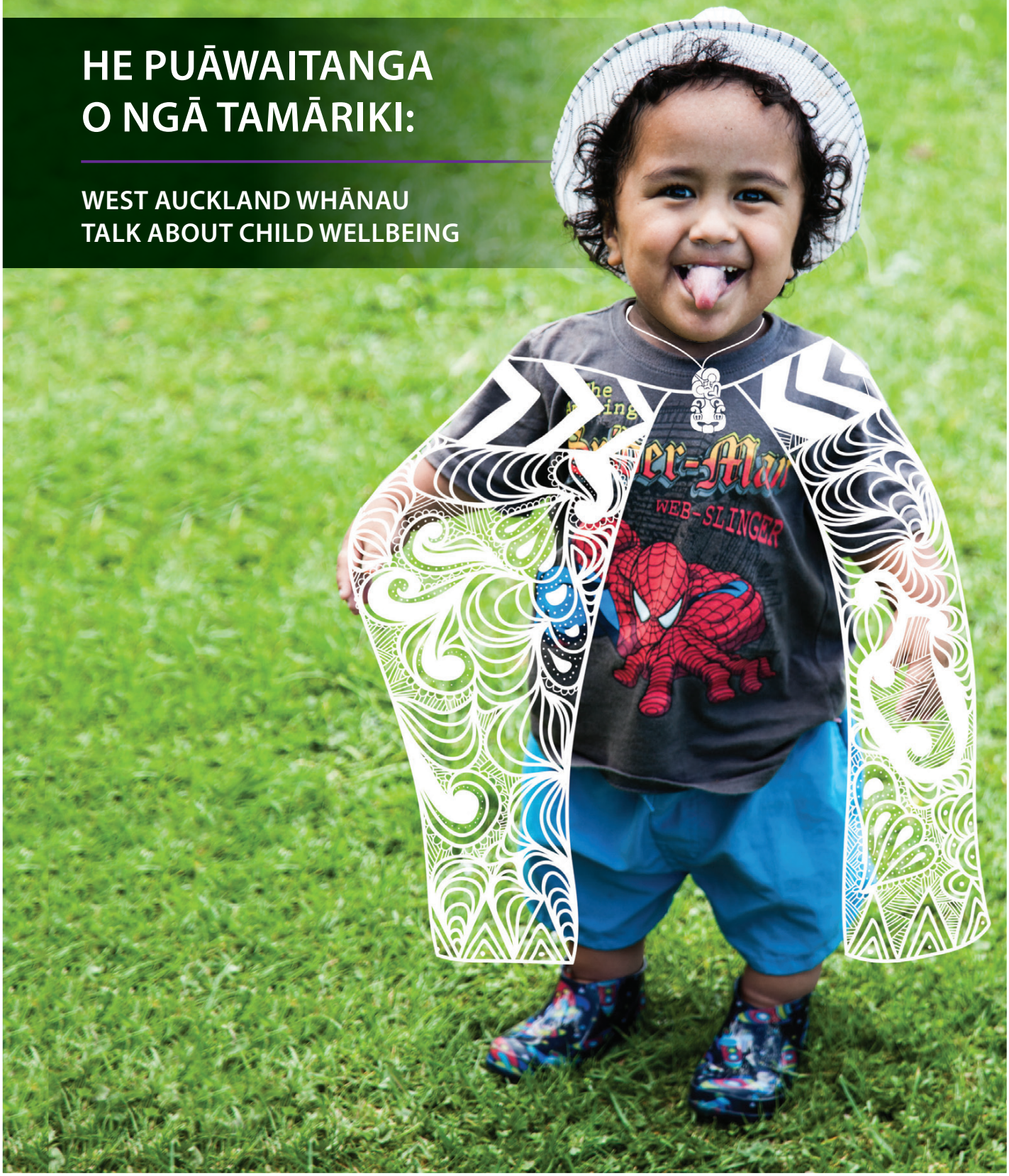
HE PUĀWAITANGA O NGĀ TAMĀRIKI:

WEST AUCKLAND WHĀNAU TALK ABOUT CHILD WELLBEING



TE WHĀNAU O WAIPAREIRA
KOKIRITIA I ROTO I TE KOTAHITANGA
Progressively Act in Unity

HE PUĀWAITANGA O NGĀ TAMARIKI:
WEST AUCKLAND WHĀNAU TALK ABOUT CHILD WELLBEING

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Te Whānau o Waipareira Trust

He Puāwaitanga o Ngā Tamariki:
West Auckland Whānau Talk About Child Wellbeing
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Progressively Act in Unity

MIHI

Naku te rourou, nau te rourou, ka ora ai ngā tamariki

With your basket and my basket, the children will flourish

E ngā mana, e ngā reo, e ngā karanga maha o te motu. He mihi matakuikui tēnei ki a koutou te hunga pīkoko e tauawhi nei i tēnei hīnonga nui whakaharahara o tātou. Tēnā koutou.

Ngā mihi maioha ki a koutou ngā kaitautoko pūtea, koutou anō hoki kua hāpai i ēnei rangahau. Tēnā koutou.

Hēoi, ko ngā mihi kauanuanu ka whātoro atu ki a koutou ngā whānau, kua tākoha mai ā koutou taonga, ā, tō koutou wā, ā koutou mātauranga, tā koutou tautoko nui hoki ki tēnei kaupapa. Kua rāngona e mātou ā koutou whakaaro. Kua kitea e mātou ā koutou whakapuakitanga, kua rāngona rawatia ā koutou wairua. Nō mātou te maringanui ki te whakarongo ki ā koutou wheako.

Waihoki, mai i ēnei wānanga, ko tō mātou manako ia kia rere tonu ēnei whakawhitiwhiti kōrero, ā, ko te mea nui kia tupu matomato ai ā tātou tamariki, mokopuna hoki.

Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.

ACKNOWLEDGEMENTS

Whānau of West Auckland who gave their time and energy to this discussion.

"When people talk to you about something important, you can hear it in their voices, see it in their expression and feel it in the energy of conversation. When we sat and talked with West Auckland whānau about wellbeing for their tamariki, it should be no surprise that we heard, saw and felt the importance of this to them. Our privilege is to have received what they told us and our challenge is to take it as seriously as they do. We hope that the valuable things whānau told us about wellbeing and what helps or hinders, will continue to stimulate conversation and action that improves the wellbeing for our tamariki"

Those who gave funding and support to enable this project to happen:

- Te Whānau O Waipareira Trust
- Health Research Council through Foxley Fellowship
- FEM Ltd. For provision of focus group facilitation.

ABSTRACT

'Without all the rest they're just a dot in an empty field'.

Qualitative research into what urban whānau have to say about wellbeing of their tamariki.

Researchers: Dr Tim Jelleyman, Paediatrician, University of Auckland; Dr Tanya Allport, Director Wai-Research.

Advisor: Professor Shanthi Ameratunga, School of Population Health, University of Auckland.

Focus group facilitators: Kataraina Pipi, Maraea Arihi, FEM 2006 Ltd.

Background: Child wellbeing is widely held as an aspiration of society. Not surprisingly, health policies commonly set out to improve wellbeing across the population. Health and developmental indicators collate individual measurements to describe population status across various domains and related time-trends. These indicators however reflect a particular purpose and standpoint. Taking a qualitative approach we therefore aimed to better understand child wellbeing from the perspective of Urban Māori whānau.

Methods: In partnership with an Urban Māori research unit and Māori facilitators, a series of focus groups of whānau of pre-schoolers were drawn from three different Māori community networks. Open prompts were used to stimulate conversation. Discussion ranged across whānau ideals and aspirations contrasting the lived realities for their tamariki, positive and negative influences on wellbeing and reflections on experiences with their contacts with services. Focus groups, held in community settings familiar to the participants, were audio-recorded and transcribed for analysis. The researchers independently read the transcripts for themes, responded with the facilitators to their experience of the focus groups and developed a consensus interpretation through active discussion. Findings were checked back with participants and community leaders.

ABSTRACT
CONTINUED

Results: Broad themes supported by text elements were considered in three main domains: whānau aspirations for child wellbeing; lived experience; and reflections on efforts to address that reality. Key concepts included the sense of connection for whānau, challenges living in their urban context and experiences of being stereotyped. Aspects identified as promoting wellbeing included practical support and whānau openness to receive help, aroha, stability, security and opportunity. Hindrances included lack of resources, exposure to drug and alcohol-related harms, family dysfunction and abuse. Some sentinel experiences with services were shared. Over and above the content themes, the discourse was characterised by overt enthusiasm of participants and collective insight developed around the construct of child wellbeing.

Conclusion: Participating whānau were enthusiastic to contribute to this discussion. Child wellbeing is clearly very important to Māori. Some aspects Māori whānau identified as foundational for child wellbeing are not captured with current 'measurement' approaches. If communities are to participate meaningfully in the shared work of improving child wellbeing then their experience of wellbeing must be listened to, comprehended and articulated as a stimulus to further action.

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REPORT

"Without all the rest they're just a dot in an empty field":

Whānau talking about the wellbeing of their tamariki.

Researchers: Dr Tim Jelleyman, Paediatrician, University of Auckland; Dr Tanya Allport, Director for Wai-Research.

Advisor: Professor Shanthi Ameratunga, School of Population Health, University of Auckland.

Focus group facilitators: Kataraina Pipi, Maraea Arihi, FEM 2006 Ltd.

Funding: Focus group facilitation and koha kindly funded by Te Whānau o Waipareira. Dr. Tim Jelleyman funded by HRC grant (Foxley Fellowship).

INTRODUCTION

Wellbeing of children has been widely explored in research literature that considers not only the child's future health and development (life course models) but also their current experience (rights-based models) (Ben-Arieh, 2011).

Theoretical models of wellbeing typically describe a number of domains recognising the multiple dimensions of any such construct. Nevertheless, definitions of wellbeing in the literature are variable with a lack of broad agreement (Pollard & Lee, 2003).

Theoretical perspectives are reflected by the various approaches to measuring child wellbeing encompassing a range of approaches, with some systems focussing on individual health and development through to an ecological framework (Earls & Carlson, 2001). Both measures of deficits and of strengths underpin the various approaches taken.

INTRODUCTION
CONTEXT FOR OUR ENQUIRY

Efforts to improve the circumstances and opportunities for children often involve attention on the policy context, system design and service delivery. Nevertheless this important high level approach potentially underemphasises more proximal determinations of family, neighbourhood and community in shaping the influential contexts for children.

Therefore, while in Aotearoa NZ there has been significant attention drawn to government-led endeavours to improve child wellbeing (e.g. Better Public Services policy (2012)), the involvement at community level in this important agenda begs further examination. Our policy makers and service brokers have natural recourse to available statistical data to inform progress, with various indicators selected to imply a picture of wellbeing. These are measurable and comparable elements of the picture and clearly have merit, with appropriate interpretation, to inform policy impact. However, indicators operate as proxies for the picture we are seeking, with significant limitations when attempting to understand lived experience.

Further reduction occurs as measurements are converted to indices which may enable succinct representation (O'Hare & Gutierrez, 2012), but inevitably understates the reality being described. We are seeking a contrasting approach that might better engage community and steps back from the presumption that existing indicators are capturing a common understanding of child wellbeing. Taylor in a discussion of indigenous peoples and indicators of wellbeing suggests making a careful examination for common ground between indigenous culture and government-led frameworks to recognise where meaningful social indicators might be developed (Taylor, 2008).

Māori children in particular are over-represented in statistical analyses that indicate poorer outcomes. We should be considering both how this picture might be improved and also how robust and nuanced an understanding of wellbeing is provided by current frameworks. If we are to support whānau and communities in the endeavour to improve the picture for many children it would be important to hear community level views as relating to their tamariki and their perceptions of what wellbeing is and furthermore what helps or hinders their efforts towards a better reality. This lived experience if clearly described should enrich our view of wellbeing and may suggest ways to enable community towards achieving it.

INTRODUCTION
MĀORI VIEWS OF CHILDHOOD

From pre-European times Māori valued children as a gift to be treasured and nurtured and with this perspective the wellbeing of children is therefore of pre-eminent importance (Jenkins & Harte, 2011).

Whānau collectively shared the responsibility of child-raising and all aspects of their wellbeing. Furthermore, wellbeing has a context that has been described as cultural and environmental (Panelli & Tipa, 2007). Panelli and Tipa suggest the cultural framing of wellbeing may be critiqued; individualistic qualities and autonomy being privileged in contrast to collective and interdependent values. Aligned with this understanding, Dame Whina Cooper eloquently challenged Aotearoa NZ to pay attention to the context for children:

Take care of our children
Take care of what they hear
Take care of what they see
Take care of what they feel
For how the children grow
So will be the shape of Aotearoa

– Dame Whina Cooper [1895 – 1994]

INTRODUCTION
WHAT IS WELLBEING?

A child's wellbeing is multidimensional and strongly linked to context (Ben-Arieh, 2011; Coulton & Korbin, 2007). The rights-based approach builds on the UN convention on the Rights of the Child as a normative framework in consideration of *best interest of the child.*

This draws attention to those aspects of a child's context that foster a child's positive current experience as well as realisation of future potential. The construct of wellbeing is the subject of a significant body of research (Ben-Arieh & Goerge, 2001; Pollard & Lee, 2003).

The basis for our question

Our research is built on a premise that there may be potential for greater participation of community in the endeavour to improve the situation and outcomes for children (Zakus & Lysack). Furthermore, through a process of community-based participatory research more direct involvement might be realised in both defining the questions and advocating for a solutions-based approach to child wellbeing. There is however a significant problem with respect to defining the well-used terminology of 'community' – an idea loaded with rhetoric and persuasion while much more difficult to 'pin down' when we consider networks and social relationships with which people actually live and if we ask who might be defining 'community' (Jewkes & Murcott). Acknowledging this difficulty with external definitions, as a starting point, we set out to engage Urban Māori whānau with the following question : *"What does child wellbeing 'look and feet like' for whānau of preschool children?"* This was posed to provide a basis for further conversation with community leaders and services. A conversation needed to be initiated and required a shift from talking 'about' to talking 'with' the key actors.

OUR METHODS AND APPROACH
RESEARCH DESIGN

Māori whānau who had pre-school tamariki were invited to participate in focus group discussions regarding the wellbeing for children in their community. This research represents an initial step aiming to stimulate a wider community conversation for action towards optimal child wellbeing.

Consistent with the community orientation of the question being asked, focus groups were selected as the qualitative data gathering method to facilitate a shared construction of concepts of child wellbeing. A group-based approach in familiar settings was designed as a means to set participants at ease and enable open relaxed discussion. The focus groups were held in three community sites familiar to the particular participants for each group. The research was funded by Te Whānau o Waipareira, an Urban Māori trust involved in social and health services developed through a Whānau ora framework. This provided support to engage skilled Māori facilitation provided by KP and MPT, fluent in Te Reo (Māori language), familiar with the community and cognisant of tikanga Māori.

Three groups of participants were recruited by direct invitation through three different community networks. (1) Māori residents of a specific community neighbourhood in a temporary housing situation; (2) Urban Māori living in West Auckland and connected by informal community relationships; (3) a group who had just completed a parenting programme together (see Table 2). In this way, participants were clustered with others with whom they were in some way connected and to some degree knew each other. This helped provide a setting of social 'familiarity' as a starting point for the conversations. Creative facilitation techniques were used, including warm-up questions (about their personal whanāu connections and reflections on their own experiences from childhood) and inviting participants to draw a picture or diagram to represent their ideas. The focus group discussions were facilitated based on a set of prompts (see Table 1) that considered whānau views on wellbeing for their tamariki in terms of their current realities, aspirations for their tamariki and contextualised by their own experiences.

OUR METHODS AND APPROACH
RESEARCH DESIGN

The selection of three different networks was purposeful, setting out to identify shared themes and any differences in perspective. The whānau of pre-school tamariki were specifically sought for the following two reasons: firstly, the early years are very important in terms of life trajectory and so we should be paying attention to wellbeing particularly at this time of life. Secondly, speaking to whānau about their pre-school children particularly where they are pre-verbal, provides a proxy view of their wellbeing. However, if we were to consider older verbal children, it would be important to consider the methods that enabled direct participation of children, which is potentially a useful direction for further study.

The research involved a partnership between a Māori health research organisation, the Urban Māori trust and the university. The focus groups were facilitated by KP and MPT, with the other two researchers (TA, TJ) present to observe and take field notes. The focus groups were audio-recorded (with their verbal and signed written consent) and transcribed for analysis. Whānau participants each received a small koha (shopping voucher) in appreciation for their contribution.

KP and MPT are community Māori researchers with excellent links to networks who organised and facilitated the focus groups and participated in the analysis. TA is a Māori health researcher and director of the Urban Māori research unit. TJ is a Pakeha paediatrician born in UK, raised in Auckland since his early years and who has most recently been working clinically in the West Auckland area for 10 years with the local DHB child health team. As a parent he has an experiential view of child wellbeing and yet in the context of this study acknowledges his position as a cultural and community outsider.

The research plan was reviewed and approved by the University of Auckland Human Participant Ethics Committee (UoA HPEC 2014/013354).

OUR METHODS AND APPROACH
ANALYSIS

Thematic analysis was used as a primary method to identify, analyse and report patterns within the transcript data (Braun & Clarke, 2006).

Such patterns or themes were identified on the basis of their relevance to the research question, 'how do whānau understand wellbeing for their preschool tamariki? The purpose was to provide a detailed and nuanced account of their viewpoint.

The transcripts were read in detail and coded to key ideas in major thematic categories. This was initially done independently by the researchers. Then, through an active process of discussion, consensus was developed around major themes as they related to the research question.

As researchers we were present with the focus groups and observed the qualities of the interactions between participants. These interaction characteristics reflected on the content providing a level of discourse analysis.

OUR OBSERVATIONS AND EXPERIENCE OF THE FOCUS GROUPS

THE ATMOSPHERE AND QUALITY OF INTERACTIONS

We observed that the whānau participating in the focus groups were infectiously enthusiastic and very keen to talk about the topic of tamariki wellbeing.

There was both laughter in the sharing of lived experience and a serious sense of respect for each other demonstrated in the positive conversational processes observed. The group sessions concluded consistently with a sense that we would have been quite happy to continue talking. However, at a subsequent time when an opportunity to meet up and feedback on the findings was offered only a few participants came. Some had moved residence, many were simply busy with their usual demands of life and the ability to build continuity into this discourse was limited.

The following broad themes which were identified featured across the range of groups, even though there were significant contextual differences between the focus groups.

MAJOR IDEAS EXPRESSED

WELLBEING HAS A COLLECTIVE RATHER THAN INDIVIDUAL VIEW

Some major categories of ideas were consistently expressed in each of the focus groups (see Figure 1).

The group dynamic reflected a strong collective view, with participants picking up each other's ideas and echoing from their own experience and observation. Overall, there was a greater proportion of time spent discussing whānau dynamics and shared wellness compared with focus on individual children. Getting things right for the whānau was described as the pathway to make it good for children. One comment from a grandmother about the centrality of the whānau to this discussion captured this concept, noting the difficulty in their current context of having whānau close at hand:

> *'this whole place is not providing… the whānau: we've all been born and raised in it, in some part of our lives, but the whole thing with the most strength about it was togetherness and heaps… a lot of people that were the same and sort of started to dig themselves out of it as a team instead of by yourself here is quite hard to do.'*

MAJOR IDEAS EXPRESSED
CONNECTIONS ARE CRITICALLY IMPORTANT

The picture of a child described by one father *'as a dot in an empty field'* captured our imagination. Caught in emergency housing he was describing a lack of whānau and social connection as a major issue for tamariki.

This value in connections was reflected on by many participants considering their own experience of growing up – for some in strongly developed whānau networks and for others somewhat disjoint. As one grandmother articulated,

> *'This disconnectedness impacts on the children but it comes from their parents.'*

Another contrasted an affluent setting where a child might have:

> *'all the money, all the clothes, all things good and positive for their children, a beautiful home and as many toys as they could want, but what they actually want is that connectedness to their roots and the wairua side of it.'*

The value of connectedness was considered important both in terms of current relationships and also over the course of time described in terms of whakapapa.

Identity was relationally linked to social and familial position,

> *'a sense of belonging',*
> *'a sense of who they are'.*

MAJOR IDEAS EXPRESSED
LIFE AS URBAN WHĀNAU

When participants introduced themselves many referred to their place of birth, upbringing and the lands of their iwi. As part of this discussion many described the challenge of trying to make things work for their family in the urban setting.

There were social as well as material impacts of urban life. A sense of nostalgia was expressed toward a past, lost and difficult to recreate in their current life context, with the reference on how this was not ideal for their children. On one hand, some described the sense of excitement of being in the city as a new resident,

> *'I just never experienced that life cause I've always known horses and stuff like that. It's been a crazy holiday';*

Others described the frustration of not being able to get home:

> *'living in the city, working in the city and not being able to get home as often as they'd like to…'*

These emotions of nostalgia and excitement were juxtaposed, integrated in the one conversation.

MAJOR IDEAS EXPRESSED
FEELING STEREOTYPED COMPARED WITH VALIDATION

A hindrance to wellbeing and to address access to related support was described as the sense of *'being stereotyped'.*

Another word used for the experience of judgement was *'profile'.* One presented a position that:

> *'they are hard workers, they care for their children,…the people around this room are not willing party to a statistic.'*

'Statistic, here, was an important word to be reflected on, in the context of wellbeing measurement. Some sense of stereotype related to personhood and other aspects related to place, as in:

> *'There's a profile around this place so if you go and seek help you are now in that profile without doing anything…'*

Closely aligned with this described experience was a distrust of agency that was noted by some as a significant barrier to improving things:

> *'It could really change it for parents if they knew they could change their circumstances without being investigated by CYFS or some other government entity.'*

Some concerns about policy and agency suggested at times these were considered counter-productive:

> *'being forced by WINZ to go into work as well. WINZ is forcing parents into work rather than supporting them to be at home looking after their own children.'*

A contrasting and valued experience was where parents felt validated such as one mother reporting positive support from her doctor:

> *'he would reassure me that I was doing well and my son was doing well thanks to what I was doing and that he's right on track and that just made me feel good.'*

MAJOR IDEAS EXPRESSED
WHAT WELLBEING LOOKS LIKE TO US

Aspirations for wellbeing were clear and strongly articulated. One grandmother's summary particularly captured the dream:

> *'I want to see them stand up and tall, not with their head down. I want them to stand tall and say "This is my world!"'*

A range of attributes of child wellbeing were identified, across emotional, nutritional and learning domains:

> *'it has a lot to do with the emotions of a child… or just physically well and happy, you know.'*

> *'I could see parents being quite proud about that – just seeing their kids nourished and - yeah.'*

> *'I think there would be a lot proud to say if their kids were up to standard, learning what they should be, learning all the right things.'*

What helps

Whānau identified many things that improve wellbeing, with particular emphasis on *aroha* and stability.

> *'Loving, caring, the main things that you need in a family.'*

> *'The first thing on the platter is love plenty of that, a place that they can call home.'*

> *'… a warm and safe place, the importance of stability …'*

MAJOR IDEAS EXPRESSED
WHAT HINDERS

A number of hindrances to achieving wellbeing were identified across the discussions, but often positively framed as negative factors to be avoided:

Protection of children from exposure to effects of drugs and alcohol was seen as a critical and commonly held concern:

> *'So a good environment where they're not exposed to the negative impact of drugs, alcohol and smoking cigarettes'.*

Poverty and its inter-relationships with a range of other adversity, was described:

> *'Just minus all the poverty and stuff that's around';*

> *'Hardship – poverty – struggling financially, not having enough money or things that are needed these days'*

Some participants referred to some whānau as displaying an unwillingness to seek help underpinned by pride as an issue that might limit access to service, with one of the group suggesting an attitudinal change might help:

> *'I guess from parents, a little less pride and a little more… something I don't know that word but a little less pride.'*

Whānau also developed a set of pictograms to convey some of their experience and ideas in relation to tamariki wellbeing and these are appended to this report (Figure 2-6).

DISCUSSION

In this qualitative study, Urban Māori whānau were keen to talk about child wellbeing. The focus groups engendered enthusiastic participation and characterised by frank conversation around the aspirations and experienced realities for these families. The level of energy demonstrated through these discussions reflected to us the importance these whānau placed on the wellbeing of their tamariki. We wonder if this is indicative of untapped potential for whānau collective response to improve child wellbeing.

Through our research with focus groups we were able to begin to accumulate a collective socially-defined view of what 'wellbeing' meant to some urban whānau with reference to their pre-school tamariki. The value in a collective understanding was reflected by the considerable proportion of time spent discussing whānau dynamics and shared wellness compared with more specific considerations of on individual child health and development.

Significantly, a starting point was the central importance of social connectedness to the growing child and their whānau. The qualitative description of this is rich and valid and can be contrasted with the relatively shallow measures we might have for this through standard data systems: for example, in a recent indicators report from the Ministry of Social Development (2008) 'social connectedness' is assessed (insufficiently, we suggest) as counts of individuals with home phone or internet access. Whānau in our study indicated that real and long term positive social connections were of central importance to the child growing up and yet they felt challenged by their sense of disconnection in the urban environment discussing disjuncture from both land and people. There was a sense of nostalgia as they discussed (for some) their upbringing in the context of a wider network of whānau and on their home lands. The reflections also included the complexities imposed by life's adversities, the effects of violence, drugs and alcohols and the desire to see something new for their tamariki. Life as urban whānau had brought a real downside to their experience.

When it comes to measuring and describing wellbeing, one of the first things to challenge is the validity of any 'universal view'. Internationally, a significant component of wellbeing research effectively endeavours to collate a set of individual measures into indices (Pollard & Lee, 2003). These constructs of wellbeing attempt to describe wellbeing at population level as a multi-dimensional construct.

DISCUSSION
CONTINUED

However, Durie (2006) in a paper to Treasury noted that while some measures usefully reflect a universal view (including mortality and specific health markers), Māori-specific measures should also be incorporated. Furthermore, such measures should actively engage with collective as well as individual perspectives. Durie suggests that community and whānau functional capacities also form an important part of the picture. Alignment with worldview is essential for meaningful appreciation of wellbeing, particularly in the way it is inherently socially defined. Individually-based assessment is the predominant orientation of the health service systems, such as is inherent in the model for the Before School Check in which a nurse reviews the health and development of a four year-old child with their caregiver. However, this routine approach may provide a limited view, constrained by the tools being used (Kersten et al., 2014), that may be poorly aligned with Māori realities.

Whānau linked into their discussion of wellbeing some narrative about engaging with agencies and services to address perceived needs or threats to wellbeing of their tamariki. The perception of 'being stereotyped' in relation to being Māori presented a difficulty for many, both in relating to community and with services and agencies. This stereotype they felt was one they wanted to challenge. In contrast, a number of participants described situations in which they had been validated for their parenting for example, experiences which they found particularly affirming. In a qualitative research study with parents of children admitted to hospital with pneumonia, Bolitho identified that barriers to accessing health care included practical and resource factors, but perceptions based on previous experiences strongly influenced health care choices (Bolitho & Huntington, 2006). Individuals and whānau collectively can carry memory of negative past experiences in the healthcare, but on a positive note treatment with respect and care will help to counter this negative experience toward a more trusting engagement for Māori (Cram, Smith, & Johnstone, 2003).

Limitations of research

Through the focus group discussions the major themes were consistent. However extrapolation to wider Urban Māori viewpoint is not supported given the small scale of the project. This research focused on whānau perceptions of the wellbeing of preschool tamariki. While whānau engaged in this process may not reflect the views of all stakeholders, they represent vitally important voices that are often silent or silenced in the process of child health policy development. Exploration of the views of children and youth in these communities remains a potential gap for future consideration. There are however alternative cultural positions regarding how a child's voice might best be heard in community that would need to be appreciated. One researcher's position as an outsider (TJ) in a very real sense limits his individual capacity to interpret what the focus groups discussed, while in other ways his awareness of key issues such as the collective approach may be heightened by a sense of difference (Tripp-Reimer, 1984). The shared review and interpretation of the data with the Māori researcher (TA) and involvement of a Māori facilitator (KP) goes some way to mitigate this.

Strengths of research

Focus groups enable understanding of a collective view (Rabiee, 2007) and were selected purposefully across three different Urban Māori networks in West Auckland – whānau in emergency housing, urban working families and a group of involved in a parenting programme – allowing for a diversity of viewpoints to be explored. Facilitation by Māori in familiar community settings helped provide an acceptable and culturally appropriate framework for the discussions. The positive participation reflected the success of this approach.

Future directions

These discussions with people who demonstrated a highly invested interest in the wellbeing of their children provides an important basis for response and further enquiry. An opportunity was provided initially to the group participants to discuss the findings with the researchers, but as noted previously this drew limited attendance. These findings have been shared in a couple of forums with the Māori Trust and research group. Nevertheless, there is a possibility of working with a few interested participants to further develop the material in conjunction with the Māori Trust into some form of infographic for wider dissemination; this is to test the idea that conversation may be stimulated at a grassroots level through the material being developed. The potential of community participation in health remains untapped and where it has been tried, to some extent, not adequately accounted (Shalowitz et al., 2009). Through my (TJ) involvement in health services there is also the imperative to share the views of the participating families with service providers, particularly as relating the experience of these whānau with clinical settings and health professionals.

CONCLUSION

Whānau were keen to talk about the wellbeing of their tamariki. They placed great stock in social and whānau connections as they set out to enable their children to experience life well and for them to develop in positive ways.

They described their urban context as presenting them with a reality that challenges this hope. Their aspirations for healthy, confident and competent children were clearly articulated. They were able to identify characteristics of their community context that they believed would enable the realisation of these aspirations. However, they also faced hindrances in achieving the best context for their children. There was a strongly collective view of wellbeing – its experience and context – contrasting with the individually-oriented systems that have shaped existing approaches to identify and respond to challenges. Furthermore, the discourse challenged a view that may primarily emphasise deficits experienced compared with positive attributes and possibilities for their tamariki.

REFERENCES

Ben-Arieh, A. (2011). Developing Indicators for Child Wellbeing in a Changing Context.

Ben-Arieh, A., & Goerge, R. (2001). Beyond the numbers: how do we monitor the state of our children? Children and youth Services Review, 23(8), 29.

Bolitho, S., & Huntington, A. (2006). Experiences of Māori families accessing health care for their unwell children: a pilot study. Nurs Prax N Z, 22(1), 23-32.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. doi:10.1191/1478088706qp063oa

Coulton, C. J., & Korbin, J. E. (2007). Indicators of child wellbeing through a neighborhood lens. Social Indicators Research, 84(3), 349-361. doi:10.1007/s11205-007-9119-1

Cram, F., Smith, L., & Johnstone, W. (2003). Mapping the themes of Māori talk about health. N Z Med J, 116(1170), 1p following U353.

Durie, M. (2006). Measuring Māori Wellbeing. Paper presented at the New Zealand Treasury Guest Lecture Series, Wellington.

Earls, F., & Carlson, M. (2001). The social ecology of child health and wellbeing. Annu Rev Public Health, 22, 143-166. doi:10.1146/annurev.publhealth.22.1.143

Jenkins, K., & Harte, H. (2011). Traditional Māori Parenting. Retrieved from Auckland, New Zealand: http://www.kaitiakicollective.org/

Jewkes, R., & Murcott, A. (1996). Meanings of community. Soc Sci Med, 43(4), 555-563.

Kersten, P., Vandal, A., McPherson, K., Elder, H., Nayar, S., & Dudley, M. (2014). A validation and norming study of the strengths and difficulties questionnaire in the New Zealand context. Retrieved from Auckland, NZ: http://www.health.govt.nz/publication/validation-and-norming-study-strengths-and-difficulties-questionnaire-new-zealand-context

Ministry of Social Development. (2008). Children and Young People: Indicators of Wellbeing in New Zealand 2008. 208.

O'Hare, W. P., & Gutierrez, F. (2012). The Use of Domains in Constructing a Comprehensive Composite Index of Child Wellbeing. Child Indicators Research, 5(4), 609-629. doi:Doi 10.1007/S12187-012-9138-6

Panelli, R., & Tipa, G. (2007). Placing Wellbeing: A Māori Case Study of Cultural and Environmental Specificity. EcoHealth, 4(4), 445-460. doi:10.1007/s10393-007-0133-1

Pollard, E. L., & Lee, P. D. (2003). Child wellbeing: A systematic review of the literature. Social Indicators Research. doi:10.1023/A:1021284215801

REFERENCES
CONTINUED

Rabiee, F. (2007). Focus-group interview and data analysis. Proceedings of the Nutrition Society, 63(04), 655-660. doi:10.1079/pns2004399

Shalowitz, M. U., Isacco, A., Barquin, N., Clark-Kauffman, E., Delger, P., Nelson, D., . . . Wagenaar, K. A. (2009). Community-based participatory research: a review of the literature with strategies for community engagement. J Dev Behav Pediatr, 30(4), 350-361. doi:10.1097/DBP.0b013e3181b0ef14

State Services Commission. (2012). Better Public Services. Retrieved from http://www.ssc.govt.nz/bps-supporting-vulnerable-children

Taylor, J. (2008). Indigenous peoples and indicators of wellbeing: Australian perspectives on United Nations global frameworks. Social Indicators Research, 87(1), 111-126.

Tripp-Reimer, T. (1984). Reconceptualizing the Construct of Health: Integrating Emic and Etic Perspectives. Research in Nursing & Health, 7(2), 101-109. doi:10.1002/nur.4770070206

Zakus, J. D., & Lysack, C. L. (1998). Revisiting community participation. Health Policy Plan, 13(1), 1-12.

TABLES

Table 1 Prompts for focus groups

1. Obtain information on what whānau think about tamariki wellbeing in their community.
2. More specifically: how whānau think wellbeing might be measured and what whānau hopes are for the wellbeing of tamariki in their community.

Possible questions

- When we talk about tamariki wellbeing, what/who do you think of?
- What is your attitude to tamariki wellbeing?
- What specifically has influenced the way you care for your children?
- What are your whānau hopes for the wellbeing of tamariki in your community? What would they look like ideally? How would we know they are well?
- When you think about your current situation and that of others you know who are caring for their children, what sort of things have been helpful in making sure your tamariki are well?
- What is hard or gets in the way of making sure your tamariki are well?
- If you could change one thing about your situation that would result in better wellbeing for your children, what would it be?
- How does your whānau get information about caring for your children, in particular their well-being?
- What was helpful – tell us about it?
- What was not helpful – tell us about it?
- What is the best way to communicate with you?
- What kind of support do you need to be ensure your children are well cared for?

TABLES
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Table 2 Composition of the focus groups

Focus group 1

- Emergency housing community
- 2 grandmothers, 3 mothers, 1 father, 1 aunty

Focus group 2

- SubUrban Māori network
- 3 grandmothers, 4 mothers, 1 father

Focus group 3

- Group of whānau who had completed parenting programme (Incredible Years group)
- 3 mothers, 2 fathers

FIGURES

Figure 1 Major themes identified by focus groups

Figure 2 Pictogram from focus group

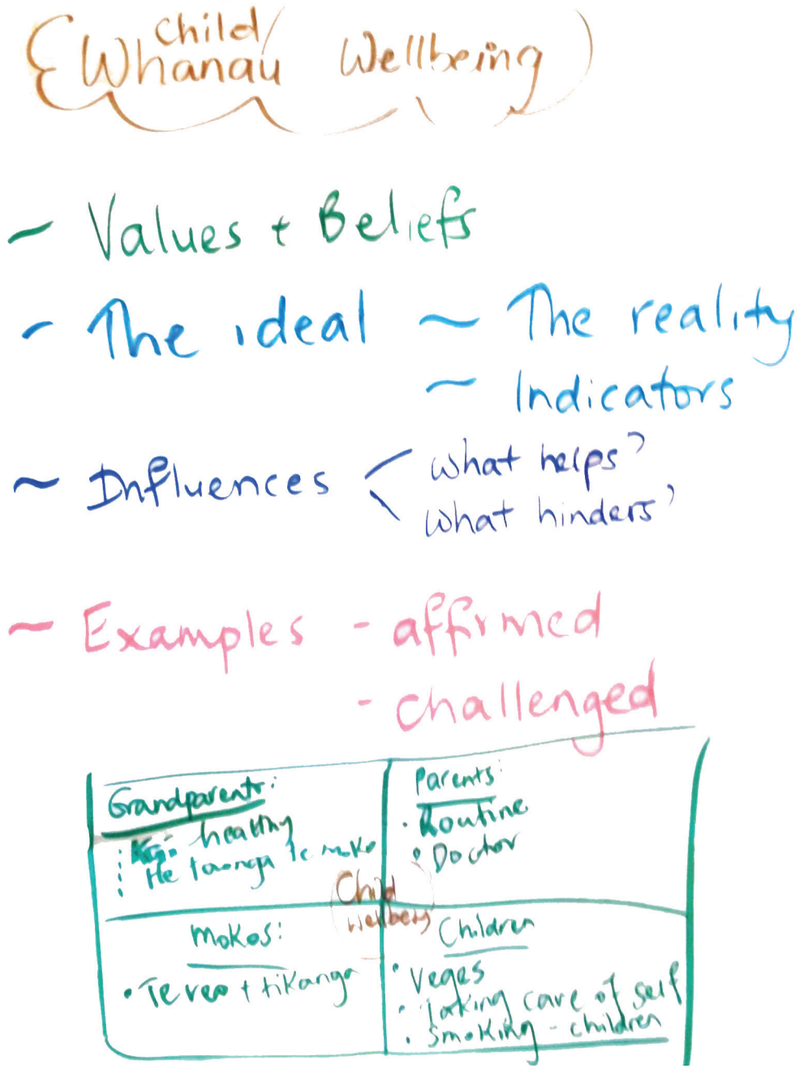


Figure 3 Pictogram from focus group

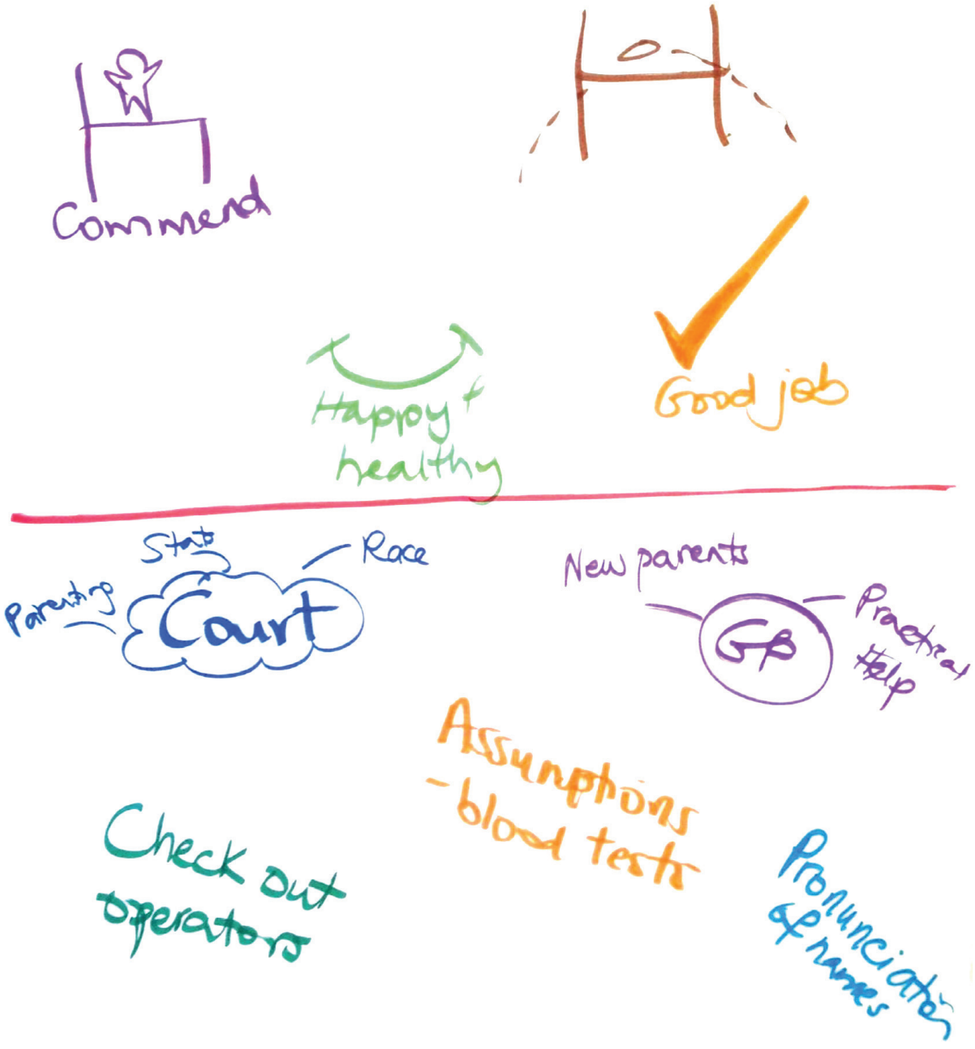
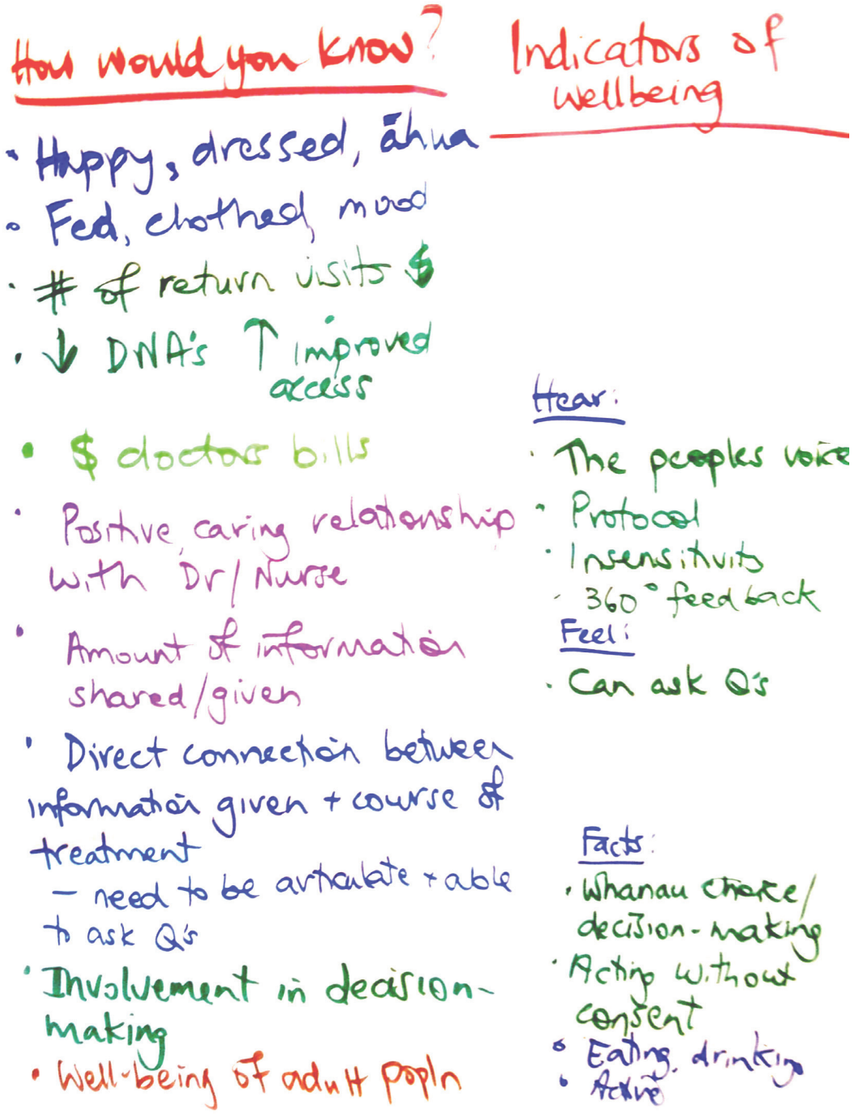


Figure 4 Pictogram from focus group



FIGURES
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Figure 5 Pictogram from focus group

FIGURES
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Figure 4 Pictogram from focus group

TE WHĀNAU O WAIPAREIRA
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