Analysis of Caregiver Interviews: Evaluating Oranga Tamariki's Support for Tamariki and Their Whānau

Prepared by: Chandler Vulu

Date: 29 September 2024

# **1. Introduction**

This report aims to evaluate how well the Oranga Tamariki system is meeting its obligations and supporting positive outcomes for tamariki and their whānau, particularly tamariki Māori and disabled tamariki, as well as their families. The analysis draws from four caregiver interview transcripts, assessing their experiences with Oranga Tamariki's services through the lens of the Outcomes Framework: Manaakitanga (care and support), Whanaungatanga (relationship-building), and Rangatiratanga (self-determination).

This report seeks to answer the primary question guiding Aroturuki Tamariki’s monitoring work: *To what extent is the Oranga Tamariki system meeting its obligations and supporting positive outcomes for tamariki and their whānau?* The findings will inform recommendations on improving care practices, enhancing relationships, and promoting autonomy for tamariki and whānau.

A close-up of words

Description automatically generated

# **2. Methodology**

**Data Source**

This analysis is based on four AI generated interview transcripts with caregivers who shared their experiences with Oranga Tamariki and related services. These interviews aim to replicate qualitative data seen by Aroturuki Tamariki, about service provision, support mechanisms, and the extent to which the caregivers and tamariki were involved in decision-making.

**Approach**

The transcripts were analysed using NVivo software to code and map the Outcomes Framework pillars to assess the system’s performance in meeting its obligations to tamariki and their whānau.

# **3. Findings**

## **A. Manaakitanga (Care and Support)**

Throughout the interviews, caregivers frequently mention delays in receiving essential services like therapy and housing. In **Transcript 1**, the caregiver explained that it took several months to secure a therapist for their child, during which time they felt unsupported and left to manage on their own. Similarly, housing challenges persisted, with one caregiver waiting over a year for adequate accommodation.

In **Transcript 4**, the caregiver emphasised that while basic needs like food and shelter were met, emotional and cultural needs were not adequately addressed. This caregiver had to seek external cultural support through their own community, noting that the services provided by Oranga Tamariki failed to fully understand or support their child’s identity and spiritual well-being.

**Implication**: Delays in service delivery and the lack of culturally informed support significantly hinder the system’s ability to meet its obligations to tamariki. Timely intervention and culturally responsive care are critical for fostering positive outcomes, particularly for tamariki Māori.

## **B. Whanaungatanga (Building Relationships)**

Caregivers consistently reported difficulties in establishing long-term, trusting relationships with social workers. In **Transcript 2**, the interviewee noted that social workers were often kind but frequently rotated, halting any meaningful relationships from being built for both caregiver and child. The lack of continuity in support led to feelings of instability and eroded the child’s ability to trust others.

Caregivers also described challenges in connecting with other support networks. In **Transcript 1**, the caregiver shared their experience of attending a support group that was infrequent and did not foster strong relationships with other caregivers, leaving them feeling isolated.

**Implication**: Stable, ongoing relationships with social workers and other support systems are crucial for building trust and fostering whanaungatanga. The high turnover and lack of consistent community support weaken the system's ability to nurture the essential connections required for long-term positive outcomes.

## **C. Rangatiratanga (Self-Determination)**

Several caregivers expressed frustration over feeling excluded from the decision-making process. In **Transcript 3**, the caregiver initially felt powerless and uninvolved, with decisions being made without their input. Over time they became more vocal and were eventually included in the process after advocating for themselves. This experience suggests that caregivers often need to push for their voices to be heard, rather than being encouraged to participate from the start.

Similarly, caregivers noted that tamariki’s voices were often underrepresented in care decisions. **Transcript 3** mentioned that while the child had strong opinions about their own care, the system did not fully incorporate their input.

**Implication**: The system must prioritise early and consistent inclusion of both caregivers and tamariki in decision-making processes. Encouraging their participation from the outset promotes self-determination and helps tailor care to the actual needs of the whānau.

# **4. Recommendations**

## **A. Improve Timeliness of Service Delivery (Manaakitanga)**

* Streamline referral and service accessibility to reduce waiting times for critical services like therapy and housing. Aim for faster response procedures to prevent caregivers and tamariki from being left unsupported during crucial periods

## **B. Foster Stable Relationships (Whanaungatanga)**

* Implement strategies to reduce social worker turnover and promote longer-term relationships with caregivers and tamariki, possibly encouraging social workers to be assigned to families for longer periods.

**C. Promote Inclusion in Decision-Making (Rangatiratanga)**

* Establish formal processes that involve caregivers and tamariki in decision-making from the earliest stages of intervention. Ensure that tamariki’s voices are actively sought and considered in all decisions related to their care.

**D. Embed Cultural Competency (Manaakitanga and Rangatiratanga)**

* Collaborate with Māori health providers and spiritual leaders to better integrate culturally informed support into the care process. This will help address emotional and spiritual needs more effectively; by ensuring they receive services that reflect their cultural identity.

# **5. Conclusion**

The findings from the generated caregiver interviews highlight several areas where the Oranga Tamariki system can improve its support for tamariki and their whānau. Delays in service delivery, inconsistent relationships, and a lack of early caregiver and tamariki involvement in decision-making present significant challenges. Addressing these issues by improving timeliness, fostering stable relationships, and embedding cultural competency will be critical for meeting the system’s obligations and promoting positive outcomes for tamariki, particularly tamariki Māori and disabled tamariki.

# **6. Limitations**

* AI-Generated Transcripts: As the transcripts are AI-generated, they cannot fully replicate the depth, emotion, or nuance of real-world caregiver experiences.
* Sample Size: The analysis is based on four interviews, which cannot encapsulate the full range of experiences in the NZ child welfare system.
* Subjectivity in Coding: Thematic coding relies on human judgment, which can introduce bias despite systematic organization in NVivo.
* Contextual Differences: Each caregiver's situation varies, and this analysis does not capture all individual circumstances.
* Limited Cultural Insight: While cultural aspects were considered, deeper collaboration with Māori experts would provide more accurate insights

# **7. Appendices**

* Transcripts and NVivo coding analysis are available upon request or can found at the following [GitHub repository](https://github.com/cvulu/NVivo-Child-Welfare-Monitoring).