asthma. Now that we have got baby we are trying to make sure it is dry as it can be, but power is expensive. (Māmā, Pāpā, pēpi 4 months, over 20, using Tamariki Ora, rural, Hui 39)

Whānau want access to safe spaces for physical activity and healthy kai (food)

Whānau are aware of the relationship between physical exercise and healthy kai and good physical and mental health and overall wellbeing. Being outdoors, being active and connecting to te tai ao through growing their own kai replenishes their wairua. For some whānau, a lack of money and time can make it difficult to live as they want.

I think going back to the basics of nutrition and exercise and fighting the IT world. My six-year-old moko comes home from kura and all he wants to do is go on the iPad. Nanny has a plan for you, I am going to pick you up from kura and we're going to walk home. So that is about five k. Some of our whānau are so busy with mahi to put kai on the table that they cannot be in the household to do the vegetable gardens and exercise. (Iwi leader, Iwi provider, provincial, Hui 63)

For many whānau, kai is important in nourishing te tinana and te hinengaro. Some whānau talk about the process of preparing food, sharing meals, and coming together as whānau

around food. These food rituals, together with healthy food, create an environment of care and nurture which supports whānau and pēpi/tamariki wellbeing.

Exercise. They all get out. Some skateboard, some scooter, some bike. And having access to good food when they want it. It's about healthy kai and living but also mentally for you and whānau. (Māmā, Pāpā, pēpi 9 months, over 20, using Plunket, urban, Hui 22)

Mauri ora: Healthy individuals

Mauri ora seeks to shift the mauri (or life force) of a person from languishing to flourishing. Mauri ora has a spiritual dimension, recognising culture as a determinant of health (Ministry of Health, 2020, p.18). Whānau goals for pēpi/tamariki in the short- and long-term focus on mauri ora. Whānau want their whānau and their pēpi/tamariki to flourish by being:

- Happy and loved
- Connected to whānau and confident in their cultural identity
- Te taha wairua me te taha hinengaro (emotionally and mentally strong)
- Te taha tinana (healthy and developing well).

Whānau want their pēpi/tamariki to feel happy and loved

Whānau want pēpi/tamariki to feel happy, secure and loved. Whānau through whānau ora and wai ora enable pēpi/tamariki to thrive and be well.

That they know that they're loved. And when we give them love that they themselves feel well in themselves, that they are happy. (Māmā, Pāpā, 4 tamariki – 2 whangai, pēpi 11 months, using Tamariki Ora, rural, Hui 36)

Whānau want their pēpi/tamariki to be connected to whānau and confident in their cultural identity

Whānau want pēpi/tamariki to know their whakapapa, be connected to whānau, and their whenua. Their goal is for pēpi/tamariki to be strong in their culture identify, confident as Māori, to act and think independently, to be secure as individuals and as part of whānau.

I just mainly want her to be confident, it's a massive one. Be independent. I want to raise her in a way that she can do things on her own really fast. I would like her to be independent from an early age and able to tell us what she wants. To be able to communicate her wants and needs and be able to get it if she can get it on her own and just be happy and feel safe and healthy. Knowing her whānau both on mum and dad's side. (Māmā, Pāpā, Nana, pēpi 4 months, whangai 11 months, over 20, using Plunket, urban, Hui 4)

Whānau want their pēpi/tamariki to be emotionally and mentally strong (te taha wairua me te taha hinengaro)

Many whānau recognise the emotional and mental wellbeing of pēpi/tamariki is reflective of the emotional and mental wellbeing of whānau. Whānau recognise the importance of relationships and connections in contributing to a healthy hinengaro and wairua. They are also aware of the impact of clinically identified mental health issues.

Whānau want their pēpi/tamariki and whānau to be emotionally strong. Some whānau are supporting tamariki to learn about being aware of and managing their feelings and emotions. They encourage tamariki to share how they feel and support them to resolve hurt feelings.

We're doing it with my four-year-old. Letting them express that it is ok about feelings. So if they're feeling sad, it is ok to tell us and talk about their feelings. I think that is the most important thing about my children is that they can tell us about it. (Māmā, Pāpā, 4 tamariki – 2 whangai, pēpi 11 months, using Tamariki Ora, rural, Hui 36)

Some māmā shared their experiences of pre- and post-natal depression and the devastating effect on them, their pēpi/tamariki and their whānau. Māmā talked of being 'staunch' for their whānau and hesitant to seek help. Their hesitancy reflects not understanding pre- or post-natal depression or the help available. Accessing whānau and mental health support are important in restoring mental wellbeing.

Being healthy, having the facilities available to be able to. Mental health and physical health, keeping track. The biggest thing is knowing what is available for families in those sectors. (Māmā, five tamariki, over 20, tried Plunket, tried Tamariki Ora, provincial, Hui 27)

Some whānau shared occasions when they were overwhelmed and not coping, and identified their hinengaro and wairua were affected. One māmā shared the stress related to not gaining support and access to diagnostic services when she felt something was 'not right' with pēpi. Through an extended process of trying to get services to listen, māmā and whānau were stressed as they did not know how best to support their pēpi.

I think it would have helped them or my identity a lot sooner how to deal with what I was going through in terms of my own mental state and also I wouldn't have felt like I was talking to a brick wall when I was trying to figure out what was wrong with my child. (Māmā, Papa, four tamariki, tried Plunket, tried Tamariki Ora services, urban, Hui 9)

Māori leaders raised the traditional roles of Māori men having a sense of purpose, and women as whare tangata. One leader advocates pāpā need employment to claim their sovereignty by providing for their whānau. The Māori leader advocates employment or other opportunities for men restores their ihi and contributes to the mauri of whānau. Another leader advocates the need to respect the traditional roles of women and grandparents.

Breaking down the alcohol booze culture is a big one and we seem to be making a pretty good job of that except when people don't have continued employment. (Iwi leader, Iwi provider, rural, Hui 10)

Women are whare tangata. If you cannot respect that position which is time-proven, then you are going to have difficulty and your children will have difficulty. Once they adopt that framework of thinking then things follow much easier. And that relates to parents with respect to their ongoing mother and grandparents of the moko. You know these things work and they've worked for generations and there are reasons why and it's because it's stood the test of time. (Iwi leader, Iwi provider, rural, Hui 10)

Whānau want their pēpi/tamariki to be healthy and developing well

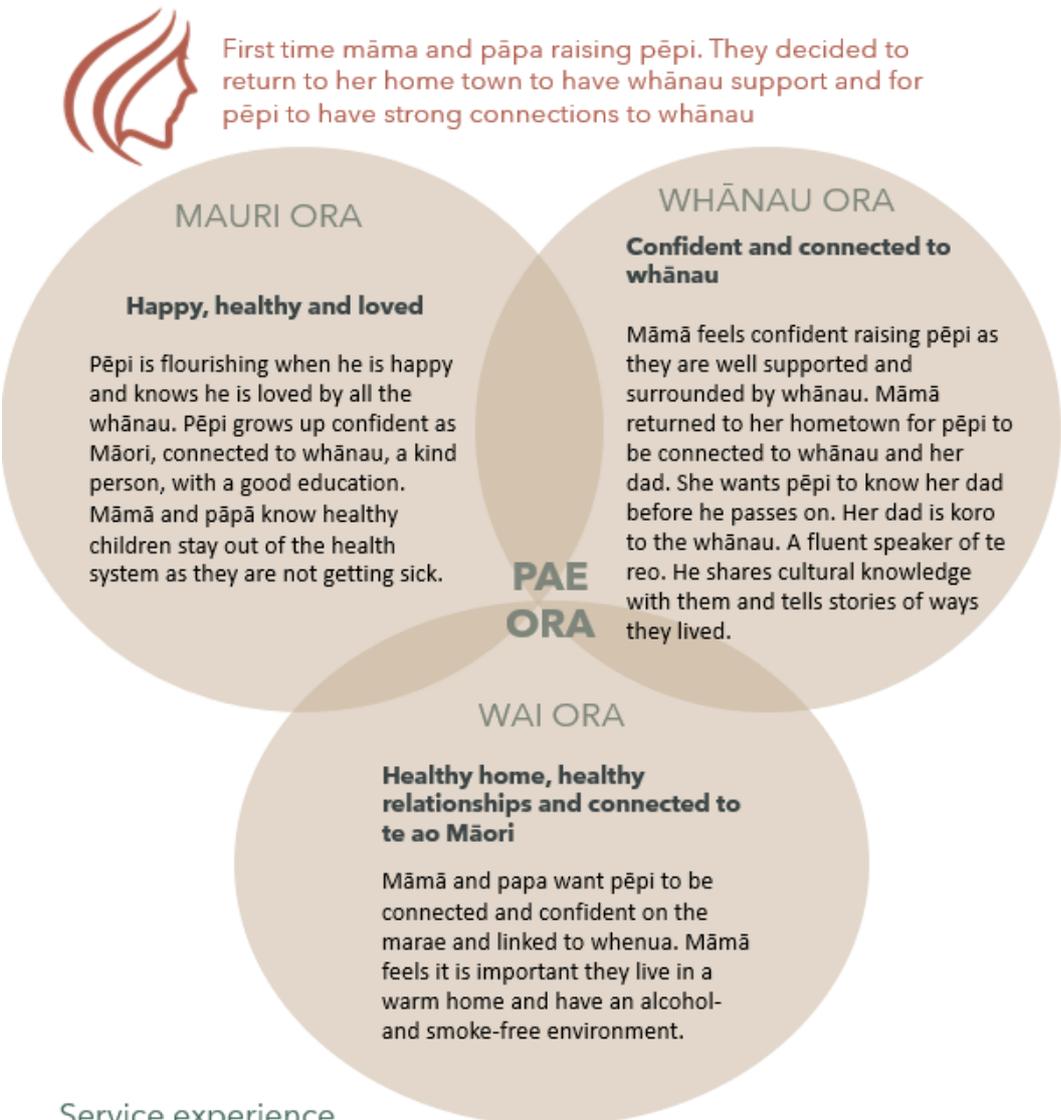
Whānau want reassurance their pēpi/tamariki are well and developing as expected. Whānau seek this reassurance from whānau, WCTO providers and other health services. Whānau want to be informed about health and wellbeing, know about the range of services available and to access them easily, when needed.

Wellbeing for tamariki mokopuna is about being an informed whānau. Whakamā inhibits a number of whānau from realising what is in the community and not reaching out to what is available. It is also about the people that are on the ground being able to deliver services outside the box, to be passionate and being really courageous in pushing those boundaries for whānau. (Iwi leader, Iwi provider, provincial, Hui 60)

The implication for the WCTO programme redesign

Whānau moemoeā provide a kaupapa Māori framework of health and wellbeing for pēpi/tamariki within whānau wellbeing based on their lived reality. Whānau insights strongly align with the findings from the literature review on the design features needed to improve equity for Māori in the WCTO programme. The literature review recommended the WCTO programme needs to be framed on kaupapa Māori concepts of pēpi/tamariki Māori health and wellbeing within the context of whānau Māori wellbeing and collective responsibility (Litmus, 2020).

Figure 2: A holistic sketch of whānau moemoeā and WCTO service experience⁵



Service experience

Māmā wasn't happy with her WCTO nurse. The nurse kept changing and missing scheduled appointments. She has been worried and anxious. A cousin said that was not right, so she rang the WCTO office. She was told the nurse would call but she never did. Her aunty told her to go to the other WCTO. Māmā is happier here. Her nurse is Māori, and she speaks a little te reo to pēpi which she loves. The nurse is encouraging of the way she cares for pēpi and gives good advice. During lockdown, the nurse video called, and text messaged. While this was good, Māmā prefers face-to-face visits to build trust and whanaungatanga. Māmā says the WCTO service is too focused on pēpi. She wants the service to focus on whānau as whānau wellbeing contributes to pēpi wellbeing.

⁵ The vignette is a compilation of whānau feedback to offer a holistic insight into their moemoeā and experience

The WCTO programme is not enabling whānau moemoeā of pae ora

This section presents whānau experiences of the WCTO service and the service's contribution to their moemoeā of pae ora for their pēpi/tamariki. We also give a high-level overview of other support and services used by whānau to enable their moemoeā.

This section addresses the following question:

- What experiences or services have supported whānau Māori moemoeā (dreams) of pēpi/tamariki health and wellbeing?

Whānau service experience shows the Ministry's goal of mana tangata is not being achieved

For whānau, mana tangata is about taking part and accessing all on offer. Whānau wellbeing depends on whānau being confident in accessing the WCTO programme and making choices to contribute to the overall wellbeing of whānau. The WCTO programme needs to enable whānau to access and engage with the service for positive life-long outcomes for whānau and their pēpi/tamariki.

WCTO programme enables very limited elements of pae ora

Whānau indicate the WCTO programme is making some contribution to supporting their moemoeā for their pēpi/tamariki, to te taha tinana. However, the WCTO programme is not aligned with broader whānau moemoeā for their pēpi/tamariki.

The approach is based on a generally Western-based acceptance of health – it's the baby's weight, right? Is the baby's physical development right? Is his respiration fine? All those kinds of oranga tinana aspects of health... Two dimensions (of health), one is very tinana focused and the other is...what's that thing; Dr Mason Durie's model? Te Whare Tapa Whā. Yeah! So for me as Māori I think of a more holistic view in response to health. It seems to me that when we talk about health in a te ao Māori context, it means something more than just taha tinana. (Pāpā, Māmā, 5 tamariki, 3 whangai, two pēpē, used Plunket, using Tamariki Ora, over 20, urban, Hui 15)

Whānau value receiving reassurance on the health and development of their pēpi/tamariki

All whānau agree the WCTO programme has value in offering reassurance their pēpi/tamariki are healthy, growing and meeting their developmental milestones. Whānau want this reassurance.

She came on board with my youngest and I was already going through a lot, they really helped me and supported me. They were just there to listen and to tell me that baby's doing fine. That she's doing everything she's supposed to be doing. Yeah, they were just really a good support. It was someone from out there, out of my circle coming in to say everything's fine, just reassuring. (Māmā, one tamaiti, over 20, using Tamariki Ora, rural, Hui 1)

Whānau service experience varies across WCTO providers

Whānau have a range of experiences of the WCTO programme from positive to negative across both Tamariki Ora providers and Plunket. On balance, whānau using Tamariki Ora providers are more positive about their service experience than whānau using Plunket.

Whānau using Tamariki Ora providers tend to have a quality relationship with their Tamariki Ora nurse. Many whānau appreciate the Tamariki Ora provider is more aligned with te ao Māori, Māori culture and tikanga. In contrast, whānau are less likely to have positive relationships with Plunket due to a lack of cultural alignment and some Plunket nurses not being culturally safe. Across both providers, whānau experience unreliable and inconsistent delivery which prevents them from benefitting from the programme.

Informed choice, quality of the WCTO nurse relationship and service quality create a positive WCTO experience

Whānau highlight three dimensions to a positive experience of the WCTO service and accessing all the programme has to offer, specifically:

- being able to make an informed choice about their service provider
- having a quality relationship with their WCTO nurse
- the flexibility, reliability and consistency of WCTO service delivery.⁶

Whānau want to make an informed choice about their WCTO provider

Midwives play a key role in informing whānau about the WCTO programme and their provider options

The process of choosing the WCTO service provider is a critical step for whānau Māori, especially first-time māmā. The ability to exercise informed choice in selecting their WCTO

⁶ These dimensions align with He Taura Tieke—a framework which identifies the key attributes of effective health services for Māori (Ministry of Health, 1995).

provider sets the tone of whānau engagement with primary health care over the life journey of their pēpi/tamariki.

Most whānau have positive and trusting relationships with their midwife⁷. During the transfer of care at six weeks, midwives are expected to provide māmā with information about the WCTO programme. Information given by midwives tends to relate to the WCTO provider options, rather than information about what to expect from the WCTO programme.

Some whānau are not informed they can choose their WCTO provider

Most whānau (but not all) are informed they have a choice between Plunket and Tamariki Ora providers. Māmā who are not informed cannot exercise their informed choice.

I had a midwife and she put me on to Plunket. I wasn't even told there was Māori branch of that. I didn't even know that. I was spewing when I found out that there was. So I switched over straight away. Then I started to realise that actually, it was my choice. (Māmā, tamaiti 4 years old, over 20 years, switched from Plunket to Tamariki Ora, Hui 14)

A few māmā were not contacted by their selected provider. For example, a māmā selected a Tamariki Ora provider but was contacted by Plunket.

Whānau select their WCTO provider based on knowledge of the provider, cultural affiliation, and previous experience

Whānau select Plunket because they are a well-known service

Plunket is a familiar name to whānau due to their long history. Some whānau select Plunket as their māmā has used the service. Some had used Plunket with their older children and had a positive experience.

I think it's just a well-known name—that's why we went with them. (Māmā, Pāpā, pēpi 11 months, using Plunket, urban, Hui 22)

Whānau select Tamariki Ora providers because 'they are Māori'

Whānau select a Tamariki Ora provider primarily due to their cultural affiliation with the provider, that is 'they are Māori'. These whānau want a service based on kaupapa Māori tikanga and practices. A service that strengthens their connections to te ao Māori.

At the hospital, they gave me a choice. I picked [Tamariki Ora provider] because I am Māori, and I felt more comfortable. (Single Māmā, two tamariki, using Tamariki Ora, rural, Hui 38)

⁷ We have used the word midwife and not Lead Maternity Carer (LMC) as this is the language used by whānau.

Some whānau select Tamariki Ora providers as they are part of a kaupapa Māori primary health care service. Using these services offers whānau more choice and easy access to complementary services (e.g., GP, counselling). Whānau also like the home visits offered by Tamariki Ora providers.

I picked the same one as before because she was really awesome. They offer a lot of services down here too. Plus, they are a Māori provider and I like that too because my kids are Māori. I had been with Plunket before for about four months, but I decided that I didn't want to go with them and wanted to go with [Tamariki Ora provider] because I thought they were better. They also do home visits for tamariki after birth; you don't have to go into the clinic. They have other things like counsellors and quit smoking facilitators. (Single Māmā, three tamariki, pēpē 8 months, tried Plunket, using Tamariki Ora, provincial, Hui 25)

Recommendations from whānau, friends and midwives influence whānau choice

When selecting their WCTO provider whānau are strongly influenced by their whānau and friends' experiences. Stories of positive or negative service experiences of either Plunket or Tamariki Ora providers will sway their decision.

I felt more comfortable going with them [Tamariki Ora provider] because my mum was with Plunket when she had us and she had bad experiences with them. Twenty years ago, so it is different to what it is now, but she had really bad experiences with them. From that, it made me choose [Māori provider]. (Māmā, one tamaiti, under 20, using Tamariki Ora, rural, Hui 55)

Whānau are influenced by the advice they receive from midwives. However, some whānau receive advice from midwives that lacked objectivity.

We used Plunket... It was more asking for weight and length and then asking if I had any questions. I would say no as at the time as I wouldn't have any questions. But later on I think I should have gone with Tamariki Ora to have a relatable Māori person. My midwife said, 'that sometimes they can be quite unorganised'. So, I thought I didn't want that. So, I went with Plunket. (Māmā, Pāpā, 4 tamariki, using Plunket, urban, Hui 9)

Whānau are not well informed about the purpose of the programme

Whānau are not aware of the purpose of the WCTO programme and the potential contribution to the life journey of pēpi. Whānau describe the WCTO programme as focusing on development milestones and information sharing during the early years of pēpi/tamariki. Most māmā do not know the number or timing of the core contacts. Many māmā feel they are missing out on their scheduled checks due to service delivery issues.

I have not seen [Tamariki Ora] provider in a while. I probably had one visit since my youngest was born. I have had one and I have not seen them since. For first baby it was regular. They did more checkups. I know I seen them more that time than this time. I think it was because I was a new mum. The first time it was better. I got more information about how my baby was doing and how much they have grown. But this time I did not get it. They were nice. I really liked one of them. Just not around. (Māmā, Pāpā, Mātua kēkē, pēpi 11 months, over 20, using Plunket, urban, Hui 22)

Confusion also exists about the purpose of the Before School Check and who delivers it, primarily due to the service not being delivered by their WCTO provider.

Whānau relationships with the WCTO nurse strongly influence their service experience

For whānau, the WCTO nurse is the face of the WCTO programme. WCTO nurses who work to develop a trusting relationship with whānau are likely to be effective in their delivery of the service. Some whānau spoke highly about their relationship with their WCTO nurse.

I think with Plunket now I feel relaxed with her. And I think too because I know her as well and she's kind of like me. A bit younger than me but on the same wavelength. (Māmā, Pāpā, pēpi 2 years, tried Plunket, tried Tamariki Ora, urban, Hui 7)

Other whānau spoke of difficult relationships with their WCTO nurse. In some cases, the quality of the relationship impacted adversely on whānau wellbeing and he māia. Some whānau have experienced both positive and negative interactions with different WCTO nurses within and across the WCTO providers.

Whānau want a trusting and partnership-based relationship with their WCTO nurse

The personal characteristics of the WCTO nurse and their engagement style are key factors in building trusting and partnership-based relationships with whānau. Whānau are more likely to connect positively with their WCTO nurse if they:

- are friendly, non-judgemental and affirming
- are culturally safe in their practice
- engage in a strength-based and whānau-centred way
- provide information about child development and parenting.

Developing a trusting relationship takes time. Whānau place high value on having the same WCTO nurse over time. Some māmā with older tamariki have a relationship with their WCTO nurse spanning many years. This established relationship is often a key factor in their provider choice. In contrast, many māmā see a different WCTO nurse each visit, and cannot develop a trusting relationship.

It would have been nice if at Plunket we had the same carer. Each time we went to Plunket there was always one of three nurses that we saw. It was a bit confusing at the start. (Māmā, Pāpā, pēpi 2 years, tried Plunket, tried Tamariki Ora, urban, Hui 7)

In my eyes, to be honest, they were useless, for me. Didn't have a constant nurse. I have seen three different nurses and two health care assistants. And that for me was hōhā. Like, can't we just have the same person at least for two visits, three visits, four visits. (Māmā, two tamariki, used Tamariki Ora, using Plunket, rural, Hui 2)

Whānau connect well with friendly, non-judgemental and affirming WCTO nurses

For māmā, first impressions of the WCTO nurse are essential. First-time māmā, particularly those with limited whānau support, can feel nervous when engaging with the WCTO nurse. This uncertainty can reflect a lack of knowledge about parenting, and previous negative experiences with WCTO, health or other services.

Relatable WCTO nurses are valued by whānau. Māmā are positive about WCTO nurses who engage with their pēpi and tamariki, listen to their challenges, use affirming and positive language, and work together with them on potential solutions. Whānau relate better to nurses who are non-judgemental and open in their thinking.

When we met the lady who came to meet with my youngest baby, I said to her, 'I hope you are open-minded because I got quite a lot of judgement when my older kids were little because I put them on solids early, and I slept with my current baby, even though that's not the way promoted these days.' She was like, 'No I don't judge, every parent finds their way and what they think is best.' (Māmā, four tamariki, using Tamariki Ora, provincial, Hui 27)

Whānau value, but do not consistently have, WCTO nurses who are culturally safe⁸

Whānau value WCTO nurses who are culturally aware and respectful of Māori culture and practices. Examples of WCTO nurses being culturally aware are pronouncing pēpi/tamariki names correctly and speaking te reo Māori.

With [WCTO nurse] she made me feel comfortable by talking in Māori to me. She would ask if she was pronouncing my son's first name properly. (Single Māmā, living with Mātua kēkē and partner, two pēpī under 2 years, used Tamariki Ora, using Plunket, urban, Hui 47)

Whānau using traditional Māori childrearing practices are reassured when their WCTO nurse is open to their practices.

I think it is her attitude that she has towards me. The way she speaks to me, not down to me. She acknowledges that I am Māori, and she doesn't sneer at any cultural things that I may bring up. She is very open to it, she is very positive about it. She is never negative. I told her that my baby sleeps in a wahakura and she thought that was awesome. Being positive and that is why I have enjoyed my experience with her. (Māmā, Pāpā, pēpi 11 months, using Plunket, urban, Hui 22)

⁸ Where WCTO nurses reflect their biases, attitudes, assumptions, stereotypes, and prejudices and how this creates a lower quality service experience (Curtis et al., 2019).

For some whānau, their engagement with the WCTO nurse undermines their right to self-determination, to exercise cultural preferences, and to be treated with dignity and respect⁹. Culturally unsafe practice creates harm by undermining whānau confidence in their ability to solve parenting and life challenges.

Many whānau feel their homes, child-rearing practices, pēpi/tamariki are negatively judged by the WCTO nurse. Whānau pick up this negative judgement through the language used by the WCTO nurse, the questions asked and through their body language. Judgemental and condescending practice by WCTO nurses result in whānau not engaging, sharing information, or disregarding the advice from their WCTO nurse.

She was quite rude, she was like 'Do you smoke in the house?' and we were like 'No.' And she was like 'Are you sure?' It was very condescending really... I felt judged when she came in for that one visit. (Māmā, Pāpā, one tamaiti, tried Plunket, tried Tamariki Ora, rural, Hui 1)

Some māmā are challenged about their kaupapa Māori parenting choices. Co-sleeping with pēpi (even when using a pēpi-pod or wahakura) and the transition to solid food for pēpi are tension points with some WCTO nurses. Some whānau are not being affirmed in their use of wahakura to practice traditional co-sleeping safely.

Judging as well, looking at our house like 'is it tidy?' and telling us that babies shouldn't be sleeping in the bed with us, even though we had a pēpi-pod. She said that it wasn't a good idea. But we just ignored that. (Māmā, over 20, three tamariki, Plunket stopped visiting, tried Tamariki Ora, rural, Hui 1)

Some whānau question advice on when pēpi can start solids. A few whānau feel advice on solids is Euro-centric and does not align with the needs of pēpi. Kai and sharing kai are ways to show aroha and create bonds. Insensitive feedback may undermine he māia of māmā.

For a few whānau, the WCTO nurse did not listen to their concerns about development of their pēpi, or deflected the conversation to what the nurse defined as the problem. A lack of listening resulted in delays in pēpi and whānau receiving support.

One thing I've got annoyed with Plunket was when I spoke to her because I was like 'Ahh, I think my daughter's...something's wrong'. She was like, 'Oh no that's fine.' Once I settled down there, it kind of became about what I could get for her [pēpi], on the money side. And I was thinking – 'I'm not worried about the money.' So, she was like 'do you know you can get assistance, \$90 a fortnight.' I was like, 'I don't care about the money, I want help for my daughter,' so that was quite offensive. I don't know if it's because I'm Māori. But they need to be careful of how they say things like that. (Māmā, over 20, one tamaiti, tried Plunket, tried Tamariki Ora, rural, Hui 1)

⁹ <https://www.hrc.co.nz/your-rights/racial-discrimination/>

Whānau withdraw or switch providers due to poor quality WCTO nurse relations

Whānau with negative service experiences tend to change their WCTO provider or use other health services to support the health and wellbeing of their pēpi/tamariki. No whānau unhappy with their WCTO nurse asked their service provider for another nurse. This demonstrates whānau are not being enabled to express their tino rangatiratanga.

Many whānau prefer Māori nurses

Many māmā want a Māori WCTO nurse regardless of whether they are with Plunket or a Tamariki Ora provider. These māmā can relate and are more comfortable with Māori nurses. If a Māori WCTO nurse is not available, these māmā tend to view the service negatively, have low trust and some are put off using it.

They know the culture and customs. If there are people like us, and they understand where we have come from, then it will be easier to relate and talk to. My first Plunket nurse was Asian, but I felt like I couldn't relate or talk to her. It felt professional and not comfortable. (Māmā, Pāpā, Nan, two tamariki, using Plunket, urban, Hui 3)

Whānau prefer whānau-centred approach over a 'tick-the-box' one

Whānau appreciate WCTO nurses who deliver a whānau-centred service. Māmā feel affirmed when the WCTO nurse listens to their whānau needs, and checks on other tamariki, pāpā and other whānau in the house. Using a whānau-centred approach aligns with pae ora where healthy futures for pēpi/tamariki are founded on whānau ora.

They included everyone. They would ask questions about the other kids - did they have allergies? They would ask if [father] was smoking, or I was drinking when I was breastfeeding. They made you feel like everyone in the house is ok. It was really good. It wasn't just, is baby all right with this then they move on. They made sure 'how many babies are there in the house?' It was all about everybody in the house and not just one or two. (Māmā, one tamaiti, over 20, using Tamariki Ora, provincial, Hui 18)

Some WCTO nurses focus solely on pēpi, while others include the wellbeing of māmā. Most māmā want their WCTO nurse to ask about their needs, particularly their mental and emotional wellbeing. Some māmā are concerned post-natal depression is not being picked up by the WCTO nurses with negative consequences for māmā and whānau.

I just feel like more support for mum, because mum has the baby. I just can't stress that enough because I don't reckon, I would have spiralled into post-natal depression if I had the support straight away for six weeks. (Māmā, Pāpā, pēpi 4 years, used Tamariki Ora, using Plunket, provincial, Hui 14)

Whānau dislike a 'pēpi-centred tick-the-box' approach focusing primarily on the growth and development checks for pēpi.

Definitely care for the mother, I mean they ask you generic questions like 'Do you feel okay?' 'Ok.' Tick. Because any Mum will just say 'Oh yeah I feel great.' (Māmā, Pāpā, pēpi 4 years, used Tamariki Ora, using Plunket, provincial, Hui 14)

Whānau want information about child development and parenting

Where the relationship with the WCTO nurse is positive, whānau value the advice and support offered, particularly about the feeding and sleeping. However, some whānau are not receiving useful and tailored information from their WCTO nurse.

I got more information out of the assistant than the nurses. Overload of information, where I was like 'Oh, I didn't take any of that in because it was too much.' So yeah, I think there's not really a balance. It's one extreme or the other. But I think with Plunket now I feel relaxed with her. And I think too because I know her as well and she's kind on the same wavelength. (Māmā, three tamariki, Tamariki Ora did not visit, using Plunket, rural, Hui 1)

The WCTO service quality is variable

The quality of the WCTO service is variable for both Tamariki Ora providers and Plunket, and across regions. Some whānau receive a flexible and reliable service but many do not. Whānau feedback on service quality aligns with the Ministry's WCTO Quality Improvement data which shows fewer Māori accessing the programme.

Whānau do not know the reasons for the variations in service quality. Some suspect WCTO providers do not have adequate capacity to meet whānau needs in their regions, particularly Tamariki Ora providers. Others point to the high turnover of WCTO staff in their region, or the distances to be travelled by the WCTO nurses for whānau living rurally. Some māmā with more than one tamariki feel the WCTO nurse assumes they do not need the service as much as new māmā. However, these māmā can face challenges, e.g., post-natal depression, a child with a disability, or have had a long gap and need reminders and affirmation.

I'm nervous and I'm on number five, so I couldn't imagine what it's like to be a first-time parent again. (Māmā, Pāpā, four tamariki, using Plunket, rural, Hui 1)

Flexible service delivery enables access to the WCTO service

Whānau using Tamariki Ora providers mainly receive home visits from the service. Whānau using Plunket tend to receive a mix of initial home visits and then visits at the Plunket clinic. Whānau greatly appreciate home visits with pēpi. Home visits make the process of engaging with the WCTO service easy, although whānau can be anxious their whare will be judged.

This time around I have found Tamariki Ora good. They come to the house, sit with you, talk with you. It's like having a little therapy session. (Māmā, Pāpā, three tamariki, pēpi 4 months, using Tamariki Ora, rural, Hui 37)

Many whānau receive unreliable service delivery which results in some being 'lost' from the service

Across the six locations and Tamariki Ora providers and Plunket, whānau are experiencing unreliable service provision. Whānau access to the WCTO programme is being undermined

by a lack of capacity and inflexible scheduling. Whānau appreciate COVID-19 may have affected service availability. However, many issues highlighted precede COVID-19.

I found them to be quite adhoc. A lot of changing of times and that got annoying for our whānau. (Māmā, Pāpā, three tamariki, pēpi 4 years, using Tamariki Ora, provincial, Hui 18)

For some whānau, their selected WCTO provider did not contact them. Other whānau started with the WCTO service, but after the initial visit, the WCTO nurse 'stopped coming'.

I didn't get contacted at all. So, I just signed up to Family Start. I was at Family Start for three years and loved my caseworker. I found somebody I could relate to. She was just amazing. She would make sure I was getting all the support that I needed. (Māmā, over 20, one tamaiti, using Tamariki Ora, rural, Hui 1)

Many māmā are frustrated their provider does not show up for appointments or their appointments are rescheduled. Whānau highlight if they need to change their appointment, they struggle to get another one, or they cannot contact the WCTO nurse to reschedule. As a result, whānau miss out on WCTO core contacts and some fall out of the WCTO programme.

They (Plunket) started with me when she was six weeks old and they did come a few times, but she was supposed to get a visit in October. She texted me she was going to come but I said that day wasn't going to work for me, could we reschedule, and after that I haven't heard back from them so... (Māmā, over 20, four tamariki, using Plunket, rural, Hui 1)

Whānau want access to a range of services to support them and pēpi/tamariki to flourish

Access to other services offer whānau options and choice

Whānau use a range of health and other services to support whānau and pēpi/tamariki health and wellbeing. Service use is based on whānau awareness, need and their ability to access. Other health services used by whānau are midwives, GP and practice nurse, Family Start, marae-based primary health care, parenting courses, mental health services and respite services. Having access to these services offers whānau options, if they do not like or cannot access the WCTO service.

I am still in school. I would organise appointments and they keep changing. They never really caught up with me... It was easier for me to see the nurse at school. (Single Māmā living with whānau, two pēpi under 2 years, tried Tamariki Ora, using Plunket, urban, Hui 47)

Some whānau are part of an iwi-based primary health care service and can more seamlessly connect to other services, as needed.

Whānau want the WCTO programme to support access to other services

Some whānau highlight their challenges with post-natal depression and accessing mental health and emotional support services. These māmā were disappointed the WCTO nurse did not ask about their mental health. These māmā sought other help, and only then did the WCTO become aware and offer some support. One māmā who received respite care for post-natal depression did not receive any contact with the WCTO service on returning home.¹⁰

Time before, three years ago I could have got more help with the mental health side of things. I went to the doctor through my own choice, whereas that was not really suggested by Plunket. And it was not picked up on by them, it was not until I told them that they offered me services. There could have been more questions about how I was feeling. (Māmā, Pāpā, four tamariki, pēpi 5 months, using Tamariki Ora, rural, Hui 43)

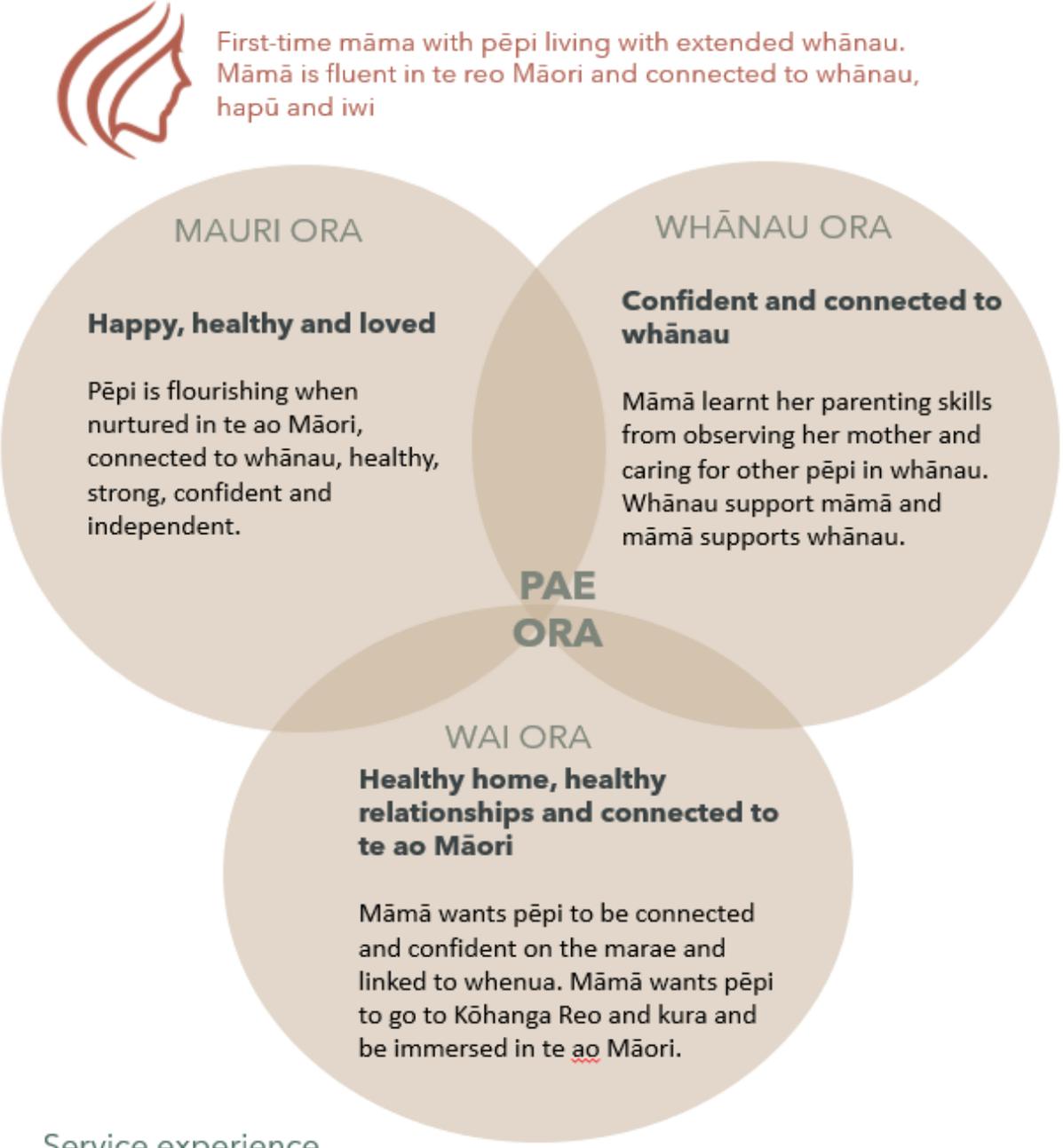
Implications for the WCTO programme redesign

Whānau feedback emphasises the need for the Ministry to ensure the WCTO redesign works towards the goal of mana tangata. The WCTO programme redesign needs to ensure:

- Equity of access through whānau having the choice of a kaupapa Māori service design and delivery, and being enabled to make an informed service choice. If whānau select mainstream services, their choice should not disadvantage them.
- Equity of service experience through whānau having a trusted, culturally safe and whānau-centred relationship with their WCTO nurse, and receiving all the components of the programme (e.g., mental and emotional health support).
- Equity of outcomes for pēpi through ongoing engagement with flexible, reliable and consistent service delivery.
- Equity of outcomes for pēpi/tamariki and whānau through the WCTO service, enabling underlying social determinants of health to be addressed via referral and integration with health and other services.

¹⁰ This māmā had a strong relationship with her GP so did receive ongoing support for both herself and her tamariki.

Figure 3: A holistic sketch of whānau moemoeā and WCTO service experience



Service experience

Māmā wanted a kaupapa Māori Tamariki Ora provider. When they contacted her, māmā was disappointed not to have a Māori nurse, and she had to wait two weeks to be seen. Māmā selected Plunket and had a mixed service experience. Her interactions were clinical and rushed. She was bombarded with written information. Māmā wants a WCTO nurse to have some kupu Māori or just to say ‘Kia ora’ and to do whakawhanaungatanga. She wants all her whānau to be supported and to feel confident in their roles.

The WCTO programme redesign needs to enable pae ora

This section presents the whānau insights into the redesign of the WCTO programme to meet their moemoeā of pae ora for their pēpi/tamariki within the collective of whānau wellbeing. The section draws on whānau feedback and the literature findings (Litmus, 2020) to make recommendations for the redesign. This section answers this question:

- What would the WCTO kaupapa look like to support whānau Māori moemoeā of pēpi/tamariki health and wellbeing?

Mana whakahaere guides the redesign of WCTO kaupapa

Mana whakahaere requires the Ministry stewardship and Māori governance of the WCTO programme. Māori leaders have governance over the delivery of the WCTO programme within their organisation and to their people. However, no sustained formal governance structure exists with Māori representation across the WCTO programme in Aotearoa. Under tino rangatiratanga, which provides for Māori self-determination and mana whakahaere, this is a significant oversight.

Whānau did not talk about stewardship or governance of the WCTO programme. However, Māori leaders are aware of structural and funding issues that create poor service experience and inequities of outcomes. The literature review identified Māori leadership and governance as essential in effective child health and wellbeing services. The literature review found:

- Effective indigenous child health and wellbeing programmes have community elders and leaders together with the wider community and families involved in design, implementation and governance (Schwartz, 2015; Gerlach et al., 2017; Thomas et al., 2015; Gerlach et al., 2018; Grace et al., 2016; Keown et al., 2018; Munns & Walker, 2018; Vaughan et al., 2018; Moore et al., 2015).
- Indigenous people are more likely to engage in programmes when decision-making is transferred to communities (Gerlach et al., 2017; Public Health Agency of Canada, 2015; Keown et al., 2018; Middleton et al., 2017).

The redesign of the WCTO programme also needs to achieve the goals of the other three mana:

- **Mana Māori**—The revised programme design needs to be based on mātauranga Māori (Māori knowledge) with delivery framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices).
- **Mana motuhake**—The revised programme needs to enable the right for Māori to be Māori, for Māori self-determination, and to be supported to parent as Māori based on Māori philosophies, values, and practices, including tikanga Māori.
- **Mana tangata**— The revised programme needs to contribute to equity of outcomes for pēpi and whānau across their life journey through working with other services to address social determinants of health through inter-sectoral service integration.

The purpose and design of the WCTO programme needs to align with pae ora

While the WCTO programme’s desired outcome aligns with pae ora, the design, content and delivery of the programme do not. The WCTO programme’s design has strong roots in a Western clinical perspective of what is needed to create a healthy future (i.e., absence of disease, growth and development, and psychology). Whānau acknowledge the clinical aspects of the programme are important, but they are not enough to contribute to pae ora for whānau and their pēpi/tamariki.

Whānau identified changes to the WCTO programme and its service delivery to support their moemoeā of pae ora for their pēpi/tamariki. Whānau want:

- A kaupapa Māori programme design and service delivery and to make an informed service provider choice
- A trusted, culturally safe relationship with their WCTO nurse based on a whānau-centred approach to pēpi/tamariki wellbeing within the collective of whānau wellbeing
- A flexible, reliable, and consistent service delivery
- The programme needs to facilitate connections with the community and connect seamlessly with other services.

Whānau ora: enabling healthy families

The WCTO programme needs to be a kaupapa Māori programme based on a mātauranga Māori definition of wellbeing

Whānau want a kaupapa Māori WCTO programme based on mātauranga Māori definitions of child health and wellbeing within the context of whānau wellbeing. A WCTO programme

based on kaupapa Māori principles meets the goals of mana motuhake and mana Māori. For whānau, a kaupapa Māori WCTO programme can contribute to strengthening or reconnecting their whānau and pēpi/tamariki to te ao Māori.

Whānau want to be able to make an informed choice between a kaupapa Māori WCTO programme and a non-Māori programme. To make an informed choice, whānau want more information about the WCTO programme, its purpose, delivery and benefits. Whānau want to know the differences between Māori and non-Māori WCTO providers. Māori WCTO providers need to demonstrate they are offering a kaupapa Māori programme and not a programme based on Euro-centric concepts of child health and parenting.

We immediately chose Tamariki Ora on the basis that that was a kaupapa Māori-based approach. They will have this ability to connect with us. They'll understand these concepts around tamariki wellbeing and then they would be able to offer something in addition other than to periodically come and weigh baby, check his skull diameter and plot it on a chart. But if that's all you wanted then you'd pick Plunket. If people gravitate to the kaupapa Māori side, it could be that they are seeking something else other than just the weighing, the measuring, that there's something else that they're seeking. (Pāpā, Māmā, 5 tamariki, 3 whāngai, two pēpi, used Plunket, using Tamariki Ora, over 20, urban, Hui 15)

Whānau insights on their preference for a kaupapa Māori programme reflect the findings of the literature review (Litmus, 2020). Effective child health programmes for Māori and indigenous people are based on indigenous knowledge and values (Cram et al., 2018; Grace et al., 2016; Keown et al., 2018; Kildea et al., 2019; Lowell et al., 2015; Munns & Walker, 2018; Schwartz, 2015; Thomas et al., 2015; Vaughan et al., 2018).

Effective programmes are based on local indigenous understanding of child health, traditional health knowledge, and are whānau-centred, community-based, culturally safe, and culturally connected (Schwartz, 2015). Resources and processes developed for the programmes incorporate indigenous language, symbols and cultural teachings (Vaughan et al., 2018; Keown et al., 2018).

The WCTO programme needs to be culturally safe

The relationship between whānau and the WCTO nurse is at the heart of the WCTO programme. Whānau want a high trust, partnership-based relationship with their WCTO nurse; one that is culturally safe and ideally culturally congruent.

Whānau want more Māori WCTO nurses

Whānau want more Māori WCTO nurses to deliver a kaupapa Māori WCTO programme. Cultural congruence creates ease and enables whānau to engage with the programme as Māori (mana Māori).

It's not negative – more Māori nurses, Tamariki Ora nurses who are fluent who know tikanga and te ao Māori. It is not that I didn't enjoy the [non-Māori] nurse I had. She did everything I needed her to do and I appreciate her. If there was a full immersion nurse that would be cool. If we did get a fluent Māori nurse it would be easier to talk on that level...But if there

was that option it would be awesome.... I'm not going to say I feel more comfortable because there has been a time outside Tamariki Ora, where I did have someone who was all of that who has come across in the negative effect. I've seen the best of both worlds, me being Māori it is nice to have someone who understands your vibes and values as Māori people. (Māmā, Pāpā, 3 tamariki, pēpē 4 months, using Tamariki Ora, rural, Hui 37)

Whānau want WCTO nurses to be culturally competent and safe

Improving cultural safety in the WCTO programme will improve the quality of relationships with whānau. Many whānau stress WCTO nurses need to understand their culture, values and language. Whānau want pēpi/tamariki to be exposed to te reo Māori and tikanga, to understand Māori knowledge and to connect to te ao Māori. Non-Māori WCTO nurses need to appreciate and demonstrate support for Māori childrearing practices and te reo Māori. Whānau and pēpi/tamariki should not be exposed through the WCTO programme engagement to racism (both conscious and unconscious).

Understanding our family values. Because I am very staunch in te ao Māori. There is always the sense of that whether that's in your professional life or personal life it's always going to be there, you are always going to understand on that level... When you have someone who understands your cultural values it's almost as if I don't need to do as much explaining perhaps. (Māmā, Pāpā, 3 tamariki, pēpē 4 months, using Tamariki Ora, rural, Hui 37)

Cultural safety is a critical element in decreasing health inequities

The literature review highlights the central importance of child health and wellbeing programmes for indigenous people being culturally appropriate and those that deliver them being culturally competent. In the literature, thinking on cultural competency is shifting to cultural safety and critical consciousness. Focusing on cultural competency of health professionals to gain an understanding of indigenous culture is limiting as it ignores inherent power dynamics and imbalances within relationships (Curtis et al., 2019; Ramsden, 2015; Papps & Ramsden, 1996).

The shift to cultural safety and critical consciousness creates an active, reflective process requiring health organisations and professionals to challenge their culture and cultural systems within the context of achieving health equity. To be culturally safe, health practitioners need to question their biases, attitudes, assumptions, stereotypes, and prejudices, contributing to lower quality healthcare.

The WCTO programme redesign needs to identify how cultural safety can be built into training, professional development and accreditation, and ensure systematic monitoring and assessment of inequities are included in workforce and health outcomes. Working towards cultural safety needs to occur at the WCTO programme (system level), organisation and health practitioner levels.

Kaiawhina have critical roles in an effective WCTO programme

The literature review highlights local indigenous health professionals and support workers bring a cultural and environmental understanding of the local knowledge and values in the delivery of child health and wellbeing services (Middleton et al., 2017; Campbell et al., 2018; Munns & Walker, 2018). Some evidence indicates indigenous health workers achieve better outcomes than qualified nursing staff due to their cultural heritage and relationship-building capacities (Schwartz, 2015).

Indigenous people working collectively with health professionals can increase access to and engagement with child health and wellbeing programmes (Middleton et al., 2017; Kildea et al., 2019; Lowell et al., 2015; Vaughan et al., 2018). However, indigenous people can face challenges in supporting the work of health professional due to a lack of role clarity.

Lowell et al. (2015) highlight the work of indigenous health workers can be 'invisible', occurring through their connections within the community. Through their networks, indigenous staff can strengthen whānau/family's connections in their communities and to their culture. Due to their commitment to their community and the complexity of the work, indigenous staff need support to avoid burn-out (Ussher et al., 2016).

The WCTO programme redesign needs to include kaiawhina (Māori support workers) and ensure they are respected and supported within the programme.

The WCTO programme needs to be whānau-centred and strength-based

Whānau want a strength-based and whānau-centred service

Whānau moemoeā for their pēpi/tamariki, to differing degrees, is defined by the health and wellbeing of the collective. Whānau want the WCTO service to be delivered in a way that is inclusive and affirming of their whānau and focuses on their immediate and long-term needs as defined by whānau (and not the WCTO nurse).

Whānau want the service to focus more on māmā

Māmā want the service to focus on their holistic needs. Māmā want the WCTO service to support their wellbeing, particularly in the post-partum phase. Māmā want more support with their physical and emotional wellbeing and how they are coping (e.g., their sleep, mental wellbeing, whānau responsibilities, other tamariki).

I am Māori and I associate Tamariki Ora with the wellness of the child. And what is important to a Māori baby? The mother. So, ask the mother how you are going downstairs. How are you feeling, are you getting enough sleep? Have an agenda to work from. There are foundational things that need to be discussed... Ask the mother questions. So, how are you sleeping—if you are not, when do you? What is bubba's routine? What are your outings

with your energy? How is the workload distributed through your household? Are you the only one managing your whare? We need to find ways to manage you. Because if you are good, your kid is good. (Single Māmā, one tamaiti, over 20, used Tamariki Ora, urban, Hui 6)

Māmā want their WCTO nurse to affirm their strengths and work together on solutions to challenges. Whānau want to work in partnership with their WCTO nurse.

I think a lot of young mums do not get a lot of encouragement. Especially with breastfeeding, I was breastfeeding at the time and they were really encouraging. I think a lot of mums do not get that. (Māmā, Pāpā, pēpē 4 yrs, under 20, using Tamariki Ora, rural, Hui 55)

Whānau want nurses to be inclusive of whānau

Whānau identify ways to be more inclusive of whānau. Whānau want the shared role of parenting by māmā and pāpā to be acknowledged, and pāpā to be included in the visits.

I think the father should also be asked and informed for all these baby things. It's always the mum they are chasing for the baby. I think the father should be included too. (Māmā, Pāpā Nan, pēpē, 10 wks, irāmutu 1 yr using Plunket, urban, Hui 4)

Māmā want the WCTO programme to recognise the importance of their wider whānau in supporting and enabling the wellbeing of pēpi/tamariki. Whānau want their WCTO nurses to engage with all whānau members present during the visit.

I think there needs to be the whole family unit because that contributes to how the baby is. I think there does need to be some part where it is focused on the family because it does impact on the child. (Māmā, Pāpā, one tamaiti, using Tamariki Ora, rural, Hui 39)

Whānau want to feel comfortable to bring whānau members to clinic visits or home visits.

Would have been nice to bring my mum or anyone else along to the appointment. But because the space was restricted at the clinic, I knew that asking might have been frustrating as it was a small space and they wouldn't have been able to facilitate it. (Māmā, Pāpā, pēpē 2 yrs, tried Plunket, tried Tamariki Ora, urban, Hui 7)

Whānau want a trusting relationship with their WCTO nurses based on a whānau-centred and culturally safe approach

Feedback from whānau reinforces the findings from the literature review on the importance of partnership-based relationships based on whānau-centred approaches delivered by culturally safe staff (Litmus, 2020). Taking time to build trusting relationships with indigenous communities and whānau Māori who use the service is a critical component of effective child health and wellbeing programmes (Lowell et al., 2015; Keown et al., 2018; Schwartz, 2015; Skerman et al., 2015; Ussher et al., 2016; Cram et al., 2018; Munns & Walker, 2018; Middleton et al., 2017; Wright et al., 2019; Vaughan et al., 2018; Thomas et al., 2015; Superu, 2015).

Mildon and Polimeni (2012, as cited in Cram, 2018) conclude, programmes that do not have a strong focus on relationship building are unlikely to work for indigenous families. As whānau shared, they will withdraw from the WCTO services if they have negative and

disrespectful experiences. To achieve the goal of mana whakahaere, the Ministry needs to address the variation in service delivery by WCTO nurses.

Wai ora: supporting healthy environments

The WCTO programme needs flexible and reliable kaupapa Māori service delivery

Whānau want kaupapa Māori environments where they feel safe and confident as Māori

The WCTO programme redesign needs to support kaupapa environments based on mātauranga Māori. Tamariki Ora providers are creating these environments and aspirational spaces for whānau to work towards their dreams. These Tamariki Ora providers tend to be located within wider health and social services led by iwi. Whānau using these kaupapa Māori multi-disciplinary providers spoke highly of their service experience.

Our Tamariki Ora nurses are always looking beyond what baby and mum or daddy need in terms of those core visits. Then we let whānau know that we have a whānau ora plan, it is aspirational and it is yours. That allows whānau to dream beyond what they need immediately in that moment. If it is buying a house, we have a social housing project within our alliance. If owning a home is a dream that they feel they are able to fulfil with some support work and commitment going in, then we can help them achieve it. It is long-term thinking. What do we need to do to get there. They often need a job. Once they get the job they go and achieve some amazing milestones. (Iwi leader, Iwi provider, rural, Hui 34)

Some māmā suggest the WCTO service could encourage them to connect with te ao Māori or strengthen their cultural identity. Others want the service to tell them about other kaupapa Māori services and programmes.

It should be diversified and tailored to the mum. Encouraging them to revisit their roots. A lot of us these days are like we are Samoan or Pasifika and I do want to go deeper into our culture. (Māmā, Pāpā, three tamariki, pēpē 7 wks, using Plunket, urban, Hui 23)

Whānau want a flexible and reliable WCTO service delivery that enables access and ongoing engagement

Whānau experience highlights that how the service is delivered is as important as what is provided. Whānau want a WCTO service to offer choice of service delivery methods. Whānau prefer home visits. However, they want choice of service delivery so the WCTO appointment can fit into their lives (e.g., WCTO clinic visit if more convenient, after-hours if working, or at Kōhanga Reo). Whānau want the ability to easily contact their WCTO nurse by phone, text or video call if they have concerns or questions. They want to be able to reschedule their appointments if needed. Some whānau want to have check-in calls from their WCTO nurse.

WCTO programme needs to be flexible and reliable

Whānau insights reinforce the literature review findings. Effective indigenous child health and wellbeing programmes have the flexibility to tailor interactions and services to meet families' holistically defined needs and preferences (Lowell et al., 2015; Keown et al. 2018; Schwartz, 2015; Cowley et al., 2018; Adams et al., 2019). As Schwartz (2015) states, having flexibility means programmes can help families to realise their dreams and aspirations. Providers must flexibly deliver services to meet families' priorities while maintaining a focus on programme fidelity (Keown et al., 2018).

In this context, the WCTO nurse needs to meet immediate whānau needs and deliver the screening and surveillance components of the programme. The redesign of the WCTO programme needs to provide a flexible and reliable approach, which respects the diversity of whānau, their values, and supports their self-determination.

Funding models need to be sufficient and flexible to advance equity for whānau Māori

Some whānau believe Tamariki Ora providers, due to service quality issues, are not well funded. Māori leaders also note a shortfall in funding and funding models that do not enable kaupapa Māori and whānau-centred service delivery.

We have just over four hundred children in our service and we have funding for 1.5 FTE and resourcing. We could have capped at 200 but when you continue to get referrals from LMCs who have confidence in your nurses you can't close the gate. We just have to keep taking more and more and it is huge. We just make it work. All WCTO providers should be funded in a way you are able to be flexible. I think every service should have the flexibility to have high level trust contracting arrangements where you agree on the outcomes but how we get there is up to us and up to whānau. (Iwi leader, Iwi provider, rural, Hui 34)

A common theme across the literature on targeted indigenous child health and wellbeing programmes is the lack of and uncertainty of long-term funding to deliver a holistic and whānau-centred programme (Schwartz, 2015; Vaughan et al., 2018; Moore et al., 2012; Cram et al., 2018; Thomas et al., 2015; Bradshaw et al., 2015). A lack of funding can undermine the sustainability and legitimacy of services within the wider health system and the community (Schwartz, 2015). A lack of funding also impacts on the availability of the programme and increases staff stress and workload to meet community expectations of a holistic wraparound service that extends beyond their contract (Campbell et al., 2018; Moore et al., 2012). Schwartz (2015) recommends that determining equity and coverage in indigenous child health and wellbeing programmes requires an analysis of their funding.

In line with mana whakahaere, analysis is required to assess the equity of funding in the WCTO programme both in the amount and distribution. Contracting models also need to be reviewed to ensure they support the need for flexibility and options, and to create a solid foundation for ongoing innovation within an indigenous wellbeing framework.

The WCTO programme needs to facilitate connections with the community and connect seamlessly with other services

Whānau want support to make social connections in their community

Whānau want the WCTO service to support them to make wider connections in their community. Some māmā want to connect socially with other Māori māmā so that they can share experiences and learn and support each other.

I asked if there were other mothers with babies the same age that are Māori or Pasifika to start a coffee group. Because I don't have any friends my age that have babies, so I wanted to connect. You can only watch the Tipping Point and the Chase so many times on TV. She said she would come up with some other mums just outside the area; she could think of four to five mums with similar age babies but that was the end of that. It never went anywhere. After that visit, the Fijian nurse fell off the face of the earth. (Māmā, Pāpā, two tamariki, tried Plunket, tried Tamariki Ora, urban, Hui 23)

Some māmā want the WCTO service to support pāpā to connect and learn together.

It might be nice to have one just for the Pāpās. Because I don't think Pāpās get a lot of education and support around their pēpi...so I think they should have one just for Dads as well. Because I feel like they focus on the mums but not enough on the Dads. (Māmā, Pāpā, one tamaiti, using Tamariki Ora, Hui 39)

Whānau want support to connect to wider health and social services

Whānau want the WCTO service to inform them about, and support them to access, other health and social services when needed.

Something that can help support and point you in the right direction if you need help. Basically, what social workers do, something like that, that you have access to. And tell you what is out there. There are so many different services out there, but you do not know what's out there. (Māmā, one tamaiti, over 20, using Tamariki Ora, rural, Hui 1)

Māori leaders are aware some whānau may not be aware of the health and support services available, and some whānau may be whakamā to ask for help. Māori leaders recommend whānau have access to health, wellbeing and other services that focus on the whānau collective. Iwi and Māori providers are developing a range of services or collectively working together to holistically support and enable whānau moemoeā.

People need to be taken on a slow transformation. I think the Whānau Ora framework of picking up new skills and changing behaviours, attitude, and circumstances is that sort of poutama-type progression that you need to move through. Taking people, letting them talk through processes, issues and let them come to a conclusion themselves that they can do better and that things can be better. (Iwi leader, Iwi provider, rural, Hui 34)

Whānau want to access services that contribute to their moemoeā of pae ora

The WCTO programme needs to support intersectoral collaboration to address the social determinants of health and wellbeing. (Keown et al., 2018; Bradshaw et al., 2015; McCalman et al., 2015; Halseth & Greenwood, 2019; Coles et al., 2016).

In line with mana whakahaere, the redesign of the WCTO programme needs to take a system perspective. The redesign needs to consider the wider health, social and education system and the intersectoral responses needed to address the social determinants of health. The Ministry of Health's sector engagement on the WCTO programme highlights interest in the use of community hubs to offer wraparound services to whānau (Ministry of Health, 2019b and 2019c). The role of iwi-led and Māori providers delivering WCTO services will have an essential role in creating multi-disciplinary and holistic support for whānau.

Mauri ora: growing healthy individuals

Whānau want the WCTO programme to build their capability and he māia (the courage to parent as Māori)

For whānau and pēpi/tamariki to flourish, they want tailored information to build their capability to enable pae ora.

We currently use Plunket and the parenting course. All of that stuff is just so I can know more things. I like to know things. I like to be able to talk to people about questions I have. Access to information or support that is easy to access, that would be great...the only reason I'm doing the parenting course again is so I can get more knowledge and confidence in what I'm doing. (Māmā, Pāpā, Nan, pēpi 10 wks, niece 1 year, using Plunket, urban, Hui 4)

Whānau want information to make informed choices

Whānau want information about the WCTO programme and other health and wellbeing services to make informed choices, particularly first-time māmā. Whānau want to understand the purpose of the WCTO service, how it is delivered, and the different providers. They particularly want to know more about kaupapa Māori WCTO service providers.

So, the information is there to read up on or hear. I do not hear about any other services, so if they could make it more open. I don't hear from them. I do not know who it is, I just see pamphlets sometimes. I do not see or hear anything about any other ones. My midwife will say, 'There is this and this,' but will not say what it is about. I would have to judge it by going with it, that's why I've stuck with one. If I could, I could have looked into another. They might have something new, I wouldn't realise what I was missing until I found something different. (Māmā, Pāpā, nine tamariki, pēpi 1 yr, using Plunket, urban, Hui 51)

Whānau also want to know about wider services available to support whānau and pēpi/tamariki, particularly kaupapa Māori and by-Māori-for-Māori services.

I didn't realise you could find a Māori midwife who practices with traditional Māori way of having babies... Getting that information out there. When you Google things about raising babies that sort of stuff doesn't come up. Everyone talks about Plunket and getting a midwife but no one talks about the Māori services that are available. I am still finding out about these services. (Māmā, Pāpā, Mātua Kēkē, pēpē 11 months, over 20, using Plunket, urban, Hui 22)

Whānau want transformative information and discussions to build their parenting and child development capability

Whānau want to know more about the purpose of the screening and surveillance assessments the WCTO nurses are doing and to understand the reason for a good or not so good assessment. Some māmā are distrustful of some assessments and want to know the science behind them (e.g., weight and height measurements). Māmā also want to learn about health terms so they can engage easily with health providers.

Maybe when you go for their check-ups, and they do his weight and all that and say 'He's good.' Well, what is good and what's abnormal and what's the difference between them? Good is good. But how do we know what's good. They're not like, detailed. (Māmā, Pāpā, one tamaiti, using Tamariki Ora, rural, Hui 39)

Some māmā stress the importance of WCTO nurses providing factual information (e.g., on immunisation). Māmā want to understand the reasons why WCTO may be recommending a particular action. Having evidence-based information and clear explanations helps whānau make informed decisions to support their and pēpi/tamariki health and wellbeing. Whānau want to have discussions with the WCTO nurse and be active in the information exchange.

I think all health workers, they have to say you have to immunise. That's part of their contract. I know of one person who says that. She says, 'According to my contract, I have to tell you that immunising is good.' And she's like, 'If you want to know anything else, talk to me when I'm not working.' It's not helpful when I'm a mother who has a beautiful amount of anxiety around my brand-new baby and so I need to be reassured about a whole bunch of stuff, really. I need to know that my baby's going to be ok and I need you to show me with evidence or just provide a good argument for why. Don't tell me I should do things. Provide me with information that I can then look at it myself to make a decision. I feel like a lot of services have this thing where you either do it or you don't. Or you should do things like this, or you should do things like that. Whereas I would just like them to be more like guidelines, and not like set tasks. (Māmā, Pāpā, Nan, pēpē 10 weeks, using Plunket, urban, Hui 4)

Whānau want to receive information in different ways, and do not want to be overloaded. Some whānau want pamphlets, and others prefer discussing with a trusted person. Whānau are keen for more online resources and instructional videos, including advice about mental health, nutrition, child development and activities for toddlers to support their development.

A video of pointers of what to expect for being a mum and raising a baby and activities. Now that he is older, I run out of things to do. Maybe for each level from, like, 1-2. Food ideas, what to expect, that is a big one. Baby things just end up flying everywhere or the kid drawing all over it. (Single Māmā, living with whanau, pēpē 1 month, using Plunket, provincial, Hui 19)

Māori leaders also recognise whānau need information to make informed decisions, and highlight service providers must support whānau to be courageous.

The WCTO programme needs to offer mental health and emotional wellbeing support

Māmā are keen to learn more about how to maintain their mental and emotional wellbeing, particularly post-natal depression. Some māmā are keen to hear and share whānau experiences of depression to normalise, support and know they are not alone.

Māmā want their WCTO nurse to explain about post-natal depression and to check in on them regularly, even if a quick text or phone call. They also want the WCTO service to actively connect them to mental health services and support groups for Māori māmā.

We were talking about the supports new mums need. I think access to support groups but not in the way where you are told about it if you are keen. Like here is your appointment come. Push for it not just give the information. We were talking about postpartum depression that new mums go through and they don't know much about it or how to get over it. I think pushing to get mums out there and checking up on mums especially a quick call, visit or a shared lunch for mum to get them together if they are going through stuff. (Māmā, Pāpā, Nan, two tamariki, pēpi 2 months, using Plunket, urban, Hui 3)

Whānau want their pēpi/tamariki to be emotionally strong. Māmā are seeking more information and advice to support the emotional wellbeing of pēpi/tamariki and their whānau.

Implications for the WCTO programme redesign

Whānau have provided a depth of insight into how the WCTO programme can be redesigned to contribute to their moemoeā of pae ora. The redesign process of the WCTO programme, in line with mana whakahaere, requires the Ministry to draw on whānau insights and enable Māori governance of the programme.

The Ministry needs to work with whānau Māori, Māori and iwi leaders and Māori academics to redesign the programme. This ongoing participatory process will continue to build connections and trust between the programme and whānau Māori (Keown et al., 2018; Munns & Walker, 2018; Gerlach et al., 2018; Halseth & Greenwood, 2019; Public Health Agency of Canada, 2015).

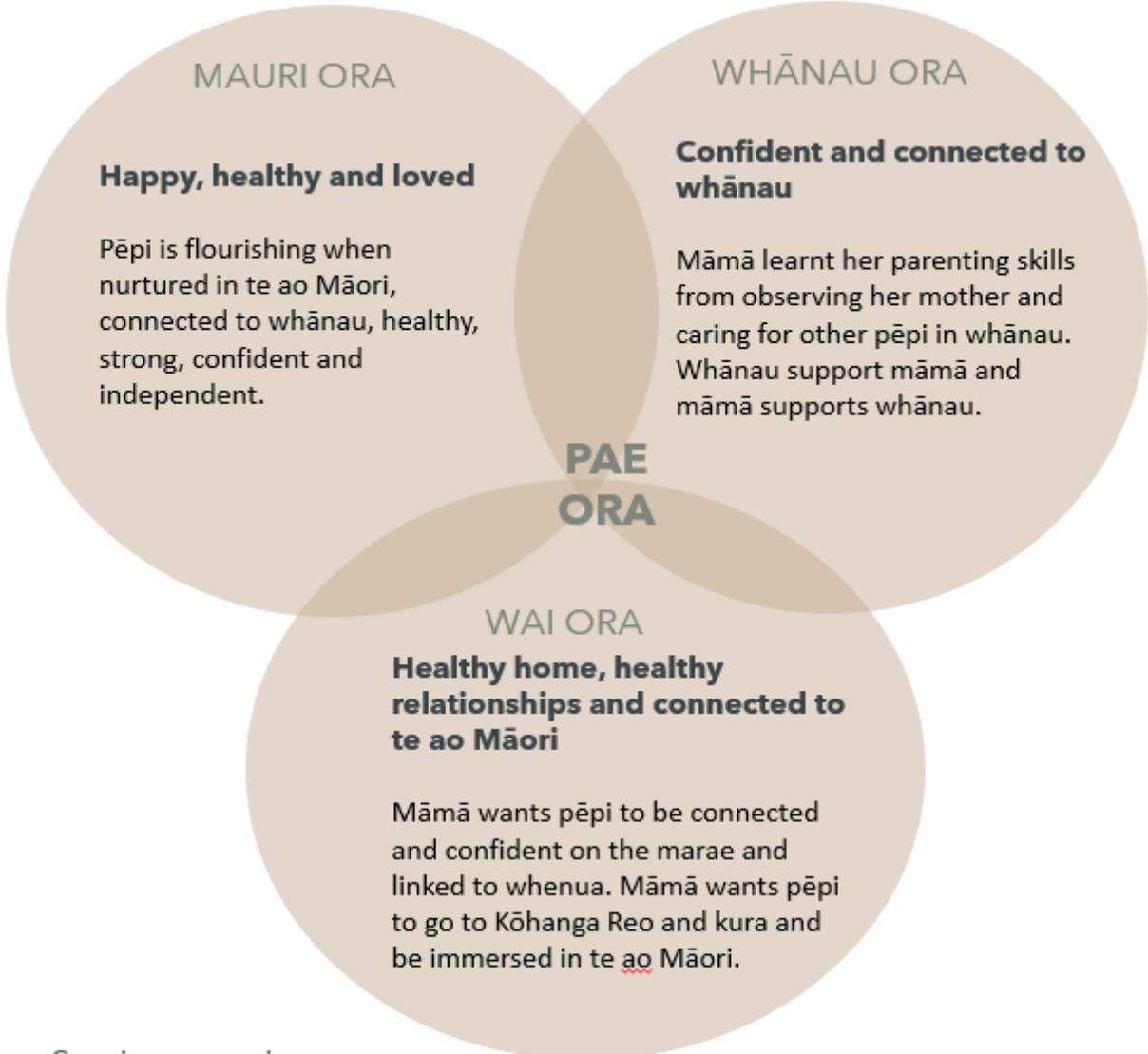
Creating a kauapapa Māori WCTO programme aligned to whānau moemoeā of pae ora and their service preferences will require the service to be rebranded to be relevant for whānau.

As recommended by the international literature the WCTO programme, as a universal proportionate service, offers both universal and targeted services. The design of the WCTO programme needs to acknowledge the diversity of whānau needs and consider the design of the proportionate component of the programme. Design of targeted services needs to consider wider services such as Family Start and Whānau Ora.

A holistic sketch of whānau moemoeā and WCTO service experience



First-time māmā with pēpi living with extended whānau. Māmā is fluent in te reo Māori and connected to whānau, hapū and iwi



Service experience

Māmā wanted a kaupapa Māori Tamariki Ora provider. When they contacted her, māmā was disappointed not to have a Māori nurse, and she had to wait two weeks to be seen. Māmā selected Plunket and had a mixed service experience. Her interactions were clinical and rushed. She was bombarded with written information. Māmā wants a WCTO nurse to have some kupu Māori or just to say 'Kia ora' and to do whakawhanaungatanga. She wants all her whānau to be supported and to feel confident in their roles.

Whānau, iwi and WCTO support enabled resilience during lockdown

This section provides an overview of whānau experience and resilience during the COVID-19 lockdown Alert Levels 4 and 3.

During the research, on 25 March 2020, Aotearoa moved quickly to Pandemic Management Alert Level 4, putting the country into a nationwide lockdown. As a result, the WCTO services could not deliver in-person services to whānau. During Alert Levels 4 and 3, WCTO services were delivered using virtual methods of phone, text, and video calls (e.g., Zoom).

Aotearoa moved to Alert Level 2 on 13 May 2020, lifting lockdown restrictions. The country moved down to Alert Level 1 on 8 June, removing all remaining restrictions except border controls.

This section addresses the following research question within the broader context of whānau and iwi support:

- How well did video calls and phone calls support whānau Māori moemoeā of pēpi/tamariki health and wellbeing during the COVID-19 lockdown?

COVID-19 created significant stress for whānau

The onset of COVID-19 and the following lockdown created new stressors and uncertainty for whānau. The strict lockdown meant whānau had limited access to their established support networks and services, including the WCTO service.

Whānau experience of the COVID-19 lockdown varied. Some whānau were essential workers, and others could not work. Some whānau had increased financial and food insecurity. A few whānau welcomed a new pēpi. Some whānau faced significant health issues; for example, one pēpi required surgery during COVID-19.

While challenged, whānau demonstrated resilience and adaptability to cope with the new uncertainties. Whānau resilience was enabled during this time by:

- Whānau living arrangements
- Access to technology
- Established relationship with their WCTO nurse
- Support from iwi.

We have presented whānau experiences of the WCTO service within the collective and integrated response of whānau and iwi support.

Intergenerational living arrangements supported whānau

Whānau supported whānau and strengthened their bonds

Māmā living with whānau members, such as their mothers and grandmothers, felt well supported. They drew on the knowledge of their whānau to support nurturing their pēpi/tamariki and themselves during the lockdown.

We were very isolated in terms of support, but he can wake up, and he is in a house where it's not just his mum that can provide him with comfort. He can go to my mother. He feels comfortable with people who are not just me. (Single Māmā, one tamaiti, over 20, using Plunket, urban, Hui 6)

Māmā living with their partner supported each other in caring for their pēpi/tamariki. For some, the lockdown enabled pāpā to stay home and spend more time with pēpi and other tamariki. This time together strengthened connections within their whānau and offered more support to māmā.

I was dreading [lockdown] but it turned out to be a blessing to have everyone at home, while she was little and to have extra hands to help me. (Māmā, Pāpā, two tamariki, pēpi 2 years, over 20, tried Plunket, tried Tamariki Ora, urban, Hui 23)

Pēpi/tamariki were disconnected from grandparents

Grandparents are at high risk from COVID-19. Grandparents were anxious about COVID-19 and leaving their homes even at Alert Level 2. As a result, some grandparents became isolated from their whānau and were not able to nurture the wellbeing of pēpi/tamariki and pass on mātauranga Māori.

Nan and grandad are my biggest support, but they are paranoid with COVID-19. It is hard not seeing them. (Single Māmā, three tamariki, pēpi 8 months, used Plunket, using Tamariki Ora, provincial, Hui 25)

Technology enabled whānau connections and their access to services

Whānau who had access to cellphones, smartphones, and computers and internet access stayed connected to their whānau and health and other service providers. Whānau embraced new technologies like Zoom, Facetime and Facebook Messenger to continue to communicate with whānau and strengthen bonds with pēpi/tamariki.

Some whānau did not have access to technology or could not afford data to connect. WCTO and iwi providers were proactive in providing top-up phone cards. Regardless, one māmā had no cellphone. She was left to cope alone with a new baby and older tamariki with limited resources. She had no contact with her WCTO nurse.

During lockdown for two months, I had no cellphone. So I had no way of contacting the outside world. That was difficult. (Single Māmā, pēpi 16 months, under 20, tried Plunket, using Tamariki Ora, urban, Hui 54)

Whānau acknowledge the support of WCTO service during the lockdown

Established relationships with WCTO nurses supported whānau during the lockdown

Māmā who gave birth up to three months or more before the lockdown had met their WCTO nurse face-to-face. The WCTO nurse had held their pēpi or tamariki. This established relationship meant whānau were comfortable engaging with their WCTO nurse remotely through phone calls and texts. Whānau liked that the WCTO nurse was easily accessible to discuss concerns or queries.

Whānau appreciated the support of their WCTO nurse. Their WCTO nurses checked whether they needed food, finance or heating support. Some whānau received care packages of masks, hand sanitisers and clothes for pēpi. Others received financial support and food vouchers.

She said to me over lockdown, if you're struggling to eat, we can do food grants. If money is an issue, we can get you in touch with the right people. Information and being able to connect me to different people are probably that main big role they played. I like that a lot. I had phone calls not long into lockdown. We were due to have visits, but I had two phone calls with her. She made sure I was aware to get in touch with her if there was anything I needed. There were also parcels, delivered cleaning products and what not. (Māmā, Pāpā, four tamariki, pēpi 5 months, over 20, used Plunket, using Tamariki Ora, rural, Hui 43)

Māmā with a new pēpi or firstborn were particularly anxious going into lockdown

Māmā who gave birth just before or during lockdown felt anxious. Māmā with minimal whānau support felt lockdown affected their mental and emotional wellbeing. These māmā did not have an opportunity to get to know their WCTO nurse before lockdown. Some new māmā did not understand the purpose of the WCTO service. However, these māmā appreciated the contact and support of their WCTO nurse and being able to call them.

I didn't know what to expect from them. I don't know what they do. I know the lady now that I see with baby has been helpful, but I don't know what her title is. She offers to talk on the phone or e-mail. Assumed that they are there to check his growth, but I have not had any of that yet as she hasn't come in yet. The last time she knocked on the door. Leaving stuff at the bottom of the doorstep (Single Māmā, four tamariki, tried Plunket, tried Tamariki Ora, provincial, Hui 24)

Whānau are supported by iwi and iwi providers

The iwi response to COVID-19 was quick and effective. Some iwi had anticipated the needs of their community before the COVID-19 lockdown happened. Iwi allocated their pūtea (money) to provide food and sanitation packages to their people. Kaumātua were the initial priority, given their risks from COVID-19. As the lockdown progressed, iwi realized those struggling were whānau with pēpi/tamariki, younger people, or on those on their own.

Many iwi members volunteered to hand out care packages to Māori and non-Māori. Hapū marae and social sector organisations worked collaboratively to distribute packages to rural and isolated communities. Some iwi helped to house homeless people in their area. Iwi mobile medical clinics also provided health and COVID-19 testing in their communities.

COVID-19 provided iwi providers with the opportunity to develop innovative and collective ways of working and communicating with their communities. Iwi providers developed webinars for service providers, shared resources with other providers, and identified whānau in need. Supported by flexible funding from the Ministry of Health and Whānau Ora Commissioning Agencies, iwi providers could alleviate some of the financial burdens for whānau, such as power and accommodation costs.

We could say to 50 whānau that we had on our books that would be hardest hit financially to say to them we have got \$X amount, what would you like to spend that on, be it power bill or GP or rent, to ease some of the burden and to ensure they had the means to be able to keep on top of things. (Iwi leader, Iwi provider, provincial, Hui 34)

Implications for the WCTO programme redesign

Whānau resilience was enabled through a collective whānau-centred response

The COVID-19 lockdown heightened the many stressors faced by whānau due to existing inequities in Aotearoa. The response during this time demonstrates new collective ways of working and funding to support whānau. This collective response is reflective of whānau moemoeā of pae ora, and the need for services to recognise the role of whānau, hapū and iwi in self-determining their solutions. Within this collective response, the WCTO service played an important role in offering reassurance to whānau and, where needed, connecting to financial, food and other support.

Whānau support the use of virtual communication in the right context

During the lockdown, whānau were supportive of the switch to online and phone engagement by their WCTO nurse, where a relationship existed. Going forward, whānau prefer a face-to-face WCTO service, given the centrality of building a trusting relationship with the WCTO nurse. Whānau are open to the use of phone, text and video calls if that means of communication fits with their needs and their context.

Whānau did like having quick check-ins with their WCTO nurse and easy access via phone or text to resolve pressing concerns. As noted earlier, some whānau are frustrated with the challenges of contacting their WCTO nurse. The use of outbound text and phone calls may address some service quality concerns.

Conclusions

We conclude the research by returning to the Ministry's obligations under Te Tiriti o Waitangi. To recap, the Ministry of Health's expression of Te Tiriti is based on four goals: mana whakahaere, mana motuhake, mana tangata, and mana Māori. The Ministry's approach is guided by five principles: tino rangatiratanga, equity, active protection, options and partnership.

Strong evidence supports the benefits of a universal proportionate well child health and wellbeing programme to reduce equity gaps and deliver positive outcomes for all children. However, whānau insight shows the current design and delivery of the WCTO programme does not align with Te Tiriti goals and principles. Whānau highlight the current programme design and delivery fosters inequities of access, service experience and outcomes.

Whānau moemoeā for the health and wellbeing of their pēpi/tamariki within the collective of whānau offer the Ministry a clear direction on the redesign of the WCTO programme. Whānau moemoeā has strong alignment with pae ora (healthy futures) of how healthy families (whānau ora) living in healthy environments (wai ora) enable pēpi/tamariki to flourish (mauri ora).

While whānau moemoeā is consistent, the potential for whānau to achieve these aspirations varies. Colonisation and existing inequities for Māori undermine whānau potential to realise their moemoeā for their pēpi/tamariki. Through colonisation, some whānau have separated from whānau, hapū and iwi and lost this protection. Some have lost language and mātauranga Māori. Many face social and economic inequities due to unemployment or insecure employment, food and housing insecurity, a lack of access to services, and racism.

Whānau identified changes to the WCTO programme and its service delivery to support their moemoeā of pae ora for their pēpi/tamariki. Whānau recommendations are consistent with the literature review findings on the design features of effective indigenous child health and wellbeing programmes, which support positive outcomes for indigenous people. These features align with the Ministry's goals and Te Tiriti principles. Embedding these interconnected design features is likely to contribute to increasing access for whānau Māori and sustaining engagement with the programme, and potentially improving equity of outcomes.

Based on the research and literature findings, the redesign of the programme needs to incorporate the following insights collectively:

- The programme redesign needs to be framed on kaupapa Māori concepts of tamariki Māori health and wellbeing within the context of whānau Māori wellbeing and collective responsibility. Whānau moemoeā of pae ora offers the kaupapa Māori framing.
- The programme redesign needs to integrate access and engagement enablers to deliver positive outcomes for whānau Māori, including:

- being based on mātauranga Māori and tikanga Māori
 - having Māori leaders, whānau Māori and community as key decision-makers in the programme design, implementation, and governance (both locally and nationally)
 - developing trusting partnership-based relationships between whānau Māori and providers
 - being whānau-centred, strength-based and building whānau capability and he māia (the courage to parent as Māori)
 - having cultural safety and critical consciousness as a reflective guide for providers and clinical and non-clinical staff
 - offering flexibility, consistency, and reliability in service delivery.
- The programme needs to clarify the proportionate services for whānau.
 - The programme needs adequate funding allocations and effective contracting models to advance equity for whānau Māori.
 - The programme needs to facilitate connections with the community and connect seamlessly with other services to address the social determinants of health.

Creating a kaupapa Māori programme aligned to whānau moemoeā will require the service to be rebranded to illustrate relevance for whānau Māori. On this basis, the recommendations above do not use the current brand name ‘the WCTO programme’.

The Ministry needs to work with whānau Māori, Māori and iwi leaders and Māori academics to create a kaupapa Maori programme that contributes to pae ora. This participatory process will build connections and trust between the programme and whānau Māori.

Areas for further investigation

The research and literature review highlights areas for further or future investigation including:

- Kaupapa Māori research and evaluation of the WCTO programme to increase the evidence-base of what works in what context for whānau Māori.
- Kaupapa Māori research and evaluation to create an evidence-base of new innovative targeted services and practices within or associated with the WCTO programme.
- Kaupapa Māori research to explore whānau definitions, needs and experiences when pēpi/tamariki have a disability.
- A review of the current funding and contracting model for the WCTO programme to ensure it advances equity of outcomes.
- A more developed understanding of the WCTO programme across health, education and social sectors to ensure integrated collaborations support equity of outcomes for whānau across the life course.

Glossary

Terms	Meaning
Ahi kā	Continuous occupation of land
Arapiki	Milestones
Aroha	To love/love
Awhi	Embrace
Hapū	Kinship group (a number of whānau)
Hau kainga	Home/local people
Hauora	Health
He kāinga haumaruru	A safe home
He māia	To be brave, bold or confident
Hinengaro	Mental health
Irāmutu	Niece/nephew
Iwi	Extended kinship group
Kai	Food
Kaitiaki	Guardian/caregiver
Kaupapa	Topic of discussion or initiative
Kaumātua	Male elder
Kōhanga Reo	Kindergarten
Kōrero	Conversation/to talk
Kuia	Female elder
Kura	School
Māmā	Mother
Mana Māori	Aspirations formed through experiences
Mana motuhake	Wellbeing

Terms	Meaning
Mana whakahaere	Aspects of systems, health and disability
Mana tangata	Health and equity
Manaakitanga	Hospitality
Mātua kēkē	Uncles, aunts
Marae	Māori meeting house
Mātauranga Māori	Māori focus
Moemoeā	Dreams and/or aspirations
Oranga	Wellbeing
Oranga Tamariki	New Zealand Ministry of Children
Pae ora	A holistic concept that includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments)
Paepae	A speaking place at the front of the Marae
Pāpā	Father/Grandfather
Pēpēha	An introduction of who you are and reciting your genealogy
Pēpi	Baby/Infant
Purakau	Story
Rāru	Problem/conflict
Rohe	Region or piece of land where one is from
Rongoa	Māori healing remedies
Tamaiti/Tamariki	Child/Children
Tamariki Ora provider	Iwi or Māori providers of WCTO services
Tangi(hanga)	Funeral
Tautoko	To support/advocate

Terms	Meaning
Te ao Māori	The Māori world view which acknowledges the interconnectedness and interrelationship of all living and non-living things
Te reo Māori	The indigenous language of New Zealand
Te wananga	Indigenous learning institution
Tikanga Māori	The right (Māori) way of doing things
Tinana	Participating in physical activity/body
Tino rangitiratanga	Sovereignty and autonomy
Tūrangawaewae	A place where one has rights for residence through whakapapa and kinship
Wairua	Spirit/soul of a person who exists beyond death
Whakamā	To be ashamed or embarrassed
Whakapapa	Genealogy
Whakawhanaungatanga	The process of establishing links in culturally appropriate ways
Whānau	Family
Whāngai	Māori form of adoption, to nourish
Whanaungatanga	Kinship through shared experiences
Uri	Descendant
Urupā	Cemetery

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Appendices

Appendix 1: Research method

We completed 64 qualitative interviews/hui with whānau Māori and 11 Māori leaders in six locations

We selected the six locations to offer a breadth of perspectives, including the level of enrolment by whānau Māori in the WCTO programme; urban and rural locations; types of WCTO providers including Plunket and Tamariki Ora providers; and socio-economic levels. The six locations were: Kaitaia, Waitemata, Tauranga, Masterton/Wairarapa, Palmerston North, and Christchurch.

We interviewed a range of Māori leaders, including leaders from iwi authorities, Māori-led provider organisations, working with whānau, and kuia and kaumātua.

Table 1 provides an overview of the locations selected, the number of interviews completed with both whānau and Māori leaders and a regional profile of location type, Māori enrolment in WCTO and across the service providers.

Table 1: Overview of the achieved sample by locations

DHB and city/town	Interviews completed	Location type	Māori WCTO enrolment	WCTO providers by enrolment ¹¹
Northland DHB Kaitaia	13 whānau 2 leaders	Rural	Below 85%	Tamariki Ora providers (35%) Plunket (65%)
Waitemata West Auckland	11 whānau 2 leaders	Urban	85-90%	Tamariki Ora providers (10%) Plunket (90%)
Bay of Plenty DHB Tauranga (South)	10 whānau 2 leaders	Provincial	85-90%	Tamariki Ora providers (35%) Plunket (65%)
Wairarapa DHB Masterton	10 whānau 2 leaders	Rural	Above 95%	Tamariki Ora providers (65%) Plunket (35%)
Mid-Central DHB Palmerston North	10 whānau 1 leader	Provincial	90-95%	Tamariki Ora providers (35%) Plunket (65%)
Canterbury DHB Christchurch (South)	10 whānau 2 leaders	Urban	85-90%	Tamariki Ora providers (40%) Plunket (60%)
Total	64 whānau 11 Māori leaders			

¹¹ Source: Ministry of Health snapshot of enrolment

Table 2: Profile of whānau Māori interviewed

Profile	Interviews completed	Numbers
Gender	Female	60
	Male	4
Provider ¹²	Plunket	20
	Tamariki Ora	23
	Tried Plunket/Tamariki Ora and stopped	11
	Tried Plunket/Tamariki ora and changed to Plunket or Tamariki Ora	7
Number of Tamariki	One	31
	Two plus	33
Age of youngest	Under 6 months	15
	6–12 months	11
	1–5 years	38

We interviewed a diversity of whānau Māori across the locations, including:

- number of children and years between babies, from first-time mothers with babies born before the COVID-19 lockdown to those who have children in teens and a new baby
- age of youngest child ranging from one to two months to four to five years
- living arrangements including those living on their own, with partners, in blended families, and with parents and grandparents in their own home or rented
- use of WCTO service including those using Plunket or Tamariki Ora providers, those who have had both providers, those who stopped using the service, and those who providers stopped seeing before the completion of the core contacts.
- connectedness to whānau, whenua and te ao Māori, and fluency of te reo Māori.
- employment status including those working, on maternity leave, unemployed and seeking work and those not
- resources from low to mid-income levels
- whānau health and wellbeing from those well to those struggling with other health and wellbeing issues, particularly pre- or post-natal depression or other mental health issues
- pēpi/tamariki health and wellbeing including tamariki with a disability and those requiring additional health or educational support
- experience of the WCTO programme including positive, negative, and neutral experiences
- whānau receiving other services such as Family Start or engaged with Oranga Tamariki.

¹² Provider numbers do not add to 64 due to paired interviews with māmā and pāpā.

We adapted the research method due to the impact of COVID-19

We recruited whānau Māori through working with community connectors. We completed face-to-face interviews in the Kaitia area on 16 and 17 March 2020. We paused the research following these interviews due to COVID-19 risks and the lockdown. On recommencing the research, we offered participants a range of interview methods including Zoom, Facetime and phone. Participants appreciated the opportunity to take part in the research and the range of ways to connect.

Whānau Māori who took part in an interview received a koha of \$80 to say thanks.

We have ethics approval for the research from NZEC



NZEC Approval
letter - Litmus 20_04

Analysis and reporting process

We transcribed all interviews in a de-identifiable form. Where requested, whānau Māori received a copy of their transcripts. We developed a high-level summary of each transcript to create an overview of whānau Māori input. From this foundation, we held a series of analysis and reporting hui to:

- develop a customised code frame based on the Ministry's four goals to meet Te Tiriti o Waitangi obligations. We coded the core themes of each transcript into an Excel spreadsheet, and captured supporting quotes
- identify key research findings using themes captured in the Excel spreadsheet, and collectively agree the key research insights and report structure
- review, discuss and refine the key insights present in the early report drafting
- collectively review each report section and agree on the implications for the WCTO programme review based on whānau feedback
- review the draft report before submission to the Ministry.

This iterative analysis and drafting process ensured:

- We were grounded in the voice of whānau Māori and Māori leaders.
- We respected and presented the diversity of moemoeā and experience across whānau Māori and Māori leaders interviewed.
- We have reflected on their insights in the context of Te Tiriti o Waitangi, He Korowai Oranga and the concept of proportionate universalism.

We acknowledge the strengths and limitations of the research

The number of interviews completed and the consistency of themes across whānau Māori and Māori leaders strengthen the findings presented. The achieved sample size has also enabled the presentation of the diversity of perspectives.

The change from face-to-face interviews to Zoom or phone interviews did not impact on the quality of the information received from whānau Māori. During COVID-19 lockdown, Māori whānau shifted their engagements with whānau and others online. Marty Rogers and Maria Marama (the lead Māori researchers), and the New Zealand Ethics Committee agreed the change in the data collection approach was appropriate in the context.

On resuming interviews, we assessed whether the move away from kanohi ki te kanohi to Zoom and phone affected the process or quality of discussions. We found whānau Māori appreciated the safety offered by Zoom or phone conversations, and some liked the anonymity provided. In the main, discussions were informative and insightful. As in any research, whānau shared as much or as little as they wanted. Some interviews were deep stories steeped in te ao Māori worldview. Others were more high-level reflecting differing perspectives or understanding of health and wellbeing. All were informative and valuable.

We acknowledge some voices were not heard, and other voices require a more detailed focus than this research can achieve.

- We were unable to recruit whānau Māori who decided not to use the WCTO services. We worked to enable their inclusion. We gained ethics approval through the New Zealand College of Midwives to approach midwives in each location. Within the timeframe of the research, no whānau Māori not wanting to use the WCTO services were identified or agreed to take part. Through our connections, we identified a few whānau who had decided not to use the WCTO service. However, the whānau did not want to take part in the research due to their circumstances. We respect their decision and appreciate they considered our request.
- We interviewed a few whānau Māori who had a child with a disability. We believe this is an area for further investigation, given the challenges faced by whānau Māori in accessing diagnosis and appropriate services for their child with a disability.
- We interviewed a few whānau Māori who had experience of Oranga Tamariki. This is also an area for further investigation, given their negative experiences.

Appendix 2: Research tools

We developed narrative interview guides for whānau Māori and iwi leaders based on the research questions. The narrative interview guides offered the flexibility to explore areas of importance for whānau Māori.

Whānau Māori information sheet and consent form



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WCTO consent

Whānau Māori discussion guide



WCTO_discussion
guide_whānau.docx

Māori leaders' information sheet and consent form



Information
sheet_Māori leaders

Consent
form_Māori leaders.

Māori leaders' discussion guide



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