Tūhono Māori:
Promoting Secure Attachments
for Indigenous Māori Children.
A Conceptual Paper

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Whakarāpopotonga

Ko tā Tūhono Māori he whai rangahautanga Kaupapa Māori e whai ana ki te koha atu ki te whakarekatanga me te angitūtanga o ngā tamariki hauarea Māori me ō rātau whānau. Koinei te tuatahi o ngā pepa e rua whakatakotohia ki roto i tēnei whakaputanga e pā ana ki te Tūhono Māori mahi rangahau. Ko tā te Tūhono Māori wānanga e whakawā ariā nehe ariā hou ana o te here whita whānau, te tauawhitanga whita hauora tamariki. Ko te whāinga whānui a Tūhono Māori ko te whakatareka whakapaipainga hauora tamariki, kaimahi, pokapū, whānau, hapū, iwi whakautunga hiahia o ngā tamariki taketake Māori me o rātau whānau. Ka whakatakotohia e te pepa nei he tirohanga whānui o te horopaki matua, whakawhitiwhitinga whaitua me ngā ariā tipu ake ai i roto i ngā pūnaha kei Niu Tīreni nei, me te awe o ēnei ki te haumarutanga o te Māori. E tohe ana te pepa mō te hiahia kia whakatarekahia ngā āhuatanga e ngā pūnaha uru mai ki te horopaki o Niu Tīreni e whakamāmā haumaru kare-ā-roto ana mō ngā tamariki Māori me o rātau whānau.

Abstract

Tūhono Māori is a Kaupapa Māori research project that seeks to contribute to the healing and success of vulnerable Māori children and their families. This paper is the first of two papers presented in this issue related to the Tūhono Māori research project. The Tūhono Māori study investigates traditional and contemporary notions of secure whānau attachment that promote tamariki security and wellbeing. Tūhono Māori has a broad aim to enable improved child welfare, practitioner, agency, and whānau (family), hapū (extended family), and iwi (collective kin group) responses to the needs of indigenous Māori children and their whānau. This paper presents an overview of the prevailing context, intersecting spaces and conceptual ideas inherent within systems in New Zealand, and the impact these

have had on Māori security. The paper argues for alternative systems within the New Zealand context to enable conditions which facilitate emotional security for Māori children and their whanau.

Keywords: Tūhono (attach/bond), attachment, culture, Māori, society, context, child welfare

Introduction

Tūhono Māori is one Kaupapa Māori-led response seeking to create solutions for some of the social challenges encountered by Māori. Māori whānau systems that promote healthy attachment relationships provide the foundations for a contemporary Māori understanding of tūhono (to attach/bond). The study investigates interpersonal relationships from a Māori social system construct where whānau (family), hapū (extended family) and iwi (collective kin group) provide the foundations of Māori society. The Māori social system is a mutually interactive, political and dynamic system. The well-being of the tamaiti (child) is central to the whānau and the well-being of the whānau is invested in the vitality of the hapū. Likewise, the hapū is a central contributor to the iwi where political thinking and action are generated to benefit both the hapū and whānau. The system is a mutually supporting structure based upon whakapapa (genealogy) inter-reliance and a symbiotic relationship with the environment. The environment is inclusive of both the social context and the natural world, including the spiritual context. Traditionally, the configuration of this system sustained the people nested within and provided conditions for the adaptations necessary for the survival of Māori people throughout the centuries. Today, the Māori societal and political systems interact with a British imperialist system, changing the landscape of Aotearoa New Zealand. Māori have struggled in our encounters with an imposed system that contributed to the near demise of Māori people. Resistance, determination and the preparedness to confront inescapable truths has contributed to Māori survival and recovery as Indigenous peoples (Durie, 1994; Walker, 1990).

Challenges and Intersecting Spaces

The over-representation of Māori children in state welfare care corresponds with high rates of social and economic disadvantage and whānau (family) violence in which Māori women are more likely to be parenting alone and over-represented as victims of partner violence (Family Violence Death Review Committee, 2016; Rebstock, Bush, Dunlop, Leahy & Poulton, 2015). The current child welfare operating model includes a child-centred system to involve the voices of children, incentives for early interventions with children, and shifting the focus towards professional judgement founded on evidence-based research. It includes understandings of the impacts of trauma on children and a high degree of cultural competency (Rebstock et al., 2015). To date, interventions are more typically drawn from Western evidence-based theories, taught through training institutions and applied more frequently by non-Māori health practitioners in community settings and hospital-based services. System wide change is essential, and the tertiary education sector responsible for training and developing our health workforce is challenged to make meaningful investment

in Māori curriculum design and implementation. As previously noted, "Māori experience marginalisation through education systems which fail to incorporate the ideologies that come from non-Western culture. Maintaining the status quo … reinforces inequalities" (Hall 2013, p. 149). Despite the best efforts of Māori to increase workforce capacity and to advocate for greater Māori responsiveness, authorities and institutions have resisted and failed to take on board child welfare recommendations put forward more than 30 years ago in the commissioned report "Puao-Te-Ata-Tu" (Rangihau, 1988). The report identified a number of concerns within the child welfare system that have compounded many of the challenges facing whānau Māori, including institutionalised racism, changes to statutes that were not in the best interests of Māori or worked directly against Māori. The committee concluded:

> At the heart of the issue is a profound misunderstanding or ignorance of the place of the child in Māori society and its relationship with whanau, hapu, iwi structures. (Rangihau, 1989, p. 7)

Historically, whānau, hapū and iwi were denied opportunities to have their tamariki or mokopuna placed in whānau care; instead many of the placements were with Pākehā families (Atwool, 2006). Haenga-Collins and Gibbs (2015) also report that the New Zealand "closed stranger" adoptions between 1955 and 1985 saw Māori children denied connections to birth whānau as information remained secret.

> Prior to the placement, the adoptive parents were 'strangers' to the child, there were no social or familial links, identifying information about birth parents remained confidential and could not be obtained, and the child's original birth certificate was unable to be accessed. (Haenga-Collins & Gibbs, 2015, p. 63)

Māori have been unrelenting in their advocacy to push for legislative changes that integrate Māori cultural practices and ideology (McRae & Nikora, 2006). Matua Whāngai (Rangihau, 1988) is one example of Māori aspirations to nurture mokopuna and tamariki Māori through whānau, hapū and iwi placements, ensuring the bonds and connections to whakapapa whānau remained intact.

Health, Education and the Waitangi Tribunal

While changes have occurred and there are more instances of Māori knowledge being integrated into primary healthcare services, these do not go far enough to address current inequity issues and institutionalised racism (Came-Friar, McCreanor, Haenga-Collins & Cornes, 2018; Reid & Robson, 2007). Furthermore, the health sector is reliant on the tertiary education sector to develop a culturally competent health workforce. There is a lack of training programmes that specifically concentrate on cultural competencies and the issues of trauma from an Indigenous and Māori perspective that will increase workforce capability (DeSouza, 2008; Hall, 2013; G. H. Smith, 2012; Wepa, 2015). Government health and child welfare agencies have a responsibility to repair the damage created by Acts that were

deliberately established to work against Māori (Jackson, 2008; G. H. Smith, 2012), leading to the systematic break-down of whānau connection and functioning. No other ethnic group in Aotearoa New Zealand has had acts of parliament established to deliberately deprive, remove and sever cultural links to whenua (land), whānau, and kin.

The Waitangi Tribunal recently released the report, *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (2019). It found the primary healthcare sector has not demonstrated substantial improvement since 2000 and the Crown is in breach of the Treaty of Waitangi by failing to address persistent Māori health inequalities and failing to design a primary healthcare system that properly provides for hauora Māori (Māori health). Further findings point to the failure of the Health and Disabilities Act (2000) to activate the principles of partnership, protection and participation, with efforts to date instead being largely reductionist (Waitangi Tribunal, 2019). These findings bring into question the effectiveness of professional registration boards and their requirement to protect and safeguard Māori health and wellbeing. We have yet to see if the Crown will take on board the recommendations of the Waitangi Tribunal.

Māori Concerns and Child Welfare Controversies

Indigenous children have been over-represented in the New Zealand welfare system for a number of decades. Ministry for Children (2019) national data for the year ended June 2017 indicated that 57 percent of all referrals before age five were Māori children. Similarly, before age ten, six out of every ten children in care placements were Māori, making Māori the largest group in state welfare care. In 2018 Māori children and young people made up 63 percent of all charges finalised in the youth justice court (Ministry of Justice, 2019a). The Ministry for Children (2019) report also revealed that 4,300 babies under the age of one were taken into Ministry for Children care since July 2008. Of these, it is disturbing that 62 percent were Māori. Strong Māori dissatisfaction has hit the media in response to the disproportionate number of tamariki Māori in care and the increase in Māori babies being taken into care (Kupenga, 2019; Thomas, 2019). Māori leaders have been angered by the increased removal of Māori children, which accounts for 59 percent of the 6,350 children in state care from June 2018, up from 57 percent in 2017.

It is important to mention here that the Ministry for Children have branded themselves as Oranga Tamariki to indicate what is understood as healthy, thriving children. The use of "Oranga Tamariki" is disputed by and highly controversial for Māori, due in part to the misappropriation of Māori terminology to front a child welfare system that has consistently failed tamariki Māori and their whānau. The Ministry for Children is experienced by many Māori as punitive and untrustworthy.

Rigorous debates regarding the effectiveness of child welfare services to adequately respond to the needs of Māori children continue. Queries concerning the new child-centred approach, systemic failures, and failures to recognise the importance of a whānau-centred and tikanga-based approach have led to calls for an inquiry into the Ministry for Children by the North Island Whānau Ora Commissioning Agency (Kupenga, 2019; Martin, 2019). More recently there has been public outcry and media reports in response to the latest Ministry for Children data released in March 2019. A resounding "please explain" has come from Māori

whānau, hapū and iwi, asking why numbers are not decreasing. The Māori Council, supported by the Children's Commissioner Judge Andrew Becroft, have called for an independent commissioner to hold the Government to account. Māori legal experts have weighed in on arguments to effect legislative change to uphold Māori Indigenous rights within the legal system. From 1 July 2019 amendments to the Oranga Tamariki Act 1989 (Children, Young Persons, and Their Families Act 1989) came into force to address structural biases and existing inequities. The new legislation was passed under the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017, the Family Violence Act 2018 and the Oranga Tamariki Legislation Act 2019. There is now a legislated duty to provide a solid commitment to Te Tiriti o Waitangi (the Treaty of Waitangi), where setting measurable outcomes, having regard for mana tamaiti, whakapapa and whanaungatanga responsibilities, and relationships with whānau, hapū and iwi are required. It also includes the use of Kaupapa Māori and mātauranga Māori to reduce disparities (Williams, Ruru, Irwin-Easthope, Quince & Gifford, 2019). The new legislation defines *mana tamaiti* (*tamariki*) to mean,

> —the intrinsic value and inherent dignity derived from a child's or young person's whakapapa (genealogy) and their belonging to a whānau, hapū, iwi, or family group, in accordance with tikanga Māori or its equivalent in the culture of the child or young person. (Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act, 2017)

Further duties include the requirement to form strategic partnerships with iwi and Māori organisations, including iwi authorities. As of June 2019, negotiations with seven iwi were progressing toward final agreement.

Attachment

John Bowlby is known for his developmental theories and specifically his conceptual ideas of attachment which led to *Attachment and Loss,* a trilogy of writings published between 1969-1980. These seminal publications provided the foundations for the origins of attachment theory, later progressed with empirical evidence supported by Mary Ainsworth (Bretherton, 2006).

Bowlby refuted Freudian orthodoxy, where explanations of libidinal gratification were used to explain child development. Unlike Freud, Bowlby focused his attention on emotional security with a key focus on the importance of parental attention to the emotional needs of the child. Bowlby concluded, "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (1951, p. 13). Bowlby's early formulations included an emphasis on a substitute mother, the role of fathers, and the propensity for the child to form multiple attachments. He magnified the importance of the mother-child dyad, maternal sensitivity-insensitivity, and emotional security-insecurity with predictive psychological outcomes (Bretherton, 1992). The nature of the mother-child dyad is critical however, and the issue of maternal care implicitly carries the burden of responsibility for mental health implications and disturbances. Otto & Keller (2014) pointed to the inferences,

> If you were a mother, and you were insensitive to your infant's attempts to elicit the kind of care all humans can and should provide, you were at least an inadequate mother, responsible for the mental ills and emotional suffering that might befall him in the future. (p. 55)

Bowlby also commented on the importance of communities and society, stating, "parents, especially their mothers, [are] dependent on a greater society for economic provision. If a community values its children, it must cherish their parents" (Bowlby, 1951, p. 84). There exists an abundance of literature based on Western and more specifically middle-class American theories of attachment, but very limited non-Western perspectives are explored.

Ethnicity Matters

The emergence of other ethnic perspectives not only highlights differences in attachment beliefs, it also draws attention to the similarities concerned with raising emotionally secure children (LeVine, 2004; Oppenheim, Sagi, & Lamb, 1988; Takahashi, 1986). These also indicate the effectiveness of attachment theory in determining outcomes for Indigenous peoples (Choate et al., 2019).

In Aotearoa New Zealand, Māori make up 16.5 percent of the population. Māori, Asian and Pacific populations are growing faster than the Pākehā (European) population due to a younger age cohort, higher birth rates, and migration. Population growth indicators project the Māori population will exceed 1 million by 2038 (Statistics New Zealand, 2018). The diversity of ethnic groups within Aotearoa New Zealand continually influences the way our society is shaped and the way in which Māori maintain our close relationships. Houkamau & Sibley (2019) consider the importance of a person's self-concept, social identity and what is normative. Māori traditional parenting practices are highly influenced by our social circumstances and interactions with other ethnic populations. To what degree these dynamic social and cultural value systems interact and influence each other raises important questions. In particular, the contemporary context for nurturing mokopuna Māori as contrasted with traditional practices. Societal influences that modify child-rearing practices and the mechanisms that promote such changes must be critiqued for their reliability. Attachment theory is both an eclectic theory and an evolving theory that brings together intersecting ethological, evolutionary, cognitive, control system and psychoanalytical perspectives (Behrens, 2016; Bowlby, 1956, 1977, 1988). Attention to ethnic and cultural variations (Durie, 2005) can assist in understanding the diversity of child-rearing practices, and in bringing the child into context with their caregiving environment.

Tūhono Māori: Shifting the Focus

Attachment theory is premised on cultural norms and what counts as emotional "security" (Keller, 2017; Vicedo, 2017) according to Western and Anglo-American values. It is one early childhood developmental theory that informs health professionals in their assessment and treatment planning. However, it has been challenged for the over-reliance on laboratory

studies over fieldwork, the omission of data from differing cultures and the lack of focus on the child's socio-cultural context (Hall, 2015; Keller, 2017; LeVine, 2004; Otto & Keller, 2014; Vicedo, 2017). Methodological preferencing does not capture well-enough collective and population variations of what constitutes emotional security and attachment. Attachment theory maintains a universal view that all children attach similarly and therefore emotional security can be measured in a standard way. While universal measures and indicators can apply to Māori and other ethnic populations, there are cultural variations that require specific measurement (Cram, 2019; Durie, 2006).

The traditional Māori caregiving system is based upon the care of many different people. It includes grandparents, older siblings, aunts and uncles, each with their protective and nurturing responsibilities to the child. The multi-caregiving system differs from the monotropy parenting view promoted by Ainsworth (1967). From a Māori perspective, attachment and emotional security is not invested solely in the mother-child relationship or even a hierarchy of attachments (Bowlby, 1988). A Māori perspective of attachment encompasses the view that a child can be equally attached to more than one central parenting figure such as the mother. A mother has a special and specific caregiving role, as do other members of the whānau. The differing roles and responsibilities of people in the shared whānau caregiving system will reflect the quality of interactional experiences and shape the emotional ties the child will develop with each whānau member. Tūhono Māori shifts the focus to a Māori-nuanced perspective of secure bonding and connectedness through Kaupapa Māori methodology and methods.

Conclusion

Throughout the decades numerous reports have highlighted the social problems of Māori, including experiences of poverty and child poverty, poor housing and housing insecurity, mental health and addiction difficulties, increased incarceration rates for Māori women and men, and high Māori recidivism rates (Government Inquiry into Mental Health and Addiction, 2018; Ministry of Justice, 2019b; Ministry of Social Development, 2018; Simpson, Adams, Oben, Wicken & Duncanson, 2016). Yet, notwithstanding policy changes and interventions, social hardship persists. Intersecting challenges in healthcare, education, and the legal sector provide the backdrop for current societal conditions impacting on tamariki (children's) wellbeing. Māori have continually voiced their dissatisfaction with the child welfare system in Aotearoa New Zealand. Māori advocate for culturally safe Kaupapa Māori-focused research and solutions for vulnerable populations (Mikahere-Hall, 2017; Smith, 2013; Wilson, 2017).

Determinants such as social housing, economic stability, food security, education and health build the conditions for people to fulfil their potential (Houkamau, 2019; Robson, Cormack & Cram 2007). Health disparities are rooted in a system that removes opportunities for people to build their capacity and to develop a sense of personal agency that enables them to thrive. The safety of mokopuna and tamariki Māori is vital to the capacity to love (Karen, 1998). A young child's sense of security develops through sensitively attuned, reliable and available caregivers who are not overburdened by economic hardship, housing, food and health insecurities. Local councils, national boards and government institutions are the

structures that set the society-wide conditions for what is experienced at the personal level as either emotional security or emotional insecurity. Our capacity to love is therefore shaped by the social conditions in which we live. Tūhono Māori is a research study of attachment from a Māori perspective. It explores how such social conditions might more effectively enable emotional security in Māori children and whānau.

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