

## INVITED FEATURE: MAORI HEALTH REVIEW SERIES

# Māori Health Review: Oranga Tamariki and the Well Child Tamariki Ora review

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*“Poipoia te kākano kia puawai”*

“Nurture the seed and it will blossom”

## Oranga Tamariki

It is well established that Aotearoa, New Zealand has high rates of child abuse compared to other OECD (The Organisation for Economic Co-Operation and Development) countries. From 2007 to 2017, 12% of homicides were of *tamariki* (children) under 12 years of age.<sup>1</sup> On average, a child dies every five weeks from family violence, ranking Aotearoa 7th highest for child homicide and 35th out of 41 OECD countries for child wellbeing outcomes.<sup>2,3</sup> Inequities in health outcomes exist outside of child abuse as well — Māori *tamariki* with meningococcal disease are hospitalised at 3.5 times the rate of non-Māori, non-Pasifika children.<sup>4</sup> Māori *tamariki* with skin infections are also hospitalised at 2–2.5 times the rate of non-Māori, non-Pasifika children.<sup>4</sup> These examples serve to highlight the inequitable outcomes Māori *tamariki* experience in both disease and abuse. With the prevalence of child abuse, there is a corresponding amount of activity in the child protection sector. Oranga Tamariki is the branch of government that oversees care for children of the state, youth offenders, and children at risk of harm from violence. In the 12 months prior to September 2021, 5100 children were entered into the care and custody of Oranga Tamariki.<sup>5</sup> Out of these children in state custody, 57% identified as Māori and a further 11% identified as both Māori and Pasifika.<sup>5</sup> These statistics serve to demonstrate the inequitable picture that makes up child protection interventions and outcomes in Aotearoa. The conclusive evidence that we have a child abuse epidemic in our country needs to be framed in the context of its inequitable representation.

It is Oranga Tamariki and its subsidiaries that are responsible for upholding the legislative duty of the New Zealand Government as the Crown partner in Te Tiriti o Waitangi (the Treaty of Waitangi) to provide equitable outcomes for Māori children and their *whānau* (families).

## Controversies in the media

The ability of the State to forcibly uplift *tamariki* from their *whānau*, and the power imbalance between these *whānau* and Oranga Tamariki, has often resulted in media scrutiny, taking the form of advocacy for *whānau*. Widespread coverage of infamous uplifts since the 1970s can be easily found on the internet, with Māori *whānau* being disproportionately involved in many of these cases. In 2019, Newsroom made a documentary called “Oranga Tamariki: The New Wave of Trauma,” highlighting a situation in Hawke’s Bay where social workers from Oranga Tamariki repeatedly attempted to uplift a newborn from her mother, with attempts at 2:00 am, while the mother was alone in hospital.<sup>6</sup> Unfortunately, this documentary was subject to a High Court removal order and was taken down in December 2020. However, the media attention that it generated led to Tracy Martin, the Minister for Children at the time, to meet with local *iwi* (tribe)

representatives from Ngāti Kahungunu and initiate an internal review into what had unfolded. From there, a wide-scale investigation into the protocols and practices of Oranga Tamariki occurred, culminating in nine separate claims to the Waitangi Tribunal.<sup>7</sup> In 2021, another Newsroom documentary was posted, this time with footage obtained from a whistle-blower within Oranga Tamariki.<sup>8</sup> The footage given to Newsroom showed caregivers physically assaulting a young teenager, instead of using the correct restraint techniques that they had been trained to use. Later in 2021, a Radio New Zealand article arose detailing a complex child protection case in Waikato.<sup>9</sup> An investigation was opened in the paediatric department at Waikato Hospital, including the excerpt below:

*“When the child was discharged after 67 days, the youngster “screamed, cried, and fought” before being escorted by police to a car and taken into care in what one staffer called the most distressing discharge of her entire paediatric career. One report said the child did not require hospital admission for any medical reason and was not unwell. The child, the report says, was afraid of Oranga Tamariki staff and told medical staff about wanting a job in the hospital to avoid ever having to leave.”<sup>9</sup>*

It is important to note that in this Waikato hospital case, the documents were obtained from the “dark web” during the cyber-attack that crashed Waikato District Health Board computer systems last year. However, this case, and the many others before it, shows that organisational change is strongly needed, and that further inappropriate and paternalistic action from Oranga Tamariki will only widen inequities and continue to harm the populations it is commissioned to protect.

## Well Child Tamariki Ora review

Organisational change first requires identification of where issues in policy and practice lie. In 2019, Oranga Tamariki began a review process as part of the government’s Child and Youth Wellbeing Strategy. The focus of the review was the Well Child Tamariki Ora (WCTO) programme, a nationwide service that provides developmental and health services to all *tamariki* under five, and it aimed to analyse the programme’s sustainability and equity. Findings of the review then informed Oranga Tamariki as to how the WCTO programme could be strengthened to assist in more equitable health outcomes; service all *pēpi* (babies) and *tamariki*; and improve sustainability, performance, and efficiency across the *motu* (country).<sup>10</sup>

Four questions were set by Oranga Tamariki to guide the review of the current WCTO programme: 1) to what outcomes should the WCTO programme be contributing? 2) what should the content of WCTO services be? 3) how should WCTO services be delivered? and 4) what are the critical enablers that allow the WCTO to be

delivered?<sup>9</sup> The predominant finding of the report was the conclusive need to redesign the WCTO programme to support all *tamariki* and *whānau*; while the current programme does provide a service that contributes to the health and wellbeing of many *tamariki* in Aotearoa, it does not yet cater for equitable outcomes for Māori and Pasifika *tamariki* and *whānau*.<sup>9,10</sup>

The review found that to redesign the WCTO programme, a flexible and *whānau*-centred approach is needed. To reduce inequities, an approach that strengthens the current components of the programme to support the health and development of all *tamariki*, while nurturing Māori partnership and leadership to fulfil Te Tiriti o Waitangi commitments, must be laid out. Below are excerpts from the WCTO Review report:

*“Like all sectors in Aotearoa New Zealand, we need to ensure Māori are co-designers and enact tino rangatiratanga and mana motuhake in the design, delivery, and monitoring of the WCTO programme. We need to enable devolved funding and commissioning approaches to support equity.”<sup>10</sup>*

Measures of service coverage and utility are persistently lower for Māori and Pasifika peoples living in high deprivation areas. Addressing these inequities requires devolving and shifting the funding and commissioning model so that it enables local design of integrated service models with a focus on *tamariki* and *whānau*, reflects the changing demographics, and has sufficient resources to provide a flexible service as mentioned above.

*“We require integration of local strategies to support pae ora for tamariki and whānau.”<sup>10</sup>*

The current WCTO programme has been based off frameworks from international evidence for child wellbeing surveillance programmes. The review found that there was a need to maintain the basis of these frameworks, whilst updating and tailoring them to our context in Aotearoa, with a framework based on Kaupapa Māori and Pasifika concepts of health and wellbeing. Kaupapa Māori frameworks are a structural analysis of Māori health disparities that explore the axiological (ethical), ontological, epistemological, and methodological assumptions of Māori health disparities that many Western models of care make.<sup>11</sup> This is also true for Pasifika models, such as the Fonua model of care, which aims to understand the relationship between the *fonua/whenua* (land) and people, to maintain *melino* (peace/harmony).<sup>12</sup>

*“We need to invest in system infrastructure.”<sup>10</sup>*

High quality monitoring and information systems that work at a national, regional, and local level to support service delivery and achieve *pae ora* (a healthy future) are necessary. Currently, this has not yet been achieved, due to gaps in information and technology, governance, and accountability.

### COVID-19 pandemic

The review also evaluated the challenges and weaknesses of the WCTO programme during the coronavirus disease 2019 (COVID-19) national lockdown period between March and May 2020.

- > **Strengths:** WCTO services and *Whānau Ora* providers, including primary care providers and social care providers, provided more responsive services to *whānau* during the COVID-19 response through delivery of welfare packs and holistic assessments. Further, the review noted that pre-existing connections and rapport made the transition to virtual contact much easier, and that providers were innovative and flexible in using technology to communicate with *whānau*.
- > **Challenges:** Some *whānau* were unable to access healthcare support during the response. For instance, some *whānau* did not accept the referral from their lead maternal carer to a WCTO pro-

gramme due to concerns about the value of virtual care. For other *whānau*, financial constraints meant that basic needs and food took precedence over accessing the WCTO programme. Other barriers to virtual consults included a lack of adequate devices with audio-visual capabilities, and difficulties with internet connection, particularly in rural regions. Even when consultations could occur, providers reported that virtual consultations could not gather the same comprehensive and holistic information when compared against in-person consultations. Additionally, workforce redistribution during the COVID-19 lockdown impacted the availability of services in the WCTO programme, resulting in staff fatigue, lack of support, and inadequate facilities and resources.

### Reimagining the future

The review identified four objectives for the transformation phase of a redesigned, and more appropriate, WCTO programme:

1. Te Tiriti O Waitangi — to increase and support Māori partnership in governance and leadership at all levels.
2. Achieving equity — to deliver a fair and sustainable system that achieves equitable outcomes for *pēpi*, *tamariki*, and *whānau* who are Māori or Pasifika, have disabilities, or have higher needs.
3. Healthy futures — to enable *whānau* to express and achieve their aspirations for their *tamariki*.
4. Ways of working — to strengthen the current system to deliver improved services for *tamariki* and *whānau*.

To achieve these objectives, six action areas were identified.

#### 1) GOVERNANCE

Governance incorporates the involvement of Māori for collective *kaitiakitanga* (guardianship) and leadership in the design and delivery of all services. This needs to happen for all services under the early years' health and wellbeing system, including primary care services, dental services, the WCTO, immunisation, and maternal mental health. Strong governance incorporates Māori leadership and will drive a service delivery that achieves better health outcomes for our Māori population.

#### 2) MODELS OF CARE

This describes the frameworks that service delivery, including WCTO, is based on to provide safe, effective, and evidence-based care for our *tamariki* and *whānau*. Some of the values around models of care that this review identified included having continuity of care, providers including the entire *whānau* and acknowledging the experience of parents and grandparents in caring for *pēpi* and *tamariki*, and having a reliable and consistent service delivery.

#### 3) FUNDING AND COMMISSIONING

Funding and commissioning directly impact how services are paid for, contracted, and monitored. The findings of the review suggest that the commissioning model is not flexible enough to support *whānau* in changing providers, which directly impacts engagement within the WCTO programme. Another finding suggests that the total amount of funding is not adequate to achieve equitable services for our Māori and Pasifika *whānau*.

#### 4) QUALITY, MONITORING, AND EVALUATION

Maintaining an effective and equitable programme requires a transparent outcome monitoring system. This review found that current measures focus on outputs rather than outcomes — for example, measuring the success of sudden unexplained death in infancy (SUDI) prevention through the frequency of providers giving SUDI prevention advice, rather than the actual safety of *pēpi* sleep. Alongside this, the review also found that the current reporting requirements and quality improvement protocols do not require measuring important aspects of programme quality and outcomes.

5) INFORMATION TECHNOLOGY

Quality information services play a fundamental role in providing safe and *whānau*-led services, as they enable all parties to make informed decisions about the design and delivery of healthcare. The review reported that information was not shared universally between lead maternity carers, general practitioners, WCTO services, and before-school care providers, which led to *whānau* frustration when having to repeatedly share their story. It also found that the WCTO programme's "My Health Book," which is an integrated record of each child's wellbeing, was out of date. Finally, it reported that *whānau* and communities needed better access to their health information, as this would ultimately lead to improved health literacy, engagement, and better health outcomes.

6) WORKFORCE

In order to provide a service that achieves better and equitable health outcomes for our *tamariki* and *whānau*, the make-up of the WCTO workforce must be examined. This includes a workforce that has the knowledge, skills, cultural safety, and experience to actively identify and break down the systemic barriers that create inequities. The review reported that we need a multidisciplinary and diverse team including a large range of allied health professionals and a larger Māori and Pasifika-led workforce. This includes non-regulated roles to help improve the accessibility and cultural safety of the services, as well as valuing and resourcing these roles appropriately. Non-regulated roles are not regulated under the Health Practitioners Competence Assurance Act and are deemed to have a low level of risk of harm to patients and clients, such as physicians' assistants, where oversight of practicing decisions is made by a supervising physician. Recruitment retention was another issue found in the review, as retention pressures have been increasing within the WCTO programme. Workforce burnout and high rates of employee turnover were found to contribute to this.

Conclusion

Over the last decade, controversies in the media have repeatedly highlighted the deep inequities in child protection services across Aotearoa.<sup>6-8</sup> Under the leadership of Aotearoa's current Minister for Children, Kelvin Davis, it appears that Oranga Tamariki is undergoing a period of introspection and policy-change. The WCTO Review Report was commissioned in 2019, published in 2020, and reportedly actioned from July 2021. However, to date, it appears that Oranga Tamariki has not yet implemented the suggested changes from the WCTO Review Report. The WCTO Review report details six key principles that will guide this organisational restructure, yet it appears to lack clarity in exactly how these will be actioned. The lack of a distinct timeline does not reflect the urgency required in making these organisational shifts, with early data showing that the COVID-19 pandemic is likely exacerbating inequities.<sup>5</sup>

Despite the comprehensive review, the reported findings and action areas as described in the WCTO report were generalised and broad. The action areas identified in the review to improve service delivery of the programme described remodelling and extensive redesign and shifts in funding, but lacked specific examples. It was challenging to understand the context of the report findings and exactly how the WCTO programme will be further redesigned to improve health outcomes for our *tamariki*. However, the report does give an overview of the current key issues in the WCTO programme and the key causes for the inequities in outcomes for our Tamariki.

Awareness of child health outcomes and inequities is important for medical students at all stages of their education. Students will likely see Oranga Tamariki involvement on their paediatric attachment, but beyond this, an understanding of the driving forces of inequity in child care outcomes is necessary as we progress into our clinical roles beyond medical school. In this article, we have delved into the inequities in child health outcomes in Aotearoa and the mechanism by which

Oranga Tamariki plays a part in these outcomes. We have summarised the WCTO report that was published by Oranga Tamariki and have concluded that although there are well-formed guiding principles and a comprehensive understanding of the barriers to equity, there is a lack of deep and critical reflection, and that the action points defined in the WCTO report lack clarity and vision.

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