

## He waka eke noa: Māori grandparents raising grandchildren

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This article analyses data from Māori participants in a large study of grandparents raising grandchildren conducted in 2016 (the overall data was analysed and reported on in Gordon, 2016, 2017 and 2018). The core population of the study was all the members of Grandparents Raising Grandchildren (GRG), a New Zealand charity that was founded in 1999. As well, non-members were invited through websites and notices to engage with the survey, and about 100 did so, but none of them Māori. The reason for producing an article on Māori participants is that, as heavy users of GRG, they have carved out their own approaches to negotiating the role of grandparents bringing up their children's children, or 'mokopuna' (often 'moko').

Many articles on social topics around Māori focus on the deficits that Māori face, tending to be poorer, sicker and facing more barriers than, for example, pākeha. Within a population such as grandparents raising their grandchildren, however, Māori, as self-reported, are not significantly more disadvantaged than other population groups. While they are around four times over-represented in this group by demographics, there is no marked further disadvantage.

It is a group that faces disadvantages but also strengths. Nearly all of the moko have come into grandparent care as a result of one or more serious problems, such as family violence, alcohol or drug addictions, abuse or neglect. These are often cataclysmic events that shake the whanau (extended family) to the roots.

The purpose of this article is to throw light onto how Māori grandparents navigate the role of carers for mokopuna and the changes to their lives caused by taking on mokopuna. To a small extent, the situation of Māori grandparents may be compared with the total survey population. But in essence the case study here stands by itself as a story of Māori negotiating particular lives in Aotearoa.

Because of the high number of Māori whanau raising mokopuna and potential differences from the overall population findings outlined in Gordon (2016), it was decided to write a report using a re-analysis of data focusing on the whanau who included a Māori ethnicity in their responses. While at some points comparisons are made with the overall population, the prime purpose is not comparison but to understand the impact on whanau when the mokopuna move in.

Comparison is inevitable to an extent. Do Māori grandparent families find it harder to get income support? Are they more likely to be in single-parent families (and thus, according to the 2013 census, to have a much lower income)? Do they face

different health challenges for themselves and their moko? Using the large amount of quantitative data generated by the project, these and other questions will be answered. However, of far more interest overall is the rich stories that the whanau shared about their experiences, good and bad, in raising their moko. Our research team was amazed and inspired by the stories that unfolded, provided huge insights into the lives of whanau in contemporary Aotearoa.

### **About the grandparents**

From information collected for the 2013 census, we know quite a lot about grandparents who raise their grandchildren. In that census, 9,543 grandparent families reported they were raising grandchildren. Roughly two thirds of the families were a couple with children, (6,432) and one third were sole grandparent families (3,111). They tended to reside in the North Island, with a focus on Auckland, Waikato, Bay of Plenty, Wellington and Northland. With strong iwi and hapu ties and turangawaewae in at least Northland, Auckland, Gisborne, Hawkes Bay and Manawatu-Whanganui. Many Māori grandparents raising grandchildren live in these places.

The 2013 census outlines that 42% of grandparents raising grandchildren state their ethnicity as Māori. Statistics New Zealand did not provide specific data about Māori whanau, but the overall data shows that these caregivers range in age from less than 35 to more than 85 years. The families overall are much more likely to live in areas of high deprivation (more than half live in deprivation deciles 8-10). Income ranges from a loss to over \$150,000 per annum. There is a very large income gap between two parent and single parent grandparent families. Two-parent families have a median income of \$70-80,000, while single parent families have a median of \$15-20,000 – an enormous difference.

The main source of income for all grandparent families in 2013 was wages and salaries, with around 70% of partnered families, and just under 40% of sole families, reporting income from that source. The second largest source of income for partnered families was NZ Superannuation, but for sole families it was the Domestic Purposes Benefit. For partnered families, the third and fourth sources of income were self-employment and income from interest or rent. For sole parent families, the third source was National Superannuation, and the fourth, fifth and sixth sources of income were various benefit payments.

There were also differences between sole and partnered families in terms of housing. Nearly half (49%) of partnered families owned their own home, with or without a mortgage. The comparative figure for sole grandparents was 27%. In contrast, 36% of partnered grandparents and 63% of sole grandparents were in rental

accommodation. As well, 10% of partnered, and 5% of sole, grandparents were in a house owned by a family trust.

The census data also revealed the age of the youngest child living in each whanau, and there was a relatively even distribution across all age ranges, increasing slightly each year. This appears to indicate that once in grandparent care, most children appear to stay there for the remainder of their childhood.

Several socio-economic factors demonstrated in the 2013 census data demonstrate that, overall, grandparents raising grandchildren tend to be concentrated in the lower socio-economic deciles, have lower home ownership rates than the overall population of their age and many of them are raising grandchildren on their own and with a relatively low income.

Added to issues of income, housing and living situation, are a range of other factors that the present study will show impacts on the wellbeing of the whanau. These include grandparent health, access to financial and other supports, the reasons for coming into care (the main ones being parental drug addiction and family violence) and the health and other needs of the children.

Māori make up 10 percent of the total population over 50 years of age<sup>1</sup>, but are 42% of grandparents bringing up mokopuna. This means that Māori grandparents are over-represented in this population – more than four times more likely to be raising their grandchildren than non-Māori.

### **Māori involvement with GRG**

Research engagement with Māori requires a working within a particular cultural framework. Key principles for ethical engagement at the research level include whanaungatanga, the process of building relationships through respect and engagement; manaakitanga, or respect through mutual engagement and discussion, in particular providing the opportunity for Māori to have their say on their own terms. Another key element is 'he kanohi kitea', which means being a familiar face<sup>2</sup>.

In this study, a question was how to conduct a large 'at a distance' questionnaire-based study that also adhered to these principles. We were very fortunate that three elements fell into place that supported significant and high-quality engagement with and for Māori in this study. These were, in order of effect:

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<sup>1</sup> [http://archive.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/maori/maori-population-article-2015.aspx](http://archive.stats.govt.nz/browse_for_stats/people_and_communities/maori/maori-population-article-2015.aspx)

<sup>2</sup> <http://whatworks.org.nz/kaupapa-maori/>

1. That the organisation Grandparents Raising Grandchildren (NZ) Trust, which sponsored the research, was highly valued by Māori participants in the research;
2. That a search to locate and interview Māori participants, especially in Northland, Gisborne, Rotorua and the Bay of Plenty, was appreciated by Māori grandparents; and
3. That the open framework of the interview process, which gave participants the opportunity to have their full say on matters, coincided with the desire of many of the Māori participants (and others) to share their stories.

These factors will be explored in turn in this section. The first relates to the role of Grandparents Raising Grandchildren Trust (usually known as GRG), which all of the participants belonged to. The membership of GRG was, at the time of the survey, 40% Māori, with well over 1000 Māori whanau having membership of the organisation<sup>3</sup>. At the statistical level, then, a high level of engagement by Māori was already evident within the organisation. The questionnaire did not ask participants for any comments on the organisation, but many Māori made specific comments in various parts of the survey indicated a strong level of support:

GRG has been a constant support to me especially at the beginning with my first grandchild and I had no idea what to do. Would be lost without the general & financial support from GRG and their amazing work.

Grandparents Raising Grandchildren are the best organization by far and thank you for all that you do 😊

GRG do a great job and without your support from the start of my journey raising my grandchildren I would have not known what to do. When you have children of your own you don't expect to be bringing their children up. Thank you to GRG, you are awesome and awahi many whanau raising mokopuna. Kia kaha, kia maia, kia manawanui.

We were very fortunate that the strong positive feelings held by participants about the organisation flowed over onto the research project. The participants tended to consider that our role in researching their situation was a natural part of the work of the organisation and were therefore enthusiastic in giving their consent and participating. Essentially, they threw the mantle of whanaungatanga over all of us.

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<sup>3</sup> The membership numbers and proportion of Māori have both been increasing over the years and have continued to do so from 2016. By 2018, 43% of the organisation's membership (which now totals more than 4000 whanau) is Māori, possibly boosted by publicity from this research project.

Overall, they see the organisation as a force for good for Māori in encouraging needed action to improve lives:

I have been into the homes of grandparents raising grandchildren. They are very whakama. Even when you give them the forms, they don't fill them out. They can't get to the WINZ office. They need a lot of support.

I was on a decent wage and had a full-time job. taking over the children took a huge slice of my financial plans and my credit card was maxed out in no time. GRG helped to give me some breathing space and they were able to get me on the unsupported benefit that WINZ had previously declined and was also entitled to back pay so now debt free and we are so much better off and grateful to have GRG and all their support.

The potential for under-representation by Māori in this study was on the research agenda right from the start. Māori made up 42% of grandparents raising grandchildren in the 2013 census and were only slightly under-represented in the GRG membership in 2016 at around 40%. However, we feared a drop-off in participation by Māori for the survey as it used such a pākeha approach – an online questionnaire. Two of us, a Māori field worker from Rotorua and myself, therefore embarked on a compensatory process of seeking Māori responses from members in areas with high Māori populations and high socio-economic deprivation. All of those contacted were members of GRG, and their phone numbers were retrieved from the GRG member database. Most of those contacted did not have an email address and therefore had not received our direct invitation to participate.

We introduced ourselves as researchers doing a study into grandparents for GRG and explained that we were keen to ensure there was a good representation of Māori in the study. We wondered whether they had completed the survey yet and, if not, whether we could complete it with them over the phone. We outlined the consent process and explained that all responses would be confidential.

The response was heart-warming. Most were delighted to talk about their experiences and were keen to participate. The other researcher also attempted to get some non-internet whanau to take part by issuing paper copies around the Bay of Plenty, but with such a large questionnaire (152 questions and many opportunities for qualitative responses), this was not very successful.

Between us, we boosted the Māori response rate by over 5 percent, from just under 30 percent to around 35 percent (343 responses in total). This was still an under-representation of tangata whenua but nevertheless provided us with a right vein of Māori responses. We would like to acknowledge (awhi) the friendship, enthusiasm

and good nature of the whanau who were prepared to engage on the phone at a distance to tell their stories.

In nearly all cases, Māori participants took the survey either online or over the phone. For a number of reasons, the survey itself was significantly more arduous than the usual engagement survey, with 152 questions and numerous opportunities to engage in qualitative responses. GRG staff were certain that the membership would welcome the opportunity to tell their stories even in such a long format. While around 20% of participants dropped out between the beginning and the end, those who continued to the end showed a rugged determination to have their say. Without counting every word, there is no evident difference in the extent or quality of engagement between Māori and other ethnicities.

The data was collected and an initial analysis completed through the professional survey program Qualtrics. Qualitative data was analysed using NVivo, which sorts and groups responses for analysis. Finally, Excel spreadsheets were used for cross-tabulations and some Māori / non-Māori comparisons.

A more detailed methodology is contained in the overall report (Gordon 2016), which can be found on the Community Research website.

## **Demographics**

This section provides an overview of some of the quantitative statistics from the Māori study.

All Māori participants in the study were members of the organisation Grandparents Raising Grandchildren. While around 100 non-members found out about and completed the survey, none of these were Māori. This underlines the fact that membership of, and affection towards, the organisation drove Māori participation by fostering whanaungatanga.

Māori participants lived in every part of Aotearoa, but were concentrated in Northland, Auckland, the Bay of Plenty, Waikato, and Gisborne, with clusters in Manawatu/Whanganui, Wellington, Canterbury and Hawkes Bay.

Those Māori completing the survey were 92% female and 8% male.

Around a third of participants cited a second ethnicity, including NZ European (around 25%), Samoan, Cook Island Māori, other Pasifika, Chinese, Indian and other.

The Māori participants span the full age range from under 35 to over 80. Some are great-grandparents. Like the overall group, the modal (most common) age group is

55-59 years, but Māori are more likely to be younger (45-49 and 50-54), and also more likely to be much younger (under 40). The overall distribution of the Māori grandparents by age is outlined in Figure 1 below.

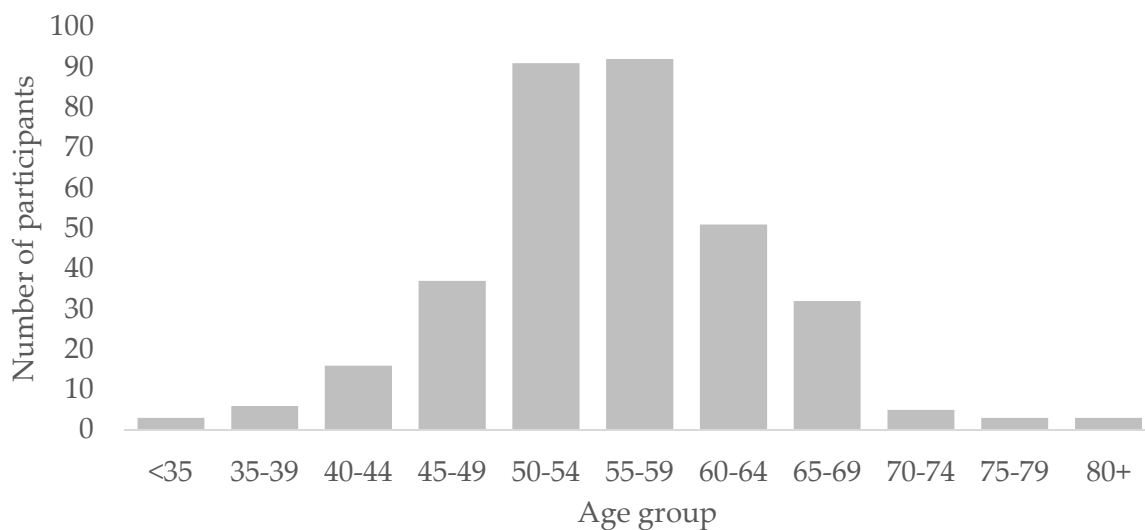


Figure 1. Age ranges of Māori participants, n=339

Most (57%, or 194) participants were married. This was exactly the same proportion as the overall population, meaning that there was no difference between Māori and other ethnicities in likelihood of being in a relationship. The rest were divorced (55), never married (34), widowed (33), or separated (22). Nearly 30% had lost a partner since becoming the carer to their mokopuna.

Roughly 47% are employed or self-employed, and 53% are not in paid work (141) or are retired (35). Of those in employment, 42% work 40+ hours, 29% work 30-39 hours and 29% work less than 30 hours. The most common areas of work are health care, education and training, retail trade and administration.

Annual income from employment of participants is outlined in Figure 2.

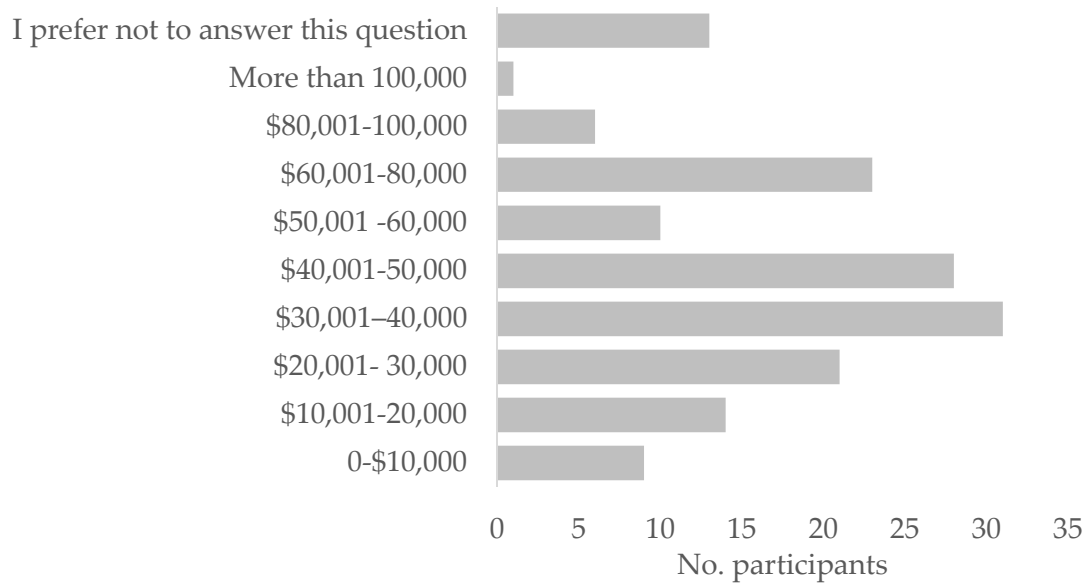


Figure 2. Annual income from employment, participants.

Fifty six percent of all participants lived with a partner, including a small number in same sex relationships. Nearly two-thirds of the partners were Māori, and the rest were NZ European (48%, multiple responses allowed), Pasifika or other. The age profile of the partners indicates roughly the same pattern as the participants, with a small tendency to be older.

More than half (55%) of the partners were in the paid workforce, or self-employed (12%), or retired (13%). Around 18 percent of partners were not in the workforce, for a variety of reasons. Modal income for partners from employment was \$50 – 60,000, around \$10,000 higher than for participants (this is most likely to be at least partly a result of the gender pay gap in Aotearoa).

A quarter of partners (compared with 64% of participants) changed one or more aspects of their employment as a result of the mokopuna coming to live with the grandparents, either changing job, or working fewer or more hours, or leaving employment.

Thirty six percent of the whanau have other adults living with the grandparents. Most of these (60%) have one other adult in the house, 30% have two and 10% have three or more. Forty percent of the adults are a son or daughter who are not a parent of the mokopuna, fifteen percent are parents of the moko, ten percent are other relatives, five percent are non-relatives and 3% are parents of the grandparents.

A sum total of 107 grandchildren previously lived with grandparent families, but now live independently, have been returned to parents or have gone into other forms of care. A small number of children have died. Grandparents would have preferred the children to have remained 40% of the time.



There are 721 tamariki currently living with the Māori grandparents, in families ranging from 1 child (131) to 15 children. The modal (most common) number of children per family is 2/3.

Nearly 30% of grandparents state that they are managing well or very well with the role as full time grandparent. A further 23% are “managing”. Nearly half of all these carers struggle some or all of the time.

Nearly 30 percent of Māori participants note that they have no health problems at all. Around 40% have a few problems, 22% have ‘some’, 7% have ‘quite a lot’ and 3.5% have ‘many’ problems.

More than half report that their health has been unaffected by caring for their grandchildren. Over 14% note that caring for grandchildren has led to an improvement in their health, while a third note their health has got worse. Most (62%) feel under stress.

Partners are more likely to have no health problems (47% compared with 30%), but also more likely to have a lot of problems. A small number of participants (8%) are caregivers for their partners as well as the moko.

Participants were asked to name all their household sources of income, and these are ranked in Figure 3 by the number of times they were mentioned, not by the economic value of the income. The most common shared source is the Unsupported Child Benefit (64% of families receive this), followed by wages and salaries (60%) income from benefits (25%) and IRD family tax credits.

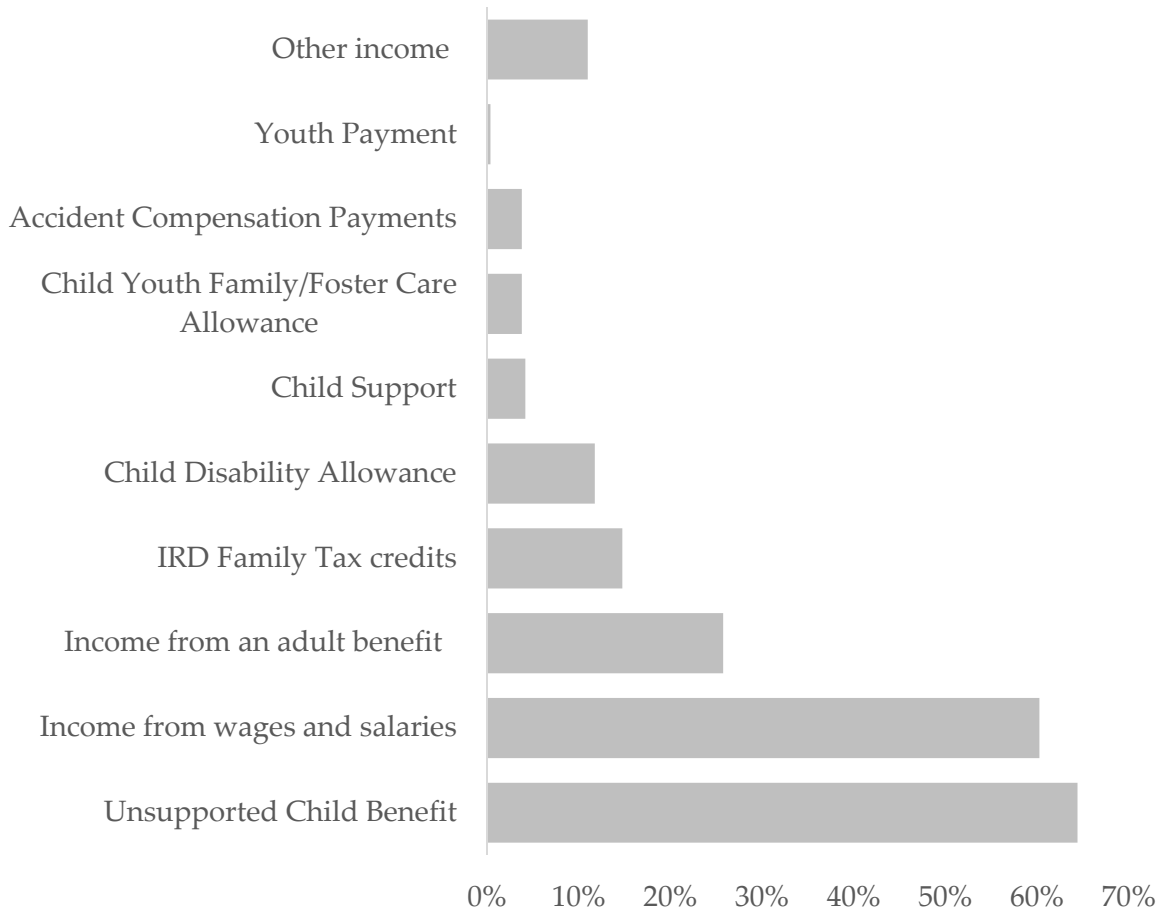


Figure 3. Type of income by number participants who receive it.

Nearly two-thirds (63%) of Māori participants noted their income had stayed the same or gone down in the past five years, while 37% note an increase in their family income. The three main reasons given for the changes were wages and salaries, Unsupported Child Benefit (UCB) and changes to employment status. Many report having to 'tighten the belt' to make ends meet, and some report difficulty 'paying bills and buying food'. Many find the UCB a 'lifeline': "I don't struggle to feed us anymore. I don't stress about providing the necessities for school and life".

Taking into account changes in household income but also outgoings, only 8% of participants considered they were better off than before. Many use a range of options: credit cards, loans, food parcels, food grants and selling assets to make ends meet.

Only 48% of Māori participants own their home with or without mortgage, compared with 63% of the overall sample. In rental properties, 31% rent privately and 14% rent a state house. The rest are homeless, living with whanau, in a Māori trust house, and/or other arrangements.

Table 1 outlines the type of assets the participant whanau have towards their retirement.

Answer	%	Count
A kiwisaver account (balance less than \$10,000)	38.15%	95
A kiwisaver account (balance more than \$10,000)	27.31%	68
Ownership of properties (other than your home)	11.24%	28
Investments in shares or other financial instruments	4.82%	12
A work-related pension	4.82%	12
Other savings towards retirement	8.43%	21
I have no assets towards retirement	30.92%	77
Total	100%	249

Table 1. Assets reported by participants towards their retirement.

It is important to note that fully 70% of participants reported less than \$10,000 towards their own retirement.

Of the Māori families, 69% noted that they received the Unsupported Child Benefit. While this seems low, around a quarter are on Work and Income benefits that preclude the UCB, leaving only a small number who may be eligible for the UCB but are not receiving it. Like most UCB recipients, most Māori participants did not find out about the benefit through Work and Income, but through others, and especially GRG (60%). Many received the UCB only after a review (26%). Only 16% were told about the UCB on first contact with Work and Income, this figure being about the same as the overall population. Most Māori participants who apply for various extra funds available under the UCB get them approved, and especially the school year start-up payment (90%).

Around two thirds of Māori participants had been to the Family Court regarding custody or access matters relating to grandchildren in their care. A small number who received legal aid have a lien against their home to repay the debt incurred.

A number (13%) of grandparents reported that they have been assaulted physically “with the intention of causing you harm” by a child in their care, and most (70%) note that this was due to a loss of conscious control. Most reported this had happened two or three times, and a small number had been assaulted more than five times. Around 15% of children have also subjected their grandparent carer to serious

verbal abuse. In this category the most common count of how often such abuse occurred was more than five times.

As well, 18% of the grandparents reported that the parent of a child in their care had assaulted them physically, and this tended to happen 1-3 times. Most (59%) reported they had been verbally abused by the parent of a child in their care. This tended to happen more than five times (48%). Over 40% of the mokopuna have witnessed their parents abusing their grandparents.

Most Māori respondents never feel unsafe in their own homes (67%) and a further 19% used to feel unsafe but are now safe. However, some respondents feel unsafe in their homes sometimes (8%), often (2%) or always (3%).

Grandparents have sought a range of expert advice on supporting the mokopuna in their care.

Who help was sought from	%	Count
GP	60.58%	146
Counsellor	33.61%	81
Medical specialist/ Pediatrician	26.56%	64
Mental health services	20.33%	49
Psychologist	15.35%	37
CYF specialist services	13.69%	33
Psychiatrist	4.56%	11
None	21.99%	53
Other, please specify	17.01%	41
Total	100%	241

Participants also used a wide range of non-medical supports, including iwi support, Hauora services and a wide range of agencies. The participants reported a range of experiences in dealing with these agencies. Most (55%) had nothing to do with Child, Youth and Family, but many others were deeply involved with the agency. Costs paid by the participants for service intervention range from less than \$100 per year (42%) to over \$1000 (5%).

### **Te whanau, hoki nga tamariki raua ko nga mokopuna**

The grandparents reported that 721 tamariki currently live with them. They provided usable data on 519 of these children. The survey 'looped' over 30 questions about each child, and many with multiple children chose to stop carrying out multiple loops, meaning that not all children were included in the detailed

analysis. However, two whanau did loop through five cycles to provide information on multiple moko.

Participants noted they had one of nine different relationships to the tamariki, as outlined in Table 3.

	<2 years	2-5 years	6-10 years	11-15 years	15-18 years	Older than 18	Grand Total
Aunt		1	5	4	1		11
Foster Grandparent					1		1
Grandfather	5	6	8	8	1	1	29
Grandmother	20	99	142	108	39	5	413
Great Aunt	1	5	8	4			18
Great Grandfather			3				3
Great Grandmother	3	5	14	2			24
No biological relationship	1	1	2				4
Step-Grandparent	1	4	3	3	1		12
<b>Grand Total</b>	<b>31</b>	<b>121</b>	<b>185</b>	<b>129</b>	<b>43</b>	<b>6</b>	<b>516</b>

Table 2. Age of child by relationship to caregiver (number of children)

Before coming into care, most of the tamariki lived with their mother (197) or both parents (159). Thirty-nine of the babies came “straight from Mum’s tummy”, being put into care from birth. Some (22) lived with their father or with other whanau (20). Others previously lived with 2, 3 or 4 other carers.

Participants were asked to list all the reasons that children came into care (n=517 children). The top six reasons (multiple reasons given) in the Māori data were as follows:

#### Most common reasons for children coming into care: Māori

Reason	No.	% Māori	% Total
Domestic violence	260	50	40
Family Breakdown	257	50	39
Drug addiction	244	47	44
Neglect	227	44	39
Parent unable to cope	205	40	38
Alcohol addiction	182	35	25

Table 3. Reasons given for Māori children coming into care (n=517 children), and compared to all families result

Two differences are visible between the Māori whanau and total families. The first is that more reasons were cited per family, thus higher percentages overall stating a particular reason (e.g. alcohol addiction is ranked sixth in both samples but is cited by 35% of Māori whanau compared to 25% of all families). Second, both domestic violence and family breakdown overtake drug addiction as the main reason for tamariki coming into care in the Māori sample. There is no way of knowing whether this reporting reflects real differences or is an artefact of different reporting styles.

It was suggested to us that many mokopuna come into grandparent care as a whāngai relationship. What is meant by this is a traditional whanau model where the grandparents take on and bring up the tamariki because they see it as their role. Such a model, or such an intention, was absent from the explanations given by grandparents about how the tamariki came into their care. In many cases the children were taken by Child, Youth and Family (CYF) (now Oranga Tamariki), or other factors led to the moko coming into grandparent care. Some examples of situations are quoted here:

I reported the physical violence and opened a can of worms. All 6 were uplifted and given to me.

Was asked by CYF to take him, then got a parenting without consent order. Child's mother involved with a member from a gang, so drugs and domestic violence and emotional abuse to the child.

I am the only person who is willing to look after my grandson, there is no one else who put their hand up to care for him. I do not want him to be raised in foster care

I am the paternal grandmother and I did not want my moko to live with anyone else

Many of the circumstances outlined by grandparents about how the moko came into their care reflected situations of particular stress, emergency or conflict (often between various parts of the same whanau). Family Group Conferences sometimes provided an opportunity for whanau-wide decision-making, although often there were few options on the table:

[The child] was identified by CYF as a child at risk at a Family Group Conference held in 2014. Her mother was in a violent relationship with the father which was on and off. There were alcohol and drug issues involved also. I was noted on the FGC document as the person to take care of moko should the need arise. It did a week after the child's first birthday.

Among these participants, there was only rarely more than one volunteer to take on the children. Where there were others, the caregivers were often concerned that they were unsuitable, and court action (for parenting orders) ensued. Grandparents also sometimes sought custody because the child was in state care and failing to thrive:

He has lived between his mother and us all his life. He was sick a lot and neglected, we'd get him better in weekends and he'd get worse again. CYF did an assessment, he was placed in foster care, this was worse, he was abused. I complained and he was moved to another carer, which was even worse than before. In the end his mother picked him up and brought him to us.

In one particular whanau, a sad series of events led to the great grandmother bringing up the moko:

[Moko's] father and mother (my granddaughter) were separated and he was brought up solely by his mother with our assistance. Tragically his mother died in a flood in July 2015. Her mother (my daughter) had pre-deceased her having died some 9 months earlier. [Moko] had spent most weekends and holidays with us and he chose to stay with us in the interim. However, we had to make application through the court for custody. Although his father was aware of the situation he did not respond or challenge our application within the specified time and we were awarded full guardianship. [Moko] is coping well but on occasions grieves for his mother and grandmother. We take every step to keep him safe and provide for his education and future. My other children and mokos provide the whanau whanui and whanaungatanga to help him culturally through his childhood to adulthood. As great grandparents we have pleasure in bringing him up equally as one of our own.

The main reasons for coming into care were domestic violence, family breakdown and drug addiction. The stories recounted by the Māori grandparents of how the children came into care were often distressing (as with the overall sample). The grandparents stood, in many of these tales of young parents, violent whanau, mental illness, death and imprisonment, as a place of safety for the mokopuna. However, the taking on of the moko was often at significant personal cost, as this comments indicates:

Father and mother dealing with their own addictions, mother being abused, son they already had, who was 3 at the time had behaviour issues. I took a month's leave as the mother, wasn't coping, she had post-natal depression, Dr said... on top of the abuse she suffered. Babies are twin girls, never hurt or neglected, so my 1 month's leave from work and having the babies for that

period, they were 5 months old, became a permanent fixture with me.... After a whanau discussion that was that.

For many of the families, taking on the moko interrupted their normal course of life and was a difficult, albeit mainly worthwhile, sacrifice. But for a very small number, a tamaiti was taken on by choice and in a planned way:

Daughter, then aged 34, fell pregnant after the loss of my very dearly loved husband, and she said right from the beginning of her pregnancy, which was her 7th, she did not want the baby. As she was already 4 months pregnant, I advised her to abandon all ideas that she had of an abortion, have the baby, and if no other family member offered to have the baby, then I would. When I saw at birth that he was severely club footed, I knew I needed to care for this child to give him all the medical treatments, which I could see he needed. For me it was excellent, as it helped fulfil the terrible loneliness I had been feeling. Now I had a reason to live again!!!!

There were a small number of cases where the wider whanau were involved in decision-making:

Many men in Mothers life. Her Mother filed a temporary order getting custody of child. At a Whanau meeting it was decided that she would come up North until it was sorted. However, we found out a lot that had been happening around her and when she found out that others were fighting for custody of her she asked us why we weren't as she wanted to stay living here where she felt safe and loved and that this felt like home. Therefore, we went for guardianship and day to day and got granted both.

In many other cases, the wider whanau was not involved. Often grandparents took action to prevent (and sometimes pre-empt) moko being taken into CYF (now Oranga Tamariki) care, or because they could see that the child was not being cared for properly:

Baby was being neglected covered in sores, sick all the time. Her mother would bring her to me to look after and then take her back and do the same thing. I took the child the last time and said I would not give her back.

In many cases, the whanau context into which the mokopuna moved was far from just the children and grandparents together. Comments reveal that many carers had others living with them, including some quite interesting combinations. These are a few of the other people living in these properties:



Granddaughter who we raised now 24, has a baby, and raises her younger brother

Three adult transgender daughters

Both daughters have recently come home after years of being away while we care for their children. This is not easy for us.

Our 34-year-old daughter (not parent of children) who has cancer.

Elderly Boarder helps pay the mortgage.

Have to juggle work with moko, 90-year-old mother and normal house duties. I have cut back on my work hours to keep up with my busy household.

As well, over 100 Māori grandparents told us they looked after moko previously, who had now left their care. Most of these went on to live independently, while others went back to parents, into state care or to other whanau.

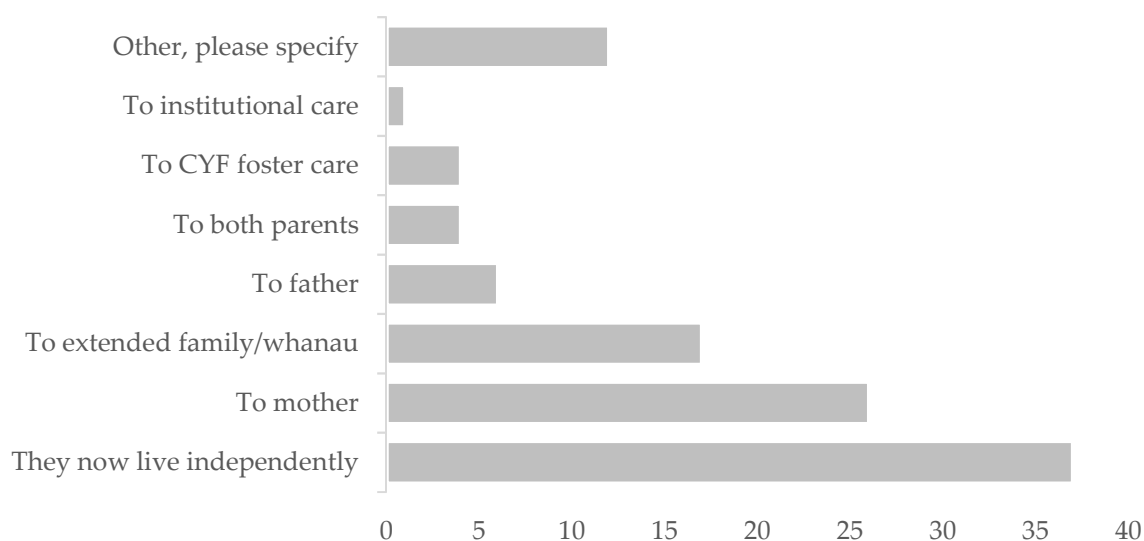


Figure 4. Destination of grandchildren/ kin who have moved on from grandparents

Others went to another grandparent or a great-grandparent or to other whanau. One child died after being run over. The outcomes for the moko who left grandparent care have been variable, with many leading happy lives as adults. But for some, there continues to be struggle, as these extracts show:

Mother's boyfriend did commit suicide, and when she was emotionally able to cope, we sent [tamaiti] back, but, she had to move closer to us for support.

Dad has been diagnosed with motor neurone. When Dad can't manage any more, they will both come to live with me. It is working out for them at the moment.

They all went to dad in Australia for a holiday and one decided to stay. Appears to be going well. The other is now 20 and the third is heading to University.

The friends they hang out with are doing better things and home is boring. One has decided to turn his life around, but his sibling has been introduced to the life of drugs, alcohol and money.

Starting using drugs, running away at night to party, stealing from homes and cars, corrupting my younger 8-year-old moko to follow in his big brother's footsteps. Thank goodness, we stopped it in time. Family and extended family offered to help, went well for a while till he slipped back into old habits and causing disruption for the family. Went back to CYF care, same scenario happened. He is now 17, last heard he was in Auckland and placed in Odyssey House - unfortunately he absconded from there.

While some of the stories indicate negative outcomes for the young people, many others demonstrate excellent outcomes. Particular factors, including behavioural and other health issues, make the tamariki tend towards poor outcomes. These will be examined below.

### **He waewae kai pakiaka**

Participants were asked to rate how they coped on a five-point scale, from 'managing very well' to 'struggle daily'. The responses are shown in Figure 5. The overwhelming majority of participants were managing, with only a small number struggling 'daily'.

The largest response group noted they struggled sometimes (n=113), but this also meant they coped sometimes. Given the wide range of challenges facing these whanau, the overall rate of coping is impressive.

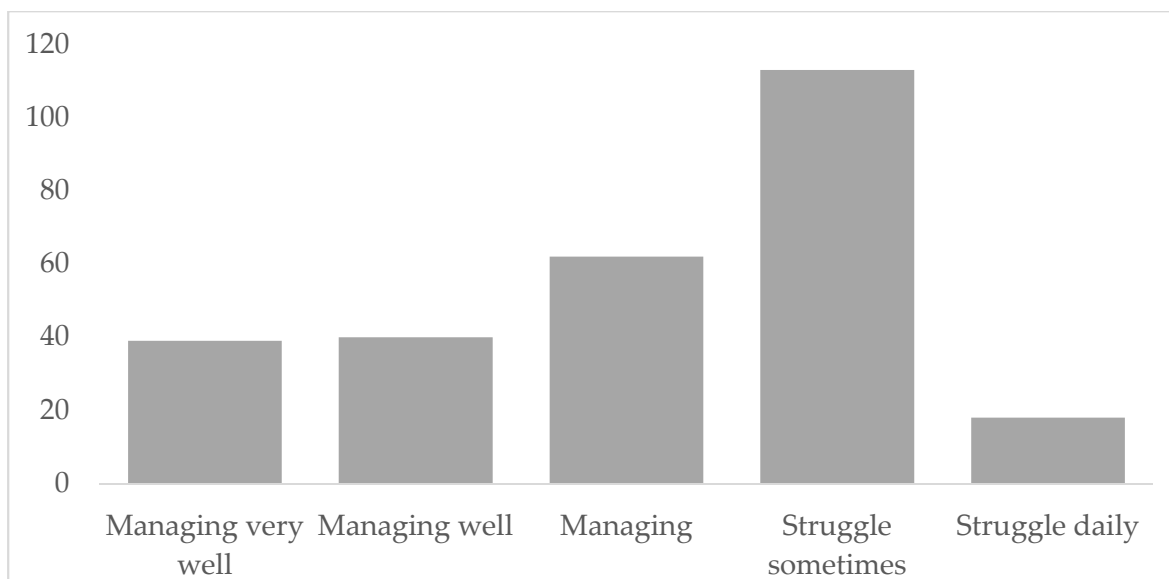


Figure 5. Participant ratings of their level of managing and struggling

For some participants, looking after mokopuna is no different from caring for one's own children, except "I'm older and a bit better at it". But for others, it is a complex space, including having to deal with the parents of the children, plus with a range of problems emerging from the situation. A couple of longer case studies (below) illustrate some of the issues:

I have two daughters who have children in my care. The eldest daughter, I have custody/parenting orders of her three children. Two have since returned to their mother due to me being unable to help them anymore. They both ended up being bullies to the other children in my care and myself, so safety issues were put in place and they were returned to their mother...I wish them all the best for their future, I have done my best for them. As for the other children I have in my care, I didn't think I'd be taking care of my mokopuna at all, but it so happens I'm glad I have. Domestic abuse is not a nice thing to ever experience and especially when you're a child. I'm sad that the effects of domestic abuse have affected my daughters and have supported them in getting the help they need while I tend to their children. It's like taking care of two families at the same time, the children and their mothers, but we are all managing and will endeavour to be a success in the near future. It's been trialling at times, but it comes with the territory as life itself is not as easy as it seems especially when you're the grandmother raising six grandchildren on your own... Arohanui.

At our age and stage in life it is exhausting. We have become isolated from our peer group because while we are raising our grandchildren they just have theirs to visit. Coming to our place for a meal means arriving early, having to

wait while we complete bedtime routines and then watch us finally sink into exhaustion. We finished parenting when we were in our 40s and looked forward to a different life than the one we now live. We both work fulltime, have juggled the stressors of an elderly parent, a terminally ill daughter all while parenting these precious little people. We wouldn't have it any other way, but the cost is tremendous. We worry about how the future will look for them, instead of downsizing we have had to upsize everything from home to groceries. We attend sports, educational facilities, parent/teacher interview, arrange playdates, attend and have children's birthday parties and so it goes on. It is hard, it is crazy, it has us hysterical with laughter and at times with tears... we wouldn't trade our life for the world if it meant not having them with us!

Participants were asked how often the tamariki saw their parents. As with the overall survey, the proportion of parents seeing their tamariki on a regular basis was relatively low, and especially for the fathers. Just over a quarter of mothers saw their children regularly (either daily, weekly or monthly). Under a fifth (19%) of fathers saw their children regularly.

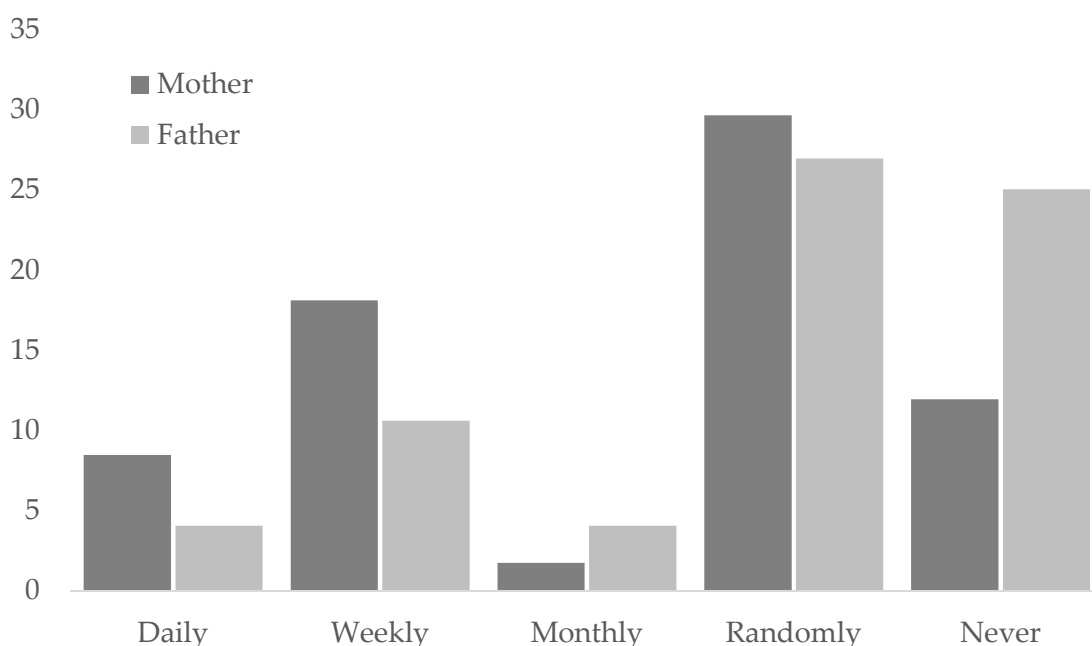


Figure 6. Frequency of contact with each parent (% of Māori children)

Over 10% of the children never saw their mothers. Reasons for this included parental death, imprisonment or mental illness, and high number also of very young parents, accounting together for half these cases. Some mothers also lived at some distance, including in Australia. One story demonstrates some of the struggles the whanau had over visiting when the mother often had many problems:

She had very limited contact with her mother due to her ongoing personal problems. However, in the last year the mother was making great effort to be a part of her daughter's life and spent a wonderful week and a half with my granddaughter and seemed very positive about seeing her more often. Sadly, not long after that holiday together the mother took her own life due to other personal problems :-)

Participants were also asked to rate the effects of the parental visits on the children. The responses were similar for both mothers and fathers. Around three quarters of visits by each were rated very beneficial, beneficial or neutral. Around 20% of the visits were rated harmful, and around 5% very harmful. Fortunately, by far the majority of the very harmful visits were undertaken randomly, although two fathers in the very harmful category were weekly visitors. One was found to be molesting his daughter and visits ceased.

Of the 519 tamariki for which data was available, 185 (35%) had no contact with Child, Youth and Family (now Oranga Tamariki). Others had from one to multiple contacts, with children taken into care, or family/whanau conferences, or support for custody through the courts and other options. Many of the whanau had multiple involvements with the organisation. Experiences with the organisation ranged from very helpful to very unhelpful. Stories told include oversights, mistakes, concerns ignored and wrong decisions made, such as the following story:

The child was removed from the mother's care when we reported concerns that the mother was verbally abusing him and only returned following a Family Group Conference. The FGC was a disaster. Nobody knew what was going on and nobody had time to think through the consequences. Throughout CYFS were adamant that the child should go with the father's family and totally ignored the gang environment, suspected drugs and physical violence environment into which he would be placed. He returned from one visit to his father and there were obvious signs of physical abuse which were confirmed by a GP. This was ignored by both the Police and CYFS because the report had not been carried out by a child paediatrician.

There were many other stories of frustration with the actions of social workers, and in particular with a failure to listen to concerns or suggest constructive responses to situations. In many other cases, the agency did facilitate whanau taking in mokopuna and also helped with attaining legal status. Some felt pushed into going down legal routes when they often felt that an informal agreement would be adequate.

## **He whakarerekē**

The Māori participants spoke of the changes that took place as a result of taking in their mokopuna. The amount of change varied from relatively minor to major and life-altering. No-one stated that *my moko moved in and nothing changed*. Changes included patterns of employment, housing, health effects, needs of the children, demands of the whanau and, to an extent, the self-concept of the grandparent carers.

Of those grandparents in paid employment, most (64%) made changes to their employment status as a direct result of taking on care of the grandchildren. This included reducing hours (35%), increasing hours (9%), changing the type of work (23%), giving up work or retiring (11%) and, in one case, taking on an extra job.

Changes included working shifts so that one partner was always at home, giving up positions of responsibility to be more available (e.g. school principal), declining a promotion, working nights, changing start and finish times, taking temporary leave and:

Changed the whole pattern and lifestyle. Now had to take up all the responsibilities of a parent. We are great grandparents.

In one case, a grandmother increased her hours while her husband gave up work and became the primary caregiver, as she was able to earn more.

The largest proportion of whanau (43%) have no housing issues. The majority (around 60%) noted they had housing issues as a result of their moko moving in (and often because other whanau were also living with them). This included both home owners and people who were renting accommodation. Issues included housing affordability, size of property, healthiness of the accommodation, sustainability, location and other issues. These are all connected. Several grandparents noted they are paying to live in a larger property (“should be in a two bed instead paying for five”) because of the moko and other whanau needs.

Some of the home owners have had to extend their properties (“we needed another room – currently under construction”; “purchased caravan to house father while bailed to our home”). One ran out of money while extending, ending up with:

... the house is not permitted and is falling apart at the seams, I only hope it stays standing until [moko] leaves home and sees me through my lifetime

Around a quarter of participants need a larger house and another 15% note their current home is inadequate for their situation. Many cannot afford the size and type of house they need. A number are sharing space with one or more grandchildren:

I am looking forward to having my own bedroom. I have been sharing with the grandchildren for too long. They are teenagers now and I share a room with my grandson. Is not really fair on either of us.

Two bedrooms, girls sleep in bunks, I am in bunks with [moko 1], [moko 2] has own room. Then I go back to my bed and now girls in bunk. Once they are up, each girl has a room. No place to play, no place for me.

Two whanau are “technically homeless’, on waiting lists for state or Council housing. Others are also waiting for state houses, or are in inadequate state housing:

I only had two of the grands since we moved into this state house, now there are two more additions also I have my other daughter (with anxiety issues) and her baby with me...we have applied for bigger housing with Housing NZ, but they said it would need to be a 5 bedroom, which there aren’t any in the area...so we wait, due to leaving work and being a caregiver, my finances went out of whack and I now have a bad credit rating, so private rental is not an option.

Apart from issues of size, cost and location, issues within the whanau also contributed to housing difficulties. Some of these were relating to the healthiness of the housing and health needs of the moko, such as asthma. Houses were reported to be “very, very cold in winter”; “we sleep in the lounge in winter”; “Bathroom needs repairs”; “cold damp house”; and many similar comments. One person noted the state of rental houses was “disgusting”, “not fit for animals”. Another noted:

For the first few years following our move, we often lacked the resources to get in enough wood for winter and so spent those dark cold winter months huddled together in bed with every blanket we owned piled on top to keep warm. Imagine our gratitude when our home was the first in the area to benefit from the Govt free insulation project.

Others related to problems that occurred during tenancy. The following story is outlined at length as it demonstrates one kind of housing problem that was not uncommon:

It was very hard when the children and their mother first came to live with me when she was diagnosed as being unwell and before the children were placed in my care by CYFs. My eldest grandson found it hard to deal with his mother's behaviour at times and took his frustration and anger out on property in the home that I was renting with another daughter and her two children. They ended up moving out to make room for my eldest daughter and four grandchildren. There was a lot of damage done to the house because

of my grandson and his mother and as a result I was left with over \$3,000 in damages that I was taken to the Tenancy Tribunal for. It made it extremely hard to find rental property as a result. I have since repaid the arrears and have been very fortunate in finding a sympathetic real estate agent who agreed to rent us the property we now live in and have been in for approx. 16 months now. The children and I have moved and our current property is the fourth move and the longest tenancy we have had. The biggest issue I have is the \$400 a week in rental that we pay but that, weighed against stability, is a small price to pay. I did look at state housing but there are no properties available in our district and I was loathe to move the children from area because of schooling and family support that we have.

Many of the whanau are caught between the cost of housing and getting suitable housing. One person noted succinctly: "We need a bigger home but price range too high". Another noted:

Nobody wants to rent a house to someone with 9 kids, a larger house is unaffordable so we just make do with what we have.

Some participants were very annoyed at the lack of support they received from Work and Income and Housing New Zealand:

I was disappointed that I got no assistance from Housing or WINZ when I applied for the Unsupported Child Benefit and housing assistance. It was all means tested and we were over the limit. We had to move into a house and pay double the rent we were leaving ... We did the state a favour and got abused is how I saw it.

Many expressed dismay at the cost of housing along the lines of the following:

Housing issues are ongoing. Power, food and expenses are criminal as well. I don't know how some people survive.

The final change to be noted in this section is around caregiver and whanau health. As the grandparents age, many have developed health problems: high blood pressure, heart problems, cancer, diabetes, arthritis, knee and hip replacements, pain, deafness, anxiety and depression, to name a few. Most of the grandparents cope with their problems well, and overall the mental health of the group, tested on the Kessler-6 scale, is good. Problems they encounter on a daily basis include mobility issues and tiredness.



Some consider that caring for the moko has impacted on their own health: “After taking over care of grandson and being up in the night with baby, his illness, the stress with my daughter, I got high blood pressure and migraines”.

Others, however, found that their health was apparently improved by being a carer, through improved mobility, less worry about how the whanau were coping and a focus on positive activities.

I am diabetic. I manage well. Moko get upset to see me take my pills. I realised they thought I might disappear. Made me realise the trauma, that my moko grandson is always waiting for 'the let-down'. He is great at making me eat well, exercise regularly etc, I think it has helped me. They encourage me to be active, to walk.

In a small number of whanau, there is a high level of disability in both grandparent and mokopuna, which can lead to a synchronicity:

Diabetes, C6-7 tetraplegic, kidney problems, pressure area needs daily care. Home help and nursing help come daily, 3 people per day. 50 hours a week for assistance for me and 50 hours a week for assistance for children.

The health of partners can also make a significant difference to the overall needs of the whanau. In some cases, participants are caring for not only their moko, but also their partners (and, in more than a few cases, other family members). This can add to the care-giving burden, but in some whanau also provide a conveniently housebound caregiver for the moko:

It's difficult and can be quite stressful when I have to contend with my husband's and [moko] health problems. My husband is not allowed to drive for example and so I have to be all things to everyone. Sometimes I get really tired.

He has been sick and unable to work for the past 12 or so years. Our mokos have significant issues where they need an adult at home 24/7. One is home-schooled because of an intellectual disability and the other attends Kura but is ADHD, behaviour disorder and possible bipolar.

In some other cases, however, the partner is crucial to the wellbeing of the whanau, through a multiple care-giving role. In the following scenario, the grandfather appears to be (in health terms) the 'last man standing':

He is the caregiver of myself, and our kids, granddaughter and son on disability, and one other in college.

## **Nga tamariki**

This section considers the health and education needs and progress of the tamariki. Health and education issues are in principle strongly related to each other. Poor health in any form can affect educational performance and outcomes. Only 44 tamariki in the Māori cohort, out of 519 (8%), were reported to have no physical, mental, emotional or behavioural problems. That group also tend to have few or no educational problems and get good support from their schools.

At the other end of the scale, only two children 'always' had all four types of identified problems. All were at school and the caregivers reported mixed experiences there.

The overwhelming majority of the tamariki are physically healthy all or most of the time, with only 44 children being physically ill half of the time or more, out of 491 responses. Physical illnesses include some genetic disorders, problems such as pneumonia or recurring headaches ("Private neuropsychiatrist \$230 per half hour. He is worth seeing"). The physical illnesses are in many cases compounded by a range of other problem such as anxiety, skin problems, asthma, damaging belongings, self-harming, wetting or soiling, emotional outbursts, running away or self-harming.

Most have sought help for these problems and some were happy with the help sought. Some continue to ask for help, while others seek it in their own ways. Some have become used to not having effective help.

Around the same number (42 tamariki) were reported to have mental health problems half of the time or more frequently. These children were most likely to damage property and belongings (24), have emotional outbursts (28) or be anxious, self-harm or run away.

These 42 tamariki have a range of psychological issues. Many are violent and aggressive, have ADHD, ADD, FASD or other such disorders, have anxiety, post-traumatic stress and a range of other problems. Sixteen are reported to have an intellectual disability.

In all but three of these cases, the caregivers have sought help from outside agencies, with varying results. Some report that the tamariki will not engage with programmes offered, or the programmes did not help. The following comment is representative of this group:

Sometimes, some people were a great help and some were absolutely not, also some areas have more available support while another area did not. At the moment we get reasonable support.

For others, barriers to assistance have been greater, often because of multi-faceted problems:

For years I was in desperate need of help, but the Mental Health team couldn't (or wouldn't) allot support because [moko] was mobility impaired, and the physical disability people couldn't (or wouldn't) accord assistance to a child with a mental health disorder. So we had to do the hard yards alone.

Another child with multiple problems was then run over and received a head injury that has made him much worse, and no treatment has been forthcoming for that. This has strongly affected his life over and above any pre-existing drama with his family. He has trouble sleeping and eating, is anxious, hyperactive and damages property.

The third group were identified as having 'emotional' difficulties. In this category, 96 tamariki were described as having such problems half of the time or more. Those in this group range from simply 'anxious' to having multiple problems, such as running away, self-harming, damaging property, violence against others, temper tantrums, hyperactivity, sleeping and eating problems and more. Most have multiple problems that make it very difficult to introduce a calm and sustainable social regime within the family:

Full on... you're dealing with problems and drama all the time and getting them to unlearn behaviour...cognitive skills... impaired reasoning... organising... daily skills...

Grandparents of sixteen of the children have not specifically asked for help, although most of even this group have a psychological diagnosis, especially ADHD, anxiety disorder or similar. Around a third have a diagnosed intellectual disability. These emotional problems are attributed by the grandparents to a number of causes, including:

- ) Their treatment while living with their parents (including abuse, neglect and other problems);
  - ) Problems associated with the effects of maternal alcohol and/or drug use before the child was born (teratogenic effects);
  - ) Genetic problems, disability or disease;
  - ) Reactions to the situation now (ongoing difficult relationships with whanau);
- or

) Other trauma.

It is likely that a combination of causes is at work. This study was unable to shed any clinical light on the significant emotional and behavioural problems exhibited by these children. There has certainly never been a clinical review of a large cohort such as this, in New Zealand or anywhere. Some comments from the grandparents attributing cause to the emotional problems follow:

She's had 10 years of absolute verbal, drunken disorder. She's had grief counselling for her mother passing.

With discussions with Doctor and the things that are done by [tamariki] we believe she suffers from some form of Alcohol syndrome disorder

Born at 24 weeks. Autistic and mentally impaired.

Both my moko had P problems from birth.

The Doctor says delayed development, unable to get a definite diagnosis as he has traits of autism, traits of ADHD, and traits of behavioural concerns.

Unlike physical and mental health problems, the quality of health support given to whanau where the moko have evident (and often serious) emotional problems is very variable, with few getting effective treatment.

There is a clear concordance between the 'emotional' category and the 'behavioural' category, at a rate of about two-thirds. In some cases, it appears that the same things are being measured, especially around the various ADHD, ADD, ODD and similar syndromes. Eleven tamariki are reported as 'always' having both emotional and behavioural problems. Of these, nine damage property and belongings, eight have outbursts or tantrums, and others have anxiety, toileting issues, stealing, running away, self-harming and hyperactivity. Help has been sought for all eleven, and all except one have a psychological diagnosis. Of this group, one is home schooled, two have been excluded from school, one is at school 3 hours a day with caregiver, two have left school and five of the eleven are at school. Four of these are happy with the support these tamariki receive, and they all have younger primary children. The fourth is older and the whanau strongly disagree that the school offers learning or personal support.

In some cases, more than one of the tamariki has significant emotional and/or behavioural problems. The two following comments provide insight into the effects of this on the whanau:

It is hard work mentally. We struggle at times as we have them playing tag... One will just get sorted with behaviour and attitude and then the second one starts. We also look after 3 boys before and after school till their Mum comes home from work. We have been through mental health with them continued counselling, But when a 14 year old doesn't want to find a way through, then that becomes hard. We took her because she is known to be such a convincing liar that we felt we needed some to see how it truly is to protect ourselves in case she decided to turn her lying on us.

Our whole lives have changed. We are raising 2 children, both with mental issues, both from terrible family violence and both have behaviour problems. It is a life-changing commitment that we were unaware of when we accepted them into our lives. We, my husband and I love them dearly, and wouldn't be without them. BUT it is hard work and nearly every day for the past 5 years I have been in tears. I am now on anti-depressants to gain back some sort of normality. No amount of putea can compensate for that.

Finally, 104 of the tamariki have behavioural problems half or more of the time. The most severe of these need a lot of support and few get it from outside the home.

One example is of a child who 'always' has behavioural problems and is now aged 11-15. He is diagnosed with Foetal Alcohol syndrome, ADHD and Autism. He is violent and aggressive, has many outbursts, has trouble sleeping, is anxious and lacks confidence. He has problems chewing and swallowing and has a diagnosis of minor intellectual disability. School was not helpful to him and he is now being home-schooled under the Correspondence School, which means his grandmother gets little rest. She gets six hours a week home help to assist with "running a tight ship", but this is being reviewed and may be cut. She is "fighting to get a buddy system on board", and without that he cannot go out at all due to frequent "meltdowns". Her experience with the school system was not good:

We have had minimal support from GSE, RTLB, all had to be battled for. In fact, I had trouble enrolling [tamariki] into school. He was not allowed into one school as they said they didn't have the funding and resources to have him. and then after going to Human Rights which was the 5th attempt we received ORS funding for [tamariki] but that still wasn't enough for the school to have him. [Tamariki] needs 24/7 supervision to remain on task and to stop from absconding.

Most of these children have a diagnosis, such as ADHD, ADD, ODD, FASD and Autism. Some have other issues, including physical illness and disability. As with the other groups, few get comprehensive treatment and/or support from the health

system and some carers have given up. Others are waiting for services, or the services received were inadequate.

Some of the children do not attend school, have been excluded or stood down, go to Alternative Education or are only at school for 3 hours a day, with caregiver support, due to their behaviour. Nevertheless, two thirds of the caregivers of tamariki with serious behavioural issues agree or agree strongly that schools provide good support for tamariki to learn, and good personal support. A small number note the tamariki attend Kura Kaupapa Maori.

Children go to special schools or special classes, are under Special Education (39) have social work support in school, go to counselling (43) or receive after school learning support. Some (35) have been given mentors. Some have left school early and are going on courses organised by Work and Income or other organisations.

While further analysis of the data is needed, it does appear that in some cases the caregivers 'agree' that the school is providing learning support, but essentially such support is not provided. The following comment is an example of this:

There is really no help for those that have learning difficulties. They are expected to perform the same as other children. Teachers have no understanding with children that have learning difficulties. Some have bad behaviours because they don't understand so they play up.

Sometimes the school is said to be providing learning support but also demand more of the whanau: "as the children's grandmother I attend school mornings till lunch as support for grandson".

On the other hand, in a number of cases the participants note that teachers and others in the school setting have provided extra help and support for the tamariki. Some are achieving really well. But the older children, in particular, tend to have a range of problems at school and approval of schooling drops significantly for the older age groups.

Overall, the participants rate the early childhood centres and schools well, although the ratings fall as the children get older, for those children with significant problems at least. In the Māori sample as a whole the rankings for learning and personal support provided by schools to the tamariki are outlined in Figure 6 below.

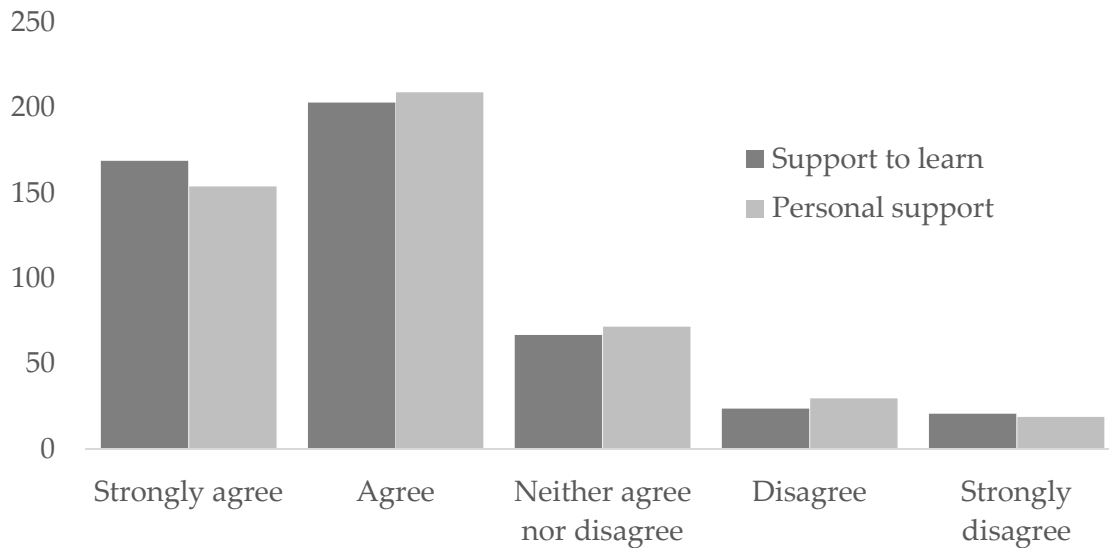


Figure 7. Level of agreement that school offers learning and personal support (n=484).

Teachers, counsellors, special education workers, resource teachers and social workers were specifically mentioned by participants as available for the tamariki at various times. While many of the children in the study had barriers to learning, in most cases the schools were seen as offering support to the children for learning and personally.

Most of the tamariki in this study have health, education or whanau issues that affect their daily lives to a varying extent. Only 117 children were reported to have no health problems, and many had multiple issues, mainly emotional (166 children), Asthma (106), Anxiety (103), and intellectual disability (76). Hyperactive children (69), property damage (69), sleep problems (61) and many other problems, including serious issues such as self-harming and talking about dying, toileting, sexual behaviour and running away were also evident. In many if not most cases, no effective treatment is available, which means the grandparents are forced to cope with their own resources, plus sometimes a little respite.

### **Te mutunga iho**

Māori make up over 40 percent of all grandparents raising grandchildren, and 35% of those participating in the 2016 survey reported here. Like the whole grandparents group, they are very diverse. They are younger (under 35), older (over 80), well-off and poor, homeowners and renters (with a few currently homeless), healthy and sick. With very few exceptions, it was a huge shock when their mokopuna came to live with them, usually arising from a crisis of family violence, abuse or drug-taking.

The affinity with the organisation Grandparents Raising Grandchildren provided a whanaungatanga relationship which materially assisted with the quantity and quality of the Māori responses. Kaupapa Māori theory focuses on research practices

that spark culturally authentic stories. This study, by emphasising the qualitative responses and by linking back to a trusted organisation, provided a platform for authentic responses from Māori participants. As noted earlier in this paper, 'Team GRG' has been embraced by Māori and Pākeha alike as an organisation of value, a taonga. The following two comments provide a range of nuanced comments on grandparents, the organisation, the society, agencies, racism, manaakitanga and aroha:

Good luck to all of those grandparents out there. I just wish that the powers would be would sit down and talk to some of us have raised kids successfully. I might not have a lot of stuff, but what I do have I put into my children. When I ask for help I should get it. I have found right the way through that more support is given to the parents and the perpetrators rather than us the grandparents who are doing the hard work. I feel that because we are Maori that we are treated differently. They look down on us. The agencies are very judgemental. I felt so demeaned by the assumptions they make. I would be more than happy to talk further at any time.

Through the Grace of God, I give humble thanks that my mokopuna were able to come to me. I LOVE BEING A CAREGIVER!! I have no regrets whatsoever. I love them all absolutely dearly. It isn't and hasn't been the easiest job to do, but, I'm Nana and if Nana didn't take them at the last hour they would be lost. They have the right to be nurtured in their wider whanau with unconditional love, and learn their culture/s, and know who they are and be proud of it. There are many heartbreaks but there are also heaps of beautiful moments. We are a family and we must stay together. God bless all who have helped us in this journey. I thank sincerely this beautiful hard-working organisation "Grandparents Raising Grandchildren" you are the "bomb". I have never written or sent messages to them but I get the newsletter every month. I saw this survey and I hope it helps. Probably made a few mistakes, but happy to participate. Be kind to one another!!

The very definition of strengths-based emerges through this report: that in the process of damaged whanau, crumbling or inadequate housing, difficulties in dealing with agencies, a shocking variation from the expected pathways of getting older, children often with significant disabilities or barriers to learning, broken relationships with one's own children and so on, our participants are warm, loving, have a good laugh at their misfortunes and never stop loving and caring for their mokopuna. As the numbers of grandparent-led families increases, it is crucial to empower these whanau and support them into the future.