



# SUBMISSION

United Nations Committee on the Rights of the Child.

## Abstract

*E tipu e rea mō ngā rā o tou ao  
Grow and branch forth tender youth*

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## Introduction

*E tipu e rea mō ngā rā o tou ao*

*Grow and branch forth tender youth*

(Tā Apirana Ngata)<sup>1</sup>

E Tipu E Rea Whānau Services (formerly, Thrive Teen Parent Support Trust) was set up in 2010 in response to an 18-month collaborative community research project which called for a dedicated teen parent service in Auckland. We provide specialised whānau-centred, youth-centric support services that seek to enhance and enable the oranga, wellbeing of young parents – *matua taiohi* and their tamariki to positively grow and thrive with their families and communities.<sup>2</sup>

E Tipu E Rea Whānau Services is making this submission to the United Nations Committee on the Rights of the Child (UNCROC). We urgently require the New Zealand Government to uphold the human rights of all children who come to the attention of their Care and Protection services known as Oranga Tamariki (formerly Ministry of Children and Child, Youth and Family Services or CYFPs)<sup>3</sup> and in particular, the children whose heritage is from the indigenous people of New Zealand who are collectively called Māori or *Tangata Whenua*.<sup>4</sup>

E Tipu E Rea Whānau Services has worked with well over a thousand young parents (aged between 14 – 20 years of age) and their children for the past ten years. We have documented the interactions our clients have had with the Ministry of Children/Oranga Tamariki/CYFPs<sup>5</sup>. We have attempted to address the issues as they arise and find that our complaints fall on deaf ears. We support the call of our highly regarded Māori leader Dame Tariana Turia, a former MP and co-founder of the Māori Party, who has called for the resignation of Minister Martin and CEO Grainne Moss in response to the latest report of the Office of Children’s Commissioner in June 2020.<sup>6</sup>

### *Disclosure:*

E Tipu E Rea Whānau Services is currently contracted by Oranga Tamariki to provide pregnancy and parenting support services for vulnerable teenaged parents, with the majority identifying as Māori. Our experiences with the NZ System of Care and Protection – Oranga Tamariki has been disappointing and shamefully sub-standard as a result we have been compelled to make this submission to hold the Government to account and to ensure that their agencies improve their embedded processes and substandard service can improve its capability and increase capacity to better address the distinct, unique needs of *whānau in maintaining Māori whakapapa*<sup>7</sup>.

## The Catalyst for Change

During the calendar year of 2017, E Tipu E Rea Whānau Services saw a marked increase (estimated 30 percent) of clients requiring intensive support to assist in addressing notified reports of concerns to CYFS. Often, clients were advised without whānau support, advocate or friend being present.

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<sup>1</sup> <https://www.teaomaori.news/120-years-admission-ta-apirana-ngata>

<sup>2</sup> <http://www.thrive.org.nz/about/>

<sup>3</sup> <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

<sup>4</sup> People of the land.

<sup>5</sup> The department has had several name changes. The current name Oranga Tamariki refers to the wellbeing of the child. However, many Māori are offended by the use of our language to describe a system that continually denies the basic human rights of Māori children and their families.

<sup>6</sup> <https://www.tvnz.co.nz/one-news/new-zealand/dame-tariana-turia-calls-oranga-tamariki-head-minister-resign-following-damning-report>

<sup>7</sup> Genealogy and family group.

Furthermore, these interactions were weighted heavily in favour of the then CYFS as many of the young parents or young mums and their tamaiti/tamariki<sup>8</sup> with very little resources or support to call upon.

Two years later in June 2019, the media reported on a story of how several social workers attempted to uplift a 7 day old baby from the 19 year-old mother in a Hawkes Bay hospital. Police and hospital staff kept the young mum's family and midwives away while the social workers spent several hours trying to coerce the mother to release her child. Some of the incident was videoed by the mother on her phone and shared on social media. The news media picked up the story and televised the incident. The public were outraged by this incident but in reality it was not the first time a newborn baby has been removed from teenaged parents and placed in alternative care. I wrote a blog about this incident.<sup>9</sup>

*I've seen over the last few years a sharp increase in the number of babies being uplifted from teen parents, many of whom are Māori. Now that's a hard fact that I have mentioned too many times to too many people including our local MPs and Cabinet members.*

Following the media reports, a review of this incident was announced by the Ministry of Children also known as Oranga Tamariki<sup>10</sup>. The Ombudsman<sup>11</sup> and the Office of the Children's Commissioner also announced they were reviewing the department's practices and processes.

The Ministry for Children - Oranga Tamariki held a review on its own internal processes, which resulted in a public apology from Grainne Moss CEO of Oranga Tamariki,<sup>12</sup> who intimated that the staff involved would face consequences for their actions. These consequences were not made public.

The Ombudsman is a government watchdog<sup>13</sup> that handles complaints about their agencies. An investigation was announced shortly after the incident and a report promised by the end of the year. A terms of reference was also published outlining the process. However, there does not appear to be a report or an update on progress of the investigation on their website. This is concerning as the Ombudsman has a role to play in keeping the government accountable.

A fourth independent inquiry or Māori Inquiry was initiated by the Whānau Ora Commissioning Agency<sup>14</sup>. The first national *hui*<sup>15</sup> was held in Auckland in July 2019<sup>16</sup> and calls for submission were invited on the terms of reference. A second *hui* as held in Hamilton in October, 2019<sup>17</sup> to ratify the terms of reference and establish the membership of the governance group. Following the second *hui*, the research team began to analyse the feedback from the *hui* and form a research plan. The

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<sup>8</sup> Child/children.

<sup>9</sup> <http://www.thrive.org.nz/blog-news/the-fear-and-despair-of-teen-parenting-in-aotearoa/>

<sup>10</sup> Wellbeing of Children.

<sup>11</sup> <https://www.ombudsman.parliament.nz/sites/default/files/2019-11/orangatamarikiremovalinvestigation-mediarelease.pdf>

<sup>12</sup> <https://www.newshub.co.nz/home/new-zealand/2019/11/oranga-tamariki-ceo-says-staff-members-in-charge-of-hastings-attempted-uplift-faced-significant-consequences.html>

<sup>13</sup> <http://www.legislation.govt.nz/act/public/1975/0009/latest/DLM430984.html>

<sup>14</sup> <https://whānauora.nz/assets/62879b6bdf/OT-REVIEW-REPORT.pdf>

<sup>15</sup> Public meeting.

<sup>16</sup> <https://www.stuff.co.nz/national/115102972/maori-leaders-launch-inquiry-into-tamariki-being-taken-from-their-whnau>

<sup>17</sup> <https://www.newsroom.co.nz/2019/08/19/761533/watch-the-mori-inquiry-into-oranga-tamariki-hui-in-waikato>

team began interviews across the North Island, while Te Pūtahitanga-The South Island Commissioning Agency<sup>18</sup> held 6 *hui* across their districts.

#### Ko Te Wā Whakawhiti- A Time for Change.

The Māori Inquiry report was released in February 2020 to the Iwi Leaders Forum at Waitangi. This is a place of national significance, where the Treaty of Waitangi<sup>19</sup> was signed in 1840 between the British Crown and *Tangata Whenua* representatives. The report was ratified at the forum whose membership is derived from Iwi/Māori leaders from all over the country.

Dame Naida Glavich, chair of the Inquiry's governance group spoke to the media about the heavy-handed state involvement, including the use of armed police and multiple officers to uplift tamariki, that amounted to "unprecedented breaches of human rights and the treatment of Māori women has been inhumane."<sup>20</sup>

The Māori inquiry gathered and listened to the stories from many participants including parents, grandparents, state care system survivors, service providers, Māori leaders, state caregivers, and whānau caregivers. The inquiry used the *Pā Harakeke* or Flax plant as a model to arrange the groups. This plant is commonly used for weaving baskets. The leaves are arranged in a fan shape and is a metaphorical reference for the family. The *rito* or centre shoot is the child, the two leaves on either side are the *mātua* or parents and the outer leaves are the *kaumātua* or grandparents. A *whakatauki* or proverbial saying warns about plucking out the *rito* as the whole plant and its surrounding ecosystem will perish.

The Māori Inquiry found a number of failings on the part of Oranga Tamariki in regard to the uplifts of Māori children from their families. Uplifts were frequently done without notice, late at night when children were asleep in their beds, using the police to block any families who tried to resist. This process was totally disempowering and terrorised the families and children, including breastfeeding babies who were then placed with strangers or other family members. The caregivers reported that they were often not given notice of impending arrivals and lacked resources to care for extra children at short notice. Caregivers also reported that resources were withheld on a regular basis.

Reports of concern were investigated in secret and families were not given an opportunity to tell their side of the story. There were many serious complaints laid by families who questioned the behaviour of the social workers and police during and after the uplifts, with both the police and other government agencies appearing to collude together against the families<sup>21</sup>.

E Tipu E Rea Whānau Services were invited to participate in the Māori Inquiry, however due to our overwhelming workload at the time, were unable to do so. While we were unable to take part, we wrote a blog about the Māori Inquiry<sup>22</sup> in the March issue of our monthly newsletter and had the following to say:

*"..if in fact the oranga or the wellbeing of tamaiti or rangatahi is at the heart of Care and Protection, then on that basis it is overwhelming failure. Care and*

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<sup>18</sup> <http://www.teputahitanga.org/maori-inquiry-partnership>

<sup>19</sup> <http://www.legislation.govt.nz/act/public/1975/0114/latest/DLM435368.html>

<sup>20</sup> <https://thespinoff.co.nz/atea/numa/04-02-2020/unprecedented-breaches-of-human-rights-the-oranga-tamariki-inquiry-releases-its-findings/>

<sup>21</sup> While the department has made some initial changes to their practices, many families complaints had not yet been fully investigated and people flocked to the Māori Inquiry to tell their stories.

<sup>22</sup> <http://www.thrive.org.nz/blog-news/rongo-panui-e-tipu-e-rea-volume-1-issue-3/>

*Protection in Aotearoa (New Zealand) as similar to other Western Societies, is an affront to humanity and especially to whakapapa Māori”*

Te Kuku O Te Manawa

Earlier this year, we were approached by the Office of the Children’s Commissioner and invited to share our concerns about the experiences of young parents whose babies were the subject of a report of concern to the Ministry of Children (Oranga Tamariki). We were interviewed by the Commissioner’s researchers in late February. The Commission has released the first of two reports in June 2020.<sup>23</sup> The first report includes the voices of parents and families. The second report will focus on feedback from community groups providing support for families affected by the State interventions including E Tipu E Rea Whānau Services.

The report ‘Te Kuku O Te Manawa’ released by the Children’s Commissioner’s Office in June 2020, focussed on the voices of mothers, fathers, grandparents and other whānau/families who have had a baby aged 0-3months old uplifted from them by Oranga Tamariki (The Ministry of Children).<sup>24</sup> The introductory statement by Children’s Commissioner Judge Andrew Becroft informs the reader that the Commissioner’s Office has a statutory role<sup>25</sup> to monitor and assess the policies and practices of the Ministry of Children (Oranga Tamariki). Judge Becroft also explains how the Covid19 pandemic delayed the production of the report but ultimately needed to be released to fulfil a promise to the 12 whānau (families) who were involved in the interviews. Judge Becroft also explains the new 7AA clause in the Act<sup>26</sup> and the obligations of his office to monitor and review how the department works alongside Iwi<sup>27</sup> authorities to ensure they are accountable and delivering on these legislative changes. Finally, Judge Becroft used a quote ‘Where there is no vision, the people perish’ (p.8) to further commend the team of Māori researchers who led the review process.

The Commissioner’s Chief Māori Advisor Dr Kathie Irwin explains some relevant terminology in the report and its importance to the topic. Irwin refers to Sir Mason Durie’s description of ‘diverse Māori realities’<sup>28</sup> and offers two distinct scenarios - one a personal whānau<sup>29</sup> story where the impending birth of a *mokopuna*<sup>30</sup> is anticipated and greeted with traditional *karanga*<sup>31</sup>, whereas in the other scenario, a state intervention is being implemented coldly by the social workers in the birthing suite while the mother is in labour. Irwin reminds us that “*Pēpi Māori*<sup>32</sup> have Treaty rights, human rights and rights as citizens of *Aotearoa*<sup>33</sup> to be treated in ways which honour their ancestry and their *whakapapa*”<sup>34</sup> (2020, p.11). She highlights the differences between *Te Ao Māori*<sup>35</sup> practices and the State interventions that do not honour the child’s human rights or their *whakapapa* Māori.

The first section of the report included the glossary of key te reo Māori words used often in the report and key technical terms and some key assumptions that frame the review. One of these is the Treaty of Waitangi (1840), and the statistical snapshot around the removal of pēpi Māori into state

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<sup>23</sup> <https://www.occ.org.nz/publications/reports/te-kuku-o-te-manawa/>

<sup>24</sup> <https://www.facebook.com/watch/?v=687908221992586>

<sup>25</sup> <http://www.legislation.govt.nz/act/public/2003/0121/latest/DLM230470.html>

<sup>26</sup> Oranga Tamariki Act 2019

<sup>27</sup> Tribal groups

<sup>28</sup> Durie, 2006. Measuring Māori Wellbeing. New Zealand Treasury Guest Lecture Series. Wellington. N.Z

<sup>29</sup> Family and extended family

<sup>30</sup> Grandchild

<sup>31</sup> Māori womens call of welcome

<sup>32</sup> Māori babies

<sup>33</sup> Māori name of New Zealand

<sup>34</sup> Genealogy

<sup>35</sup> Māori world view

custody. The use of the term state custody as opposed to the more commonly used term state care (as used by the Māori Inquiry reports)<sup>36</sup> shows a discernment around the way uplifts are handled and the outcomes for whānau of pēpi Māori. This section also outlined the methodology and an overview of the participants and the key things that need to change. Six areas for change were identified as follows:

1. The system needs to recognise the role of mums as *te whare tangata*<sup>37</sup> and treat them and their pēpi with humanity.
2. Unprofessional statutory social work practice is harming mums, whānau and pēpi.
3. Whānau need the right support from the right people
4. Pēpi Māori and their whānau are experiencing racism and discrimination
5. The organisational culture of the statutory care and protection system needs to support parents and whānau to nurture and care for their pēpi.
6. The system needs to work in partnership with *whānau*, *hapū* and *iwi* so they can exercise *tinu rangatiratanga*.<sup>38</sup>

The rest of the report goes on to describe the six key areas for Change in greater detail. This report is timely as we know with the current situation of the Covid-19 pandemic and race riots overseas, those who have less power are tired of waiting for government agencies to act with more humanity. Activist group Action Station Aotearoa<sup>39</sup> partnered with a group of Māori academics calling for action with the campaign called ‘*Hands Off Our Tamariki*’ that has highlighted the uplifts of Māori children as an area for concern. A protest march was held and a petition signed by 17,000+ people was presented to parliament in Wellington in 2019<sup>40</sup>. The petition asked for the following points to be addressed.

“In line with an urgent need for transformative systemic change we the undersigned call for the following ”:

- That the State stop stealing Māori children.
- That not one child more be removed by the State from their *whakapapa* context of *whānau*, *hapū*, *iwi*.
- The affirmation of *tinu rangatiratanga* and the right of Māori to make decision and control the wellbeing of our *tamariki* and *mokopuna*.
- That the State take responsibility for increasing State abuse of *tamariki* Māori.
- That the current system overseen by the Ministry of Children be overhauled restructured in line with *Kaupapa Māori* and strengths based approaches that ensure *tamariki* remain connected to their *whānau*.
- That legislation and policies be co-designed with Iwi/Māori around an honourable Treaty relationship that serves the needs of *whānau*, *hapū*, *iwi*.
- That during the restructuring of the current Ministry of Children that a Māori transition panel be put in place to oversee all of the Ministry’s activities in regards to *tamariki* Māori.
- That Māori define *whānau* and *whakapapa* within our *tikanga* and *mātauranga* to ensure the wellbeing, connectedness and care of our *tamariki*.

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<sup>36</sup> <https://whānauora.nz/assets/62879b6bdf/OT-REVIEW-REPORT.pdf>;  
<https://whānauora.nz/assets/0724d766d5/EXECUTIVE-SUMMARY-REPORT.pdf>;  
<https://whānauora.nz/assets/3896cf4580/WHĀNAU-VOICES-REPORT.pdf>

<sup>37</sup> The uterus or womb.

<sup>38</sup> Self determination or autonomy

<sup>39</sup> <https://actionstation.org.nz/>

<sup>40</sup> <https://our.actionstation.org.nz/petitions/hands-off-our-tamariki-1>

- That decisions regarding the wellbeing of *tamariki* must be made by *whānau*, *hapū*, *iwi* supported by *Iwi* and Māori organisations supporting *whānau*.
- That the recommendations of *Puao-Te-Ata-Tū* be revisited and an in-depth *Kaupapa Māori* investigation of the Ministry of Children be undertaken by Māori external to the Ministry.
- That the State hand over resources to *hapū*, *iwi* and *Kaupapa Māori* organisations to ensure the wellbeing of *tamariki* Māori.
- That successful programmes such as *Mātua Whāngai* be affirmed and revisited as processes by which to support Māori approaches to the wellbeing of *tamariki* and *mokopuna*.
- That a long term commitment be made to support the return of *te reo*, *tikanga* and *mātauranga* Māori to *whānau* to support wellbeing for current and future generations.
- That Māori philosophies such as *Te Aho Matua*, *Whare Tapa Whā*, *Te Wheke*, and other *tikanga* based models be prioritised in the wellbeing of *whānau*.
- That *Whānau Ora* be funded to enable the full provision of services for the wellbeing of *tamariki* and *whānau*.
- That *Iwi/Māori* and the Crown work in collaboration to create a whole of *Aotearoa* approach to *tamariki* and *whānau* wellbeing.

### Summary

In our ten years' experience as a service provider, all of the above - mentioned reports and the petition are valid accounts of how the State and its agencies operated in the recent past and while change is being made incrementally, there is a need for ongoing monitoring of the department. As a government funded provider of services, we regularly provide narrative reports to the Ministry of Children. In these reports we outline the impacts of their policies and processes on *whānau*. In most cases there are safety issues that require intensive support and intervention in the *whānau* situation. We diligently report on these issues as well as the steps we take to support *whānau* to stabilise their situations and become better parents. We have attached two case samples in the Appendices. Both case studies use pseudonyms to protect the identity of our *whānau*.

The evidence is overwhelmingly clear that the Ministry of Children's Care and Protection agency has a case to answer in regard to the over-representation of Māori children being uplifted with little regard for their human rights while also failing to provide support and empathy for their parents and extended families. *Tangata Whenua* also have rights under the Treaty of Waitangi that the government as the Crown's agent has a role to protect Māori as equal citizens of New Zealand. While these reports have highlighted the myriad of injustices, and some redress is now occurring, it has not restored the *mana motuhake*<sup>41</sup> of the *whānau*, *hapū* and *iwi* whose rights have been trampled upon.

There have been three completed inquiries with several published reports, intense media attention, a march, a petition and a treaty claim has been lodged with the Waitangi Tribunal<sup>42</sup>. The call for change is growing louder but will the New Zealand government listen and take action?

Nāku noa nā

Yours humbly,

Cinnamon Whitlock

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<sup>41</sup> Inherent dignity

<sup>42</sup> <https://www.newsroom.co.nz/2019/10/25/878562/urgent-waitangi-tribunal-inquiry-into-mori-child-uplifts>



CEO, E Tipu E Rea Whānau Services.

Auckland, New Zealand



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Office of the Children's Commissioner. 2020. *Te Kuku O Te Manawa: Ka puta te riri, ka momori te ngākau, ka heke ngā roimata mo tōku pēpi*. A review of what needs to change to enable pēpi Māori aged 0-3 months to remain in the care of their whānau in situations where Oranga Tamariki-Ministry for Children is notified of care and protection concerns. ISBN 978-0-473-51774-8  
<https://www.occ.org.nz/assets/Uploads/TKTM-JUNE2020-Final.pdf>

### Statutes

Children's Commissioner's Act 2003

<http://www.legislation.govt.nz/act/public/2003/0121/latest/DLM230470.html>

Ombudsman Act 1975

<http://www.legislation.govt.nz/act/public/1975/0009/latest/DLM430984.html>

Oranga Tamariki Act 1989

<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

Treaty of Waitangi Act 1974

<http://www.legislation.govt.nz/act/public/1975/0114/latest/DLM435368.html>

*Case Study One: Teen Mother*

**Situation:**

Hine is 20 years of age and of Māori and Pasifica descent. She has two children, Tama, 4 years old boy, and Fine, 3 weeks old girl. She has a break down relationship with Tamana who is also the biological father to Tama. Historical factors that Tama was being uplifted when she was re admitted to the hospital after 2 weeks when he was born. After 5 years later, Hine has another relationship with Tamana who is the biological father to Fine. Hine and Tamana break up before Fine was born. Hine made up with Tamana before he moved to Australia but unfortunately, he has a relationship with another wahine. Since then, Hine is originally live with her biological parent rented home in West Auckland area where before Fine was born, she being self-referral to Thrive. The referral was being assessed and engagement with client was conducted where issues and needs were identified.

The issues that was identified when Thrive became involved pertained to the client becoming anxiety and stressful levels at the time of unexpected visit by professionals and how rapidly she makes and change decisions. There were stages where client had let professionals with unexpected visit due to them being in risk situation. Issues surfaced where post connecting the client to external service providers and providers. Hine would make contact with the ICW worker and complain about the unexpected visit by professionals and also, they gave questions and also issues of trust from client towards other professionals also revealed itself. When an issues surface between Oranga Tamariki and Client where notice of whānau hui was verbally given and inform from Oranga Tamariki to Client, and disagreement occurred where the whānau hui was called and without a professional hui to be involved. The ICW worker immediately actioned reported to the officer in charge and involved intervening between parties and also advising Oranga Tamariki on how to react and de-escalate the issue. The usage of narrative therapy, mirroring emotion frameworks and negotiation techniques were utilised in this situation, whilst factoring in according to proper procedures.

**Presenting Problems:**

(a) Improve Health (b) Environment / Family Relationships / Child Parent Relationship (c) Education and Life Long Learning.

**A: GOAL: Improved Health Outcomes**

This support involved in a barrier that was surfaced in relation to the involvement of the Ministry of Vulnerable Children, Oranga Tamariki, and the client's knowledge of this occurrence. This barrier became a goal within the support plan, where the requirement for accomplishment of this goal was to find out what MVCOT's involvement is, and what level of concern is this case currently situated at. This is where Thrive intervene to support client and conduct a process around determining what the client's level of knowledge and perspectives to the purpose of the Ministry's involvement. This is where questioning and rational emotive therapy were drawn upon in order to provide more of the client's version, historical factors and reasons subjected to Oranga Tamariki's involvement. Contact was made with MVCOT, where the ICW worker had requested for a meeting.

The meeting presenting issues started to surface strongly barriers where MVCOT social workers unexpected visit and without knowing to client the main purpose of the visit. It seems client has to be well informed and fully aware about the circumstances of any visits made by any professionals. The visit was causing the client constantly upset and excessive

anxiety and stressful to Hine and reflected the uplifting of her first child. The unsettlement of client where sessions with client that were based on coping strategies and resolving factors were and could be seen as an intervention towards the client managing her anxiety and stress levels.

Another issue that surfaced involved the confirmed whānau hui before the due date for client to give birth. In regards to this practice and our service disagreeing with this hui was to be held at this stage. The client in these stages requires to emphasise more time for relaxing and focus towards her labour. Thrive was able to support Hine to have some rest and act on behalf of her. The outcome from the meeting where all professionals were happy to cancel the whānau hui and MVCOT social worker request for a report of concern where the report of concern was made by the Thrive responsible officer and sending to concern address.

#### **Environment / Family Relationships / Child Parent Relationship:**

Support and sessions held with the client involved victim support, mentoring around positive coping strategies

Client was providing support to connect to MSD – Work and Incomes, Emergency Accommodation and Plunket for support, Salvation Army, Vision West, and Thrive. Parent and child relationship were always positive on home visits made, support given in this area involved making suggestions to client and whānau around their house location that have close to West City, shopping centre and school that increase family involvement. This resulted to client and whānau planning to go out together as a family for doing their shopping and enjoying together with pepe Fine.

Increasing client's provision of child resources was achieved where she would access the Thrive koha room on a frequent basis.

#### **Education / Life Long Learning**

The client goals since taken up by Thrive specifically entailed the client to attend parenting and continue study to achieve L1, L2 and L3 where client planning to enrol at Ohana (whānau) beginning of next year. Moreover, this involved connecting the client to legal service providers where she accessed to local community law centre and citizen's advice bureau.

#### **Complications and Problematic Factors during Support**

There were stages where the client had let her extended family members' move into the house due to them being homeless where referrals for these family members were made to housing providers. Issues surfaced where post connecting the client to external service providers and providers. ICW worker made communication and with housing provider arrange for Hine to move in on the following day where client change her mind not to move out from her parent rentals home and waited as until the house demolished and renewed. ICW workers immediately advise the housing providers in this cause with kindly appreciation with their necessary support.

#### **Outcomes**

Client's knowledge in terms of accessing services has greatly increased where before she would contact the ICW worker to help with certain steps, but now she is able to contact and express her concerns with MSD-Work and Incomes. Moreover, the client now aware and have knowledge to convey any professional visits has to consult with ICW worker. The client was able to make contact with MSD and also knows what is needed in terms of documents needed to apply for MSD grants for emergency accommodation and she is able to fill up the application form with all the supported documents. The client is much more aware of residing in emergency accommodation within a safe and respectful living environment opposed to

the previous emergency accommodation that this whānau resided in. Hine has also formed a new way in how to communicate concerns and issue she has through sessions with ICW worker where she now thinks to be registered with others housing providers where she is now ready in focusing on raising her daughter and produce strong parenting roles and community social development relationship.

A positive outcome with this matter, Oranga Tamariki involvement where the ICW worker always and reminding the child's safety to the client during support and encouraged way of thinking in terms of child protection and forming a positive and happy whānau.

**Situation:**

Tuahine is 18 years of age of Māori descent and has female child named Shay who is 3 months old. Anaru, who is the biological father for the child is currently incarcerated in a corrections facility. Tuahine and Anaru have been in a relationship for the past 3 years. They were residing in a 3-bedroom Social Housing Home where the tenancy was under Tuahine. In regards to Financial income, Tuahine is receiving income from the state, and Anaru is working on a casual contract but work hours exceed 30 hours per week. The couple were hugely supported by Anaru's family that reside in Auckland, as Tuahine's family live in the South Island. Tuahine was referred to Thrive by the Auckland District Health Board (ADHB) Social Worker where it was allocated to a Thrive ICW worker, and then re-allocated to another social practitioner due to the case being of a high-risk level.

The house is paid by Tuahine, where Anaru, Potiki (Anaru's first cousin) and Fuamai (Potiki's girlfriend) are paying board when possible. Tuahine is basically the key person in terms of paying utility bills, food shopping and other household items, where Anaru's finances is spent on what he prefers or wants without factoring financial support in paying bills etc. A result from Tuahine having to fund basically everything in the house as well as other issues had caused pressure and stress on her where it had delays on her achieving or even attempting to accomplish her short-term goals which around pursuing a course and eventually obtaining employment as she had not achieved any NCEA Level credits. Her long-term goals were based on opening her own business subjected to Tattooing and piercing service, however she is aware that she needs to do some business-related courses as she did not have a good education and upbringing. Tuahine's life growing up has been around gang affiliation, drug and alcohol concepts, violence, prostitution, sexual abuse and other factors which also have resulted to her being diagnosed of depression with anxiety, forms her response methods and thought processes.

**Social Concerns:**

**(a) Financial Freedom, (b) Support Networks, (c) Health and Well-Being, (d) Education, (e) Culture and Community, (f) Housing, (g) Life Long Learning, (h) Family Relationships**

In regards to the assessment process, the client's aunty was present, and posed a barrier that involved her directing questions at me based on 'if I'm real' which was in relation to myself as a social worker and also shared her experience with Social Workers that have basically let her down. A barrier that also surfaced was in relation to the involvement of the Ministry of Vulnerable Children, Oranga Tamariki, and the client's knowledge of this occurrence. This barrier became a goal within the family plan, where the requirement for accomplishment of this goal was to find out what MVCOT's involvement is, and what level of concern is this case currently situated at. Contact was made with MVCOT, where the care and protection worker had requested for a meeting with the family, and that the level of the case is at a low level. This was then reiterated back to the client and family, where a date and time was arranged for this meeting to take place, where all parties were in agreeance. In preparation, the devising of a comprehensive family plan was formed where the process involved meeting with clientele (both female and male opened to Thrive), and their family members.

These barriers involved the male's response to the ADHB social worker's morning visits where the professional labelled his behaviour as aggressive and violent where she had contacted professionals in the field and demanded that a discharge meeting should be held. In addition, the female's family were constantly causing her emotional stress where the client was constantly upset and in tears as her family placed their disapproval and dislike towards the male before supporting Tuahine and the new born pepe. Another issue that surfaced involved the male's family who have been there at the hospital constantly for the clientele and pepe were becoming tired, financial hardship in terms of



petrol and parking tickets, disagreeing with Tuahine's family's issues towards the male instead of supporting them. In regards to my practice and service delivery, this required me to position myself as a mediator between professionals and the family members, to consistently enforce positive thinking, increasing clientele's self confidence and self-esteem to produce strategic and effective ways of them addressing issues and communicating with one another. In addition, it also led to having family consultations to devise a new Family Plan, which emphasised more focus towards building support systems for the child and parents, and placing an adult in the house to basically to provide support and help with baby and structuring a routine. The outcome from the discharge meeting was successful where all professionals were happy and pleased with the new Family Plan.

When all parties and new born pepe returned back to the house, the family member that was appointed to be the live-in-support person's assistance was an absolute success and also huge support for clientele and pepe. This also increased Thrive's support where home visits were being made twice a week, food parcel deliveries made weekly. Tuahine was able to gain some rest and also became comfortable with new routines of motherhood; the male continued with employment and would help out with the child when he was able too. Professionals were engaging well with clientele and specific goals were being met and the entire family were following through with the Family Plan. However, the relationship level of the clientele was also being pressured, where the female expected more support and affection from the male, where the notion of spending time together surfaced. When spending time together, it seemed that alcohol and possibly other substances were being consumed during the weekend (s), where the 'spending time' together came to increasing company by inviting friends and also friends of friends. This is where presenting issues started to surface strongly, where the male's weak spots were beginning to expose where jealousy traits and factors shared between both clientele manifested into conflict and violence outcomes involving rape, strangulation, damaging of the house and vehicle, to police attending altercations. This had led to the male being arrested and incarcerated within a remand centre which then carried onto being placed into a correctional facility. I had then met with Tuahine where she had agreed to apply for a protection order and parenting order, as a form of her considering the pepe's safety as well as her own. This was actioned, and the protection order had been approved, where the male was the respondent and was served. As time proceeded on, the female started to develop emotions around her missing the male and having remorse towards what she had done that caused the male to be where he currently is.

This is where MVCOT and ADHB had made the recommendation for the client to be seen by Maternal Mental Health where a referral was made by ADHB and MMH had initiated contact with Tuahine. In this process, MMH professionals had prescribed the client medication that caused her to ignore her role as a mother, where Tuahine started to return to an old habit which is based around prostitution, consuming methamphetamine and alcohol on a regular basis. Tuahine declined supports around counselling, programmes designed to address and cope with anxiety, and was only focussed on wanting to be with Anaru, and was beginning the process to gaining visitations to where he was stationed. MMH had realised the coping methods of Tuahine, where reports of concerns were made regarding the safety of the child, inclusive of Tuahine expressing to the professionals her feelings and perspectives which involved self-harm, harm towards the child and hearing of voices. Through all this time, the child was being cared by Anahera (family member live-in-support). This also was causing conflict at home between Anahera and Tuahine, as the female would leave and go out without informing Anahera, return home in a drugged and intoxicated state, bills were not being paid, and bringing men to the dwelling when Anahera had left the house, and went and found support and refuge at another family member's house. This involved countless hours of having family meetings which involved international attendance by the paternal grandmother and paternal family members.

This had caused MVCOT to apply for orders where the child was uplifted and remained in Anahera's care. This involved utilising of my networks where Anahera and pepe were placed into refuge; factoring access for the child to receive medical treatment, obtaining resources required for child, assisting her in obtaining financial support for caring of the child, constant meetings with MVCOT, supervised visitations between Tuahine and child, placing Anahera into programmes around parenting and safety. Due to report of concerns being made around child being with Anahera, this involved my input around structuring a report that was to be submitted to the regional MVCOT manager, and obtaining letters of support inclusive of the health development report that entailed evidential concepts comparing the pepe's development when he was with his biological mothers care and to current times. The main point is that the pepe who is a 6<sup>th</sup> generation child had received a cultural blessing with a name of chieftain status, and that his safety and well-being was being factored throughout this process. Anahera has been connected to many support systems within specific specialised areas, and was connected by Thrive making referrals, and interacting with services, and increasing of her community awareness, within the West, Central, East and South Auckland areas. Services that Anahera has and is utilising are health providers to ensure pepe's development and health requirements, Foster Parent and Caregiver Training and Seminars, Housing Providers, Salvation Army, Tamariki Healthcare, Family Start, Te Whanau o Waipereira and more.

### **Outcomes Achieved**

- Tuahine had achieved goals around registering of baby's birth, child's birth certificate and passport obtained
- A protection order and parenting order has been obtained
- Advocacy support managed to gain MSD to fund rent arrears and also where client received their correct entitlements
- Female client obtained her driver license
- Advocacy support actioned an application for transfer of Housing which was approved
- Community Awareness had increased
- Connected clientele with the local marae
- The male to obtain employment
- Advocacy support provided where Anahera is receiving financial support from MSD for pepe
- Food Parcel Assistance provided weekly to Pepe and Anahera
- Resources have been provided to pepe and Anahera: nappies, formula, cot, car seat, blankets, bed etc
- For pepe to be supported and for Thrive to build huge support systems around pepe
- Factored a meeting with NZ Corrections where I had advocated for the male to pursue programmes whilst incarcerated
- A Family / Whanau Hui had been arranged and has now ventured onto a Family Group Conference which is scheduled in 2018
- Has completed a Home Safety Programme and is currently pursuing a Parenting Course via Thrive
- Has also been connected to support group specifically relevant to her position
- MVCOT have also registered Anahera to pursue their Caregiver Training
- A connection has been made to an Advocacy Support Service relevant to Anahera
- Have registered pepe with a new General Practitioner / Medical Centre
- Anahera has also been connected to Community Law Centres and Citizens Advice Bureau

This has also connected the Pepe to their Marae, kuia and kaumatua which has also increased support for Anahera and pepe